

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/6/26

Name of the Patient GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
UHID No: Dr. PUSHPA BALASUBRAHMANYAM
Ward: 7th

Gender:
Room No: 708

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date:

Time:

Nurse Sign [Signature]

Date: 30/6/26

Time: 6 AM

Pharmacy Sign [Signature]

Date:

Time:

100
100

PATENT
FROM

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100



Birth: Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

UHID-

FLOOR-

GUC-00093155 IP18-00036216
Mrs RAJESWARI 34 Y 10 M 14 D (F)
14-08-1991
Dr. PUSHPA BALASUBRAHMANYAM



ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

GUC-00093155 IP18-00036216
 Mrs RAJESWARI
 14-08-1991 34 Y 10 M 13 D (F)
 Dr. PUSHPA BALASUBRAHMANYAM



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pital
X to treat the little.

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: MRS. RAJESHWARI Consultant: DR. PUSHPA Dept: LDR
 UHID No: 93155 IP No: 36216 Date of Discharge: _____ Time: _____
 Date of Admission: 27/6/26 Time: _____ Suggested Billable bed type: _____
 Room / Bed No: _____ Ward: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	3:50pm	LDR	7th floor	Shatabdi
28/6/26	2pm	LDR	OT	DS 60771
28/6/26	3:20am	OT	new	Shatabdi
28/6/26	7:20am	new	7th floor	Shatabdi

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	28/6/26	1718491	May 2017
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

28/6/26 Procedure: Emergency Isc
Surgeon: Dr. Pushpa Bala Subrahmanyam
Assist. Surgeon: Dr. Pavithra, Dr. Shiksha
Anesthetist: Dr. Prasadharshini
In time: 2:00 AM
Out time: 3:20 AM

Prepared By: Shw. modhu

Billing Supervisor

Syl
607385

7th Floor

GUC-00093156

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



Rainbow
Children's
Hospital
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SURGERY DETAILS

Date : 28/6/16
Patient Name : Mrs. Rajeswari Date of Birth : 14/8/1991 Age : 34
Gender : F Ward : OT UHID No : 93156
Date of Surgery : 28/6/16 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Emergency lscs

Time In : 2:00 AM

Time Out : 3:20 AM

	NAME	AMOUNT
1. Surgeon	Dr. Pushpa Balasubrahmanyam	
2. Anaesthetist	Dr. Prasadharshini	
3. Assistant Surgeon	Dr. Parvathy Dr. Suresh	
4. OT Technician	Mr. Sudhakar	
5. Circulating Nurse	Shruti	
6. Assistant Nurse	Shruti	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No :

Order by :

Inj- suspect 1st @ 1:30am

Boys 2:14 AM
2:952

Patient Sticker

Emergency
2 SCSRainbow
Children's
Hospital
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CONSUMABLES OF OT

Circulating staff : Risna Technician : MR. Sudhakar Date : 28/6/20 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>250 pack</u>	01		IN VILK		1
LMA			Sutures <u>234</u>	03		Cord Clamp		1
ECG leads <u>A/P/N</u>		3	<u>1.7326</u>	01		Suction Catheter		
HME filter : A/P/N						Feeding Tube <u>6pr</u>		1
Syringes : <u>10 cc</u>		2	<u>FF.P</u>	02		Vacuum Suction Set		
05 cc		2	Gloves <u>6W (DP)</u>	5		Surgical Gloves <u>6-8pr</u>	01	
02 cc		2	<u>7/2 P.P</u>	02		Gauze Pack <u>✓</u>	02	
01 cc			<u>7/1 C.S.C</u>	01		Syringe <u>1ml / 2ml</u>	1	
Cautery plate <u>A/P/N</u>		1	Surgical blade <u>22</u>	01		Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
BL		4	Cautery pencil <u>✓</u>	01				
NS : 10ml / <u>100ml</u> / 500ml / 1000ml		01	Koochies			Anawin heavy		1
			Ointments			Bupis gelic		1
			Suction Catheter			Ephedrine		1
Fentanyl			Cap, Mask			Spinal Needle <u>25w</u>		1
Morphine			Gauze Pack <u>✓ 20</u>	02/03		Needle <u>26x1 1/2</u>		1
Ketamine			Mop Pack <u>✓</u>	01		5MC Emerald		1
Propofol			Steristrip			Oxycotin		6
Rocuronium			Underpad <u>✓</u>	01		Bioximic		2
Glycopyrolate			Draw sheet			MEM		1
Myopyrolate			Abgel			<u>photo pour</u>		01
Onidansetron		1	Foleys catheter			<u>table sheet</u>		01
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / <u>250mg</u> / 170 mg		02	Double J Stent					
Supridol : 100mg			Vacuum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet <u>Agar</u>		03			
Tab. Misoprost : <u>200mg</u> <u>four</u>		01	Betadine Solution <u>✓</u>		07			
			Microshield					
			Cotton Balls					
			Latex Gloves <u>✓</u>					
			Ramdlone Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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

S.No	Item Name	Unit	Qty	Rate	Total
1	SO FREE		1	0.00	0.00

Receiver Name:

A.W. HOLDEN'S MEDICARE LIMITED

Downloaded from <http://ajphaphysoc.org/>

IP No
Patient Name
Age/Sex
Date
Payor
UHID

S.No	Item Name	Price	Quantity	Amount
1	CAUTERY PEN (ADVANCE)	100.00	1	100.00
2	DISPOSABLE AP STERILE XL	100.00	1	100.00
3	Encore Microptic 6.5	100.00	1	100.00
4	GAUZE 7.5X7.5 NOS) NON	100.00	1	100.00
5	GAUZE 7.5X7.5 12FOL 50x50	100.00	1	100.00
6	LSCS DRAPE	100.00	1	100.00
7	MISOPROST 600MCG15	100.00	1	100.00
8	MONOCRYL 3.0x3.0	100.00	1	100.00
9	MOPS 30X30 RAY	25.00	1	25.00
10	NITRILE GLOVE GLOVES	25.00	1	25.00
11	NS 1000	25.00	1	25.00
12	PRF TO GC	100.00	1	100.00
13	QUICKSUT SHEET MESH	100.00	1	100.00
14	RAMADINE 100 ML	100.00	1	100.00
15	SGLOVE 8 (S)	128.00	1	128.00
16	FR	100.00	1	100.00
17	SUP	100.00	1	100.00
18	UNI 1000 (F)	100.00	1	100.00
19	VACUUM	100.00	1	100.00
20	VICRYL	100.00	1	100.00

Receiver Name

Signature

Signature: DR. A. DAUL RAJ

**Rainbow
Children's
Hospital**

Bat Light
Rainbow

RAINBOW CHILDREN'S HOSPITAL - GUINDY

Rainbow Children's Hospital - Guindy

Door No. 1, Survey No. 293, Road No. 2, T. Nagar, Chennai - 600034

Phone No. 044-26111111

VAT No. 12/00000000000000000000

CIN: 30200000000000000000

Registered under the Companies Act, 1956 with the Registrar of Companies, Chennai. Survey No. 293, Road No. 2, T. Nagar, Chennai - 600034.

AGAINST ORG

IP No IP18 00036223
Patient Name Baby RICHARD FERNANDES
Age/Sex 0 Y 0 M 0 D 0 H - 0 A
Date 28/06/2026 06:47
Payor SGT MAY
UHID GNL 0093183

Ward 10
Bed Name 10/10
Caretaker
Prescription No
Dispense 10/10

S.No	Item Name	Quantity	Unit	Rate	Amount
1	DSYRINGE 1ML (BD)	1	Box	24.00	24.00
2	INFANT FEEDING TUB	1	Box	63.00	63.00
3	Menadione Sod Bisph	1	Box	28.92	28.92
				1.00	1.00

Receiver Name

Authorized Signature

Dr. P. S. S. DE PAUL, RAJAN

AG-INST ORD

IP No IP18-00036216
Patient Name Mrs. RAJESWAR
Age/Sex 34 Y 10 M 14 D
Date 28/06/2026 06:48
Payor SELF
UHID GUS00093155

S.No	Item Name	Manufacturer	Expiry	Upraise	Net Amount
1	ANAWIN HEAVY 500 ML	Novartis	12/20	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biochem	01/20	146.46	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Buprigesic	11/20	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	Nipro	01/20	43.66	43.66
5	DSYRINGE 5ML (NIPRO)	Nipro	02/20	43.12	43.12
6	DSYRINGE EMERALD 1 ML BP (BD)	Becton Dickinson	10/20	12.00	12.00
7	DSYRINGS 2.5ML (NIPRO)	Nipro	01/20	22.50	22.50
8	E.C.G ELECTRODES (ADULT)	J&J	03/20	97.02	97.02
9	EFIPRES INJ 30 MG 1 ML	Novartis	01/20	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Nippon	02/20	94.50	94.50
11	INTRAFLOW (AUTO) ROMSONS	Romsons	01/20	505.00	505.00
12	MEM INJ 0.2 MG 1 ML	Nippon	05/20	11.90	11.90
13	NEOMOL SUPPOSITORIES 250 MG 5 S	Nippon	11/20	44.62	44.62
14	ONDOKIND INJ 4 MG 1 ML	Shimadzu	01/20	12.72	12.72
15	PREGELLED SURGICAL PLATES (ADULT)	Eli Lilly	10/20	1275.00	1275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius	03/20	247.56	247.56
17	SPINAL NEEDLE 25G 4MM WHITACARE	Whitacre	11/20	40.50	40.50
				2	3

Receiver Name

Authorized Signature

Name : GANDE PAUL RAJAN

Referral	Referral Amount
1000000000	128.00
1000000000	200.00
1000000000	39.00
1000000000	357.00

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	20/6/2026 at 11AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		20/6/2026 at 11 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

1403
M1

1403
M1

1403
M1

LED SIDE CHECK LIST FOR NURSES

Date:	27/6	28/6	29/6	30/6					
Doctor's Orders	Yes	Yes	Yes	Yes					
Carried out or not	Yes	Yes	Yes	Yes					
Bed Side									
Structured Handover done	Yes	Yes	Yes	Yes					
IV Site	Yes	Yes	Yes	Yes					
Central Lines	NA	NA	NA	NA					
Arterial Lines	NA	NA	NA	NA					
Feeding Catheter	NA	NA	NA	NA					
Urinary Catheter	NA	NA	NA	NA					
Skin Care	NA	NA	NA	NA					
Eye Care	NA	NA	NA	NA					
Mouth Care	NA	NA	NA	NA					
Sterillum Bottle, Stethoscope	Yes	Yes	Yes	Yes					
Suction Bottle (Should be clean & empty)	Yes	Yes	Yes	Yes					
Intubation Tray	NA	NA	NA	NA					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA					
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA					
Humidification	NA	NA	NA	NA					
Check all Infusion (Labelling, Correct Preparation)	NA	NA	NA	NA					
Chest Physio & Neb	NA	NA	NA	NA					
Handed Over By Name :	Simone	Simone	Simone	Simone					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	28/6 8 AM	28/6 8 AM	29/6 8 AM	30/6 8 AM					
Hand Over Taken By Name :	Simone	Simone	Simone	Simone					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	28/6 8 AM	28/6 8 PM	29/6 8 PM	30/6 8 PM					

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036216 Admit Date : 27-Jun-2026 Admit Time : 12:31 PM UHID : GUC-00093155

Patient Details :

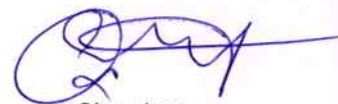
Patient Name	: Mrs RAJESWARI	Age	: 34 Y 10 M 13 D
Guardian	: Mr MURUGANESAN	DOB	: 14-08-1991
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: 19/39, SASTRI ST, CHENNAI Guindy North Chennai Tamil Nadu INDIA 600015	Phone No	: 8778273695
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU Bed No : MICU 802 Ward Name : 8F-OT COMPLEX
Room No : MICU 802 Admission Type : First Visit

Contact Details :

Name : Mr MURUGANESAN Relationship : Husband
Contact Address : 19/39, SASTRI ST, CHENNAI Guindy North Phone No : / 8778273695
Chennai Tamil Nadu INDIA 600015


Signature

Doctor Details :

Doctor Name : Dr. PUSHPA BALASUBRAHMANYAM Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RAJESWARI

Age : 34 Y 10 M 13 D

IP No: IP18-00036216

Sex: Female

Consultant: Dr. PUSHPA BALASUBRAHMANYAM

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

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature:.....)

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mr. Muthygasen

Relationship: Husband

Date: 27/06/2026

Witness Name: A. Sivasankari

Witness Signature: A. S.

Patient Address:

19/39, SASTRI ST, CHENNAI Guindy
North Chennai Tamil Nadu INDIA
600015

Time: 12:31 PM

BILLING POLICY

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

DECLARATION

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

Patient Name : <u>Mrs. Rajeswari</u>	UHID Number : <u>GUC-00093155</u>
Self/Attendant Name : <u>Munigasey</u>	Relation : <u>Husband</u>
Self/Attendant Signature : <u>[Signature]</u> Phone Number : <u>8778273695</u>	Name & Signature of Financial Counselor : <u>A. [Signature]</u>



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints c/o show ⊕

Induction of labor

No c/o Pain/bleeding/leaking
PAM well.

Obstetric Formula:

G2A1.

Obstetric History:

A1 - 2015, missed miscarriage
@ 8w, MTP.

Present Pregnancy Record:

Dating
NT, NIPT }
Anomaly
Growth }
Amniocentesis → CMA, karyotyping
RISK FACTORS:

- Previous pregnancy.
- LMWH LD - 27/6/26
- 3rd consanguineous marriage
- Preterm PE screen +ve.
- married for 14 yrs
- Tab. Ecospirin 150 LD 26/6/26

Height: 170 cm

Weight: 74 kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: ⊕

Icterus: ⊕ Edema: ⊕

Temp: ⊕ PR: 74 bpm

BP: 100/60 mmHg DTR:

CVS: S1S2 ⊕ RS SAE ⊕

Liver/Spleen: ⊕ Urine Output:

LMP: 10/10/25

EDD: 17/7/26

Corrected EDD:

GA: 37w4d

BT = 26/10/25; EDD by BT = 14/7/26

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: uterus @ term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: 5/5th

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not

Draining: ☐ Present ☒ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated 1 Finger tight

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

34yrs/G2A1/37w+4d/IVF conception/Induction of labor/
(1st cycle).
previous pregnancy.

Patient Sticker

Family History: HIL	Surgical History: → Grade I endometriosis 2015 - Diagnostic hysterolaparoscopy 2023 - Diagnostic hysterolap. ↳ polypectomy
Medical History: - 5 cycles failed IV	Medication History: • Tab. HCP 200mg 1-0 - 1 LD 26/6/26. • inj. cloverine 60mg s/c 27/6/26. 1-0-0. • Tab. Gosprin 150mg LD 26/6/26-1-0.
Plan of Care: C/D/w Dr. Pushpa. • monitor vitals • DFM • CTG & 4H • prepare parts • Secure IV line • w/lt pain/bleeding/leaking PIV • Foley's induction, suprapubic 27/6/26 12:20pm P/A: uterus @ term Relaxed Cephalic HA+ clinically liquor @ P/S: no leak noted. show+	Investigations: • CTG Reactive PIV: Cervix soft posterior 2 cms long DS admits 1 Finger tight PPHx - 3 station ↓, SAP induced with 22Fr Foley's ± 500cc distilled water.

Doctor Name: Dr. Holistic

Signature: [Signature]

Date & Time: 27/6/26; 1:30pm

Consultant Name: Dr. Pushpa

Signature: [Signature]

Date & Time: 27/6/26; 1:30pm

Doc: GUC-00093155
 Mrs RAJESWARI 34 Y 10 M 13 D (F)
 4-08-1991
 Dr. PUSHPA BALASUBRAHMANYAM

IP18-00036216

DOCTOR'S SHIFT CHANGE HANDOVER FORM



Date:

Department:

Shift:

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date:

Department:

Shift:

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



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/20	S/B Dr. Nithya / Dr. Dnyalakshmi	
2:30 PM	P2 A1 / O+ve / 37+4 wks / IVF / IOL pt-reviewed	
	Able to PM well	
	c/o pain abdomen on & off.	
37+4 wks	O/E: pt GC fair, afebrile po / pco	Advice
T=38°		- Normal diet.
PR=89/min	P/A: ut term	- oral fluids.
BP=115/60 mmHg	2c / 15 sec / 10 min	- monitor vitals
	Cephalic	- follow drug chart
	FHS good	* W/F Foley's extraction
Post Foley OK - reactive	U/E: CBD within	* Shift to ward
		- Reshift to LDR at 11 PM.
		- C/G Q4H. Next. @ 6pm.

164285

PROGRESS NOTES AND DOCTOR'S ORDER

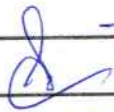
Date & Time	Progress Notes	Doctor's Order
27/6/2021	C/S/B Dr. Parithra / Dr. Shreedevi	
8:45pm		
GA - 37w+4d	Pt reviewed	Advice
	Able to PFM	- Normal diet
T-(N)	c/o Pain abdomen on & off	- Vitals Monitoring
PR - 84/min	O/E pt GC fair, Afebrile	- Plenty of oral fluids
BP - 120/72 mmHg	P°/PE°	- Follow drug chart
	CVS /	- W/ Foley's expulsion
	RS / NAD	- FHR 1/2 hrly Monitoring
	P/A - uterus @ Term	- CTG @ 4hrly Next @ 11:30pm
	2c / 15sec / 10min	- Reassess @ 4Am
	Cephalic	- Shift to LDA @ 3Am
	FHS - good	- Inform Soc
	L/E - Foley's insitu	
27/06/2021	Dr. 217	
11:20pm	C/S/B Dr. Parithra / Dr. Shreedevi	
T-(N)	Pt reviewed, c/o Foley's expulsion	Advice
PR - 80/min	O/E pt GC fair, Afebrile	- Normal diet
BP - 120/80 mmHg	P°/PE°	- Vitals monitoring
CTG - Reactive	CVS /	- plenty of fluids
	RS / NAD	- CTG @ 4th hourly
BFHR - 155-160 bpm.	P/A - uterus @ Term	- FHR 1/2 hrly monitoring
Acceleration upto 190 bpm.	(3c / 10" / 10')	- Reassessment @ 4Am
Actual tachycardia (A)	Cephalic	- Inform(s)
A fetal movements	FHS - good	
A fetal movements noted		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/S/B Dr. Pushpa	
1:40AM		
	Pt reviewed, Nil clo	Advice
T-(N)	o/e Pt GC fair, Afebrile	- NPO
PR- 80/min	P°/PE°	- IVF 10 RL @ 125ml/hr
BP- 120/80mmHg	CVS/RS/NAD	- Emergency LSCS
	P/A-uterus @ Term	in view of persistent fetal tachycardia
CTG- Fetal tachycardia	Mildly Acting (20/10"/10')	- Inform OT/NICU
	Cephalic	- Shift to OT
	FHS-good	- Catheterisation
	Plv - Cx - 2cm long	
	OS - one finger tight	
	Membranes ⊕	
	Vertex @ -3	
	82217	
28/06/2026	C/S/B Dr. Parvithra / Dr. Shreedevi	
3:15AM	Pt received in NICU	
DS		Advice
	Pt GC fair, Afebrile	- NPOx bowels
T-(N)	P°/PE°	- vitals monitoring
PR- 71/min	CVS/RS/NAD	- IVF 10 RL @ 125ml/hr
BP- 110/70		- CBD @ 3pm
W- Nil Empld in OT		- INJ. CLEXANE 40mcg @ 3pm
		- Ilo charting
		- WLF ↑ Bleeding PV



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Baby - m/s	P/A - ut well contracted	- Follow drug chart
B/L - Breast soft	Soft	- INJ. TRAPIC 1g IV X 2 doses
	Dressing ⊕ & Dry	
	UE - BWNL	
	 82217	
28/6/26 6:20 AM DOS	2/3/3 Dr Panithur	
	Pt reviewed	
T 100	q/c	Advice
BP - 104/75	Pt AC fair	- NPO FU 9:30 AM
PR - 82/min	afebrile	- Then T/B clear liquid diet
PO2 - 98% RA	P/Pc	- Kaji / soft diet after passing flatus.
	CVS	- IVF @ 125ml/hour.
	RS / NAD	
Baby m/s.	P/A - ut firm & wnt well.	- Vitals monitoring
VO - 100ml/hr	Dressing dry.	- Follow drug chart.
	UE - BWNL	- Inj Tragic 2 doses.
	Shift to ward	- CBD X 3 PM
		 - Inj Clexane 40mg @ 3 pm.
		mybrr.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 8:45 AM	S/B Dr. Dinyalakishini pt. reviewed Nil qo	
POD - 0	O/E: pt ac fair, afebrile po / ppo cvc / ps / nmb	Advice - NPO till 9:30am. - IVF @ 125ml/hr - Kanji diet after passing flatus - CBD / Clexane at 3pm - monitor vitals - follow drug charts - Infam 800
T: N		
PR: 80/min		
BP: 100/62 mmHg		
SpO ₂ - 98% @ RA	p/A: S/OA, BS(+) wt. contracted well dressing dry	
U/O - 250ml clear	U/E: NO more bleeding per CBD insert	
Baby m/s Breasts soft		
28/6/26 2:15 PM	S/B Dr. Dinyalakishini pt. reviewed. Nil qo.	
POD - 0	O/E: pt ac fair, afebrile po / ppo p/A: S/OA, BS(+) wt. contracted well dressing dry	Advice - Continue same order - CBD / Clexane 3pm - Kanji after passing flatus
T: N		
PR: 80/min		
BP: 100/62 mmHg		
U/O 230ml clear	U/E: RWN Baby m/s	

IP18-00036216

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



④



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Date & Time	Progress Notes	Doctor's Order
28/6/26	2/B-88	Anandhaanvari
9pm	pt renewed	
PO D#0	no complaints	
T-@	of E-G fair, afebrile	Adm
BP-110/70mmHg	no pallor no pedal edema	continue same order
PR 86/min		
SpO2-99% JRA	CVS / rta	
	h	
	P/A - soft, BS (+)	
parietal flatus	at contracted well	
	drum intact	
	no leakage	
	U/E - BWNL	Am 156007

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2021	C/S/B Dr. Vinitra / Dr. Shreedevi	
9AM		
[Pod-1]	PT reviewed, Nil clo	Advice
	O/E PT GC fair, Afebrile	- Soft diet
T-(N)	P°/PE°	- Plenty of oral fluids
PR - 74/min	CVS	- vitals Monitoring
BP - 112/73 mmHg	RS / NAD	- Follow drug Chart
	PIA - ut well contracted	- W/F ↑ Bleeding PV
Voiding freely	Soft, BS(⊕)	- Inform (sor)
Passed stools	Dressing(⊕) & Dry	
B/L - Breast soft	LIE - BWNL	
Baby - M/c		
	 152217	
29/06/2021	C/S/B Dr. Dhingalakeshmi / Dr. Shreedevi	
3:30pm		
[Pod-1]	PT reviewed, Nil clo	Advice
	O/E PT GC fair, Afebrile	- Continue the same
T-(N)	P°/PE°	- Inform (sor)
PR - 84/min	CVS	
BP - 100/72 mmHg	RS / NAD	
	PIA - ut well contracted	
Voiding freely	Soft, BS(⊕)	
Passed stools	Dressing(⊕) & Dry	
B/L - Breast soft	LIE - BWNL	
Baby - M/S		
	 152217	

GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026	C/S/B Dr. Parvitha	
8:40 PM	Pt reviewed	
POD-1	2/c	
T-(N)	Pt ac fair	Advice
BP-112/70	afebrile	- Soft Diet
PR-76/min	P°/P ^u	- Plenty of orals
Baby-m/s	CVS / NAD	- Vitals monitoring
RLC Breast soft	RS / NAD	- Follow drug chart
	P/A - Ut firm & cont well	
	Dressing dry	
	Soft, RS (+)	
Passed flatus		
Passed stools	4c - No underfeeding P/v	
30/06/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9 AM		
POD-2	Pt reviewed, Nil clo	Advice
	OLE Pt ac fair, Afebrile	- Soft diet
T-(N)	P°/P ^u	- Plenty of orals
PR-76/min	CVS	- Vitals Monitoring
BP-114/74 mmHg.	RS / NAD	- Follow drug chart
	P/A - Ut firm & well contracted	- Bath & dressing today
Voiding freely	Soft, BS (+)	- Plan (+) today
Passed stools	Dressing (+) & Dry	
Baby-m/s	LE - BWNL	
RLC Breast soft		
	TS2217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :
GUC-00093155
Mrs RAJESWARI
14-08-1991
IP18-00036216
34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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

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

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

Signature: _____

Findings and Recommendations :

27/6/26
10.01 AM

S/B Physiotherapist

Patient conscious, oriented - Afebrile

Assessment :

- Chest B/L Symmetry
- Type : Abdominal Thoracic Breathing

DVT : Aulter Scale : No risk.

Functional : FIM score : (7) independent

Consultant : Physiotherapist

Name : Sangani, J. Signature : _____ Date & Time : 27/6/26.

Advise

- Deep breathing ex's
- Ankle movements
- pelvic bridge ex's
- Pelvic floor ex's
- Bed mobility ex's
- posture
- walk.

Patient



RESULT SHEET

Date	5/6/26	28/6/26		Blood grouping & typing
Time				
Hb	12	11.6		O POSITIVE
PCV		34		
RBC		4.02		
WBC	10290	12.92		HIV
N/L				HBsAg } Non reactive
Platelets	1.60	1.81		VDRL }
CRP				
ESR				ECG }
PCT				2D ECHO } @
RBS				
Na				20/4/26
K				TSH = 3.23
Cl				
Ca/Mg				
Phosphate				
Urea	14			
Creatinine	0.5			
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid	3.7			
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

Patient

GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 13 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: LDR

Shifted to: AD

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:

Date & Time:

Nurse Name & Signature: Shr. Punitkshi 01/6/20Date & Time: 27/6/20 at 11AM

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



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: OT Shifted to: Medu

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. Paritosh 28/5/2026

Date & Time : 28/5/2026

Nurse Name & Signature : P. S. S. 28/6/26

Date & Time : 28/6/26

GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



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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: ICU Shifted to: Ward

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 :

Date & Time :

Nurse Name & Signature:

Date & Time :

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

ALLOCATION REPORT

Allocation Report for the period of 1st January 2023 to 31st December 2023. The report shows the allocation of resources across various departments and projects. The total allocation is 100 units, which is divided into 10 units for each department and 10 units for each project. The allocation is based on the following criteria: Department, Project, and Resource. The allocation is as follows:

Department	Project	Resource	Allocation
1	1	1	10
1	1	2	10
1	1	3	10
1	1	4	10
1	1	5	10
1	1	6	10
1	1	7	10
1	1	8	10
1	1	9	10
1	1	10	10
1	2	1	10
1	2	2	10
1	2	3	10
1	2	4	10
1	2	5	10
1	2	6	10
1	2	7	10
1	2	8	10
1	2	9	10
1	2	10	10
1	3	1	10
1	3	2	10
1	3	3	10
1	3	4	10
1	3	5	10
1	3	6	10
1	3	7	10
1	3	8	10
1	3	9	10
1	3	10	10
1	4	1	10
1	4	2	10
1	4	3	10
1	4	4	10
1	4	5	10
1	4	6	10
1	4	7	10
1	4	8	10
1	4	9	10
1	4	10	10
1	5	1	10
1	5	2	10
1	5	3	10
1	5	4	10
1	5	5	10
1	5	6	10
1	5	7	10
1	5	8	10
1	5	9	10
1	5	10	10
1	6	1	10
1	6	2	10
1	6	3	10
1	6	4	10
1	6	5	10
1	6	6	10
1	6	7	10
1	6	8	10
1	6	9	10
1	6	10	10
1	7	1	10
1	7	2	10
1	7	3	10
1	7	4	10
1	7	5	10
1	7	6	10
1	7	7	10
1	7	8	10
1	7	9	10
1	7	10	10
1	8	1	10
1	8	2	10
1	8	3	10
1	8	4	10
1	8	5	10
1	8	6	10
1	8	7	10
1	8	8	10
1	8	9	10
1	8	10	10
1	9	1	10
1	9	2	10
1	9	3	10
1	9	4	10
1	9	5	10
1	9	6	10
1	9	7	10
1	9	8	10
1	9	9	10
1	9	10	10
1	10	1	10
1	10	2	10
1	10	3	10
1	10	4	10
1	10	5	10
1	10	6	10
1	10	7	10
1	10	8	10
1	10	9	10
1	10	10	10

Medication History Record

Doctor Name & Signature

Date & Time

Witness Name & Signature

Date & Time

Page 1 of 1

Weight. 87kg Ward. LDR

Page: 2/4

GUC-00093155 IP18-00036216
 Mrs RAJESWARI
 14-08-1991 34 Y 10 M 14 D (F)
 Dr. PUSHPA BALASUBRAHMANYAM



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Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 8.7 kg Ward ... 5th floor.

DRUG : INJ. PARACETAMOL				Date Time	28/6/2016
Dose	Route	Frequency	Start Dt.	8am	NS
1g	IV	1-1-1	28/6/2016	NS	NS
Name & Signature of the Doctor Starting the Drugs:				28/6/2016	
Additional Instructions:				stop at 10am	
Daily Doctor's Endorsement by a Sign				bpm p/b S.M	
DRUG : INJ. CLEXANE				Date Time	28/6/2016
Dose	Route	Frequency	Start Dt.	3pm	NS
40mcg	SC	0-1-0	28/6/2016	NS	NS
Name & Signature of the Doctor Starting the Drugs:				28/6/2016	
Additional Instructions:				If Ambulating	
Daily Doctor's Endorsement by a Sign				D.D	
DRUG : T. CEFTUM				Date Time	29/6/2016
Dose	Route	Frequency	Start Dt.	8am	NS
500mg	PO	1-0-1	29/6/2016	NS	NS
Name & Signature of the Doctor Starting the Drugs:				28/6/2016	
Additional Instructions:				8pm p/b S.M	
Daily Doctor's Endorsement by a Sign				D.D	
DRUG : Tab. ZERODOL P				Date Time	29/6/2016
Dose	Route	Frequency	Start Dt.	9am	NS
1 Tab	PO	1-0-1	29/6/2016	NS	NS
Name & Signature of the Doctor Starting the Drugs:				28/6/2016	
Additional Instructions:				9pm p/b S.M	
Daily Doctor's Endorsement by a Sign					

Signature
 VERIFIED BY : Name

GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 15 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 37.5 Ward ITP room

DRUG : <u>C. PAN D</u>				Date Time <u>29/6/2016</u>
Dose <u>40mg</u>	Route <u>PO</u>	Frequency <u>1-0-1</u>	Start Dt. <u>29/6/2016</u>	<u>P.R.</u> <u>5:17</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>				
Additional Instructions: <u>7pm</u> <u>[Signature]</u>				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>Tab. LACTARE</u>				Date Time <u>29/6/2016</u>
Dose <u>2 tab</u>	Route <u>PO</u>	Frequency <u>1-0-1</u>	Start Dt. <u>29/6/2016</u>	<u>8am</u> <u>[Signature]</u> <u>N/A</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>				
Additional Instructions: <u>x 10 days</u> <u>8pm</u> <u>[Signature]</u> <u>S.M.</u>				
Daily Doctor's Endorsement by a Sign				

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

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

Patient Stic

Weight... 87 kg Ward... LDR



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/6/20	12.15 pm	Ig. SUPACEF	0.1ml	ID	[Signature]	TS DS
27/6/20	1:15 pm	Ig. SUPACEF	1.5gm	IV	[Signature]	TS DS
28/6	2 AM	Inj PANTOPRAZOLE	40mg	IV	[Signature]	SS SW
28/6	2 AM	Inj EMESET	4mg	IV	[Signature]	SS SW
28/6	2:00 AM	INT EMESER	4mg	IV	[Signature]	RS SK
28/6	2:10 AM	INT TRAMOL	1g	IV	[Signature]	RS SK
28/6	2:15 AM	INT Synto	50	IV	[Signature]	RS SK
28/6	2:30 AM	INT METHERGINE	0.2mg	IV	[Signature]	RS SK
28/6	8:10 AM	T. MISOPROSTOL	600mcg	PR	[Signature]	RS SK

Signature
BY: Name
VERIF



Weight. 87 kg. Ward 12

[illegible]

IP18-00036216

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



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STAT / ONCE ONLY DRUGS

Name:

Weight: 87 kgs

Sheet No:

[illegible]

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

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

27/6/26

9pm - 160-172 min

9:30pm - 158 - 168 min

10pm - 162 - 170 min

10:30pm - 158 - 172 min

11pm - 160 - 170 min

11:30pm -

28/6/26

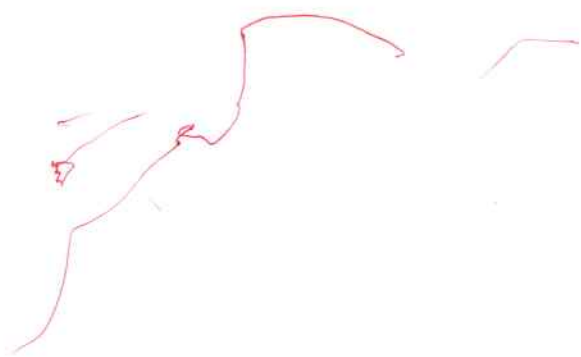
12 Am -



Early Warning Observation Score Chart - Obstetrics

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

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME															
28/6/26		Date	8	9	10	11	12	1	2	3	4	5	6	7	
		Time	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30														
	21 - 30														
	11 - 20														
	0 - 10														
Saturations	94 - 100 %														
	< 94 %														
Administered O ₂ (L/min.)															
Temp °C	40														
	39														
	38														
	37														
	36														
	35														
	< 35														
Heart Rate	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
	90														
	80														
	70														
	60														
	50														
	40														
	Systolic Blood Pressure	190													
		180													
170															
160															
150															
140															
130															
120															
110															
100															
90															
80															
70															
60															
50															
Diastolic Blood Pressure		130													
	120														
	110														
	100														
	90														
	80														
	70														
	60														
NEURO RESPONSE [✓]	Alert														



10

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



FLUID CHART

Sheet No. : ①

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

27/6/26		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O	100							250	NOZU	SA
	01:00 pm	H ₂ O	100								line	SA
Total Intake : 420						Total Output : 250ml						
	02:00 pm	H ₂ O	100ml								0	SA
	03:00 pm									100ml	0	SA
	04:00 pm	H ₂ O	300ml							50ml	0	SA
	05:00 pm										0	SA
	06:00 pm	H ₂ O	200ml							100ml	0	SA
	07:00 pm	H ₂ O	200ml							50ml	0	SA
Total Intake : 900ml						Total Output : 300ml						
	08:00 pm	H ₂ O	100ml								0	Sim
	09:00 pm										0	Sim
	10:00 pm									300	0	Sim
	11:00 pm										0	Sim
	12:00 am	N								200	0	Sim
	01:00 am	B										
Total Intake : 600ml						Total Output : 500ml						
	02:00 am	N		RT 300ml						150ml	0	PS
	03:00 am	P		125						100	0	MA
	04:00 am	0		125						75	0	MA
	05:00 am	0		125						50	0	MA
	06:00 am	P		125						100	0	MA
	07:00 am	0		125						150	0	MA
Total Intake : 1192.5						Total Output : 625						
Total 24 hrs. Intake		3.625ml										
Total 24 hrs. Output		1.1675ml										

FLUID CHART

Sheet No. : 2

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

Date		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
28/6/26	08:00 am	NPO		125ml					150	0	AA		
	09:00 am	H ₂ O	20ml	125ml					200	0	AA		
	10:00 am	TC	100ml	125					250	0	AA		
	11:00 am	H ₂ O	150ml	125					150	0	AA		
	12:00 pm	TC	200	125					200	0	AA		
	01:00 pm	H ₂ O	100	125					200ml	0	AA		
Total Intake : 620ml + 750 = 1370ml					Total Output : 1180ml								
	02:00 pm	H ₂ O	200ml	125					200	0	AA		
	03:00 pm	Sluc	200ml	125					150	0	AA		
	04:00 pm	Kang	150ml	Stop						0	AA		
	05:00 pm									0	AA		
	06:00 pm	H ₂ O	150ml							0	AA		
	07:00 pm									0	AA		
Total Intake : 700ml + 250ml = 950ml					Total Output : 250ml + 1400								
	08:00 pm								300	0	PL		
	09:00 pm	H ₂ O	200							0	PL		
	10:00 pm									0	PL		
	11:00 pm	H ₂ O	200							0	PL		
	12:00 am								200	0	PL		
	01:00 am	H ₂ O	200							0	PL		
Total Intake : 600ml					Total Output : 600ml								
	02:00 am									0	PL		
	03:00 am	H ₂ O	200						350	0	PL		
	04:00 am									0	PL		
	05:00 am	H ₂ O	200							0	PL		
	06:00 am								300	NOW	PL		
	07:00 am	H ₂ O	200							PL	PL		
Total Intake : 600ml					Total Output : 650ml								
Total 24 hrs. Intake		3,520ml											
Total 24 hrs. Output		2,780ml											

GUC-00093155
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
SUSHPA BALASUBRAHMANYAM

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FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/6/26	08:00 am	H ₂ O	150ml							200ml	0	AA
	09:00 am	H ₂ O	150ml								0	AA
	10:00 am	H ₂ O	200ml							200ml	0	AA
	11:00 am	H ₂ O	100ml								0	AA
	12:00 pm	Soup	100ml							200ml	0	AA
	01:00 pm	H ₂ O	150ml							200ml	0	AA
	Total Intake : 850ml			Total Output : 1000ml								
	02:00 pm	H ₂ O	100ml							200ml	0	AA
	03:00 pm	H ₂ O	50ml								0	AA
	04:00 pm	H ₂ O	100ml							100ml	0	AA
	05:00 pm										0	AA
	06:00 pm	H ₂ O	200ml							200ml	0	AA
	07:00 pm	H ₂ O	200ml							200ml	0	AA
Total Intake : 650ml			Total Output : 800ml									
	08:00 pm										0	P.V
	09:00 pm	H ₂ O	200							350	0	P.V
	10:00 pm										0	P.V
	11:00 pm	H ₂ O	200								0	P.V
	12:00 am	H ₂ O	100							300	0	P.V
	01:00 am	H ₂ O	200								0	P.V
Total Intake : 700ml			Total Output : 650ml									
	02:00 am										0	P.V
	03:00 am	H ₂ O	200							300	0	P.V
	04:00 am										0	P.V
	05:00 am	H ₂ O	200								0	P.V
	06:00 am	H ₂ O	100							300	NO intake	P.V
	07:00 am	H ₂ O	200									P.V
Total Intake : 700ml			Total Output : 600ml									
Total 24 hrs. Intake		2,900ml										
Total 24 hrs. Output		3,050ml										

GUC-00093155 IP18-00036216
 Mrs RAJESWARI
 14-08-1991 34 Y 10 M 13 D (F)
 Dr. PUSHPA BALASUBRAHMANYAM



NURSING CARE RECORD

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Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11:30 AM	Improve knowledge.	12 pm	* Teach medication Regimen * Educate Regarding Diet * Clarify doubts	Improved knowledge to some extent	Reassessment Done.	Shirine 015720
Afternoon	2pm	Achieve acceptable pain control & comfort	2:30 pm	Assess pain using pain scale regularly position pt comfortably provide non pharmacological measures such as relaxation.	patient was stable	Reassessment was done	Akalya 018080
Night	8pm	Achieve acceptable pain control & comfort	12pm	Assessed the pt's condition monitored pain scale maintained to chart provided non pharmacological relaxation.	Vitals are stable	done.	Sinicep 607383



NURSING CARE RECORD

Date: 28/6/20

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	8AM	Achieve acceptable Pain control & comfort	12AM	Assessed the patient conduct monitored Pain Scale Provided Comfortable position. Provided non pharmacological relaxation	patient was stable	Reassessment was done.	
Afternoon	2pm	maintain good nutritional status.	2:30 PM	maintained good nutritional status.	Engaged oral intake.	monitored input and output chart	Soumya Omm.
Night	8pm	Assess the patient condition Monitor vitals Maintain I/O Administer medication	11AM	Assessed the patient condition Monitor vitals maintained I/O Administered medication	Encourage oral intake	Monitored vitals patient feel better	ple gone

NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>G2A1 / 37+4days / IVF</u> <u>Conception / IOL</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify: <u>Nil</u>		
BACKGROUND		Surgery / Procedure: <u>-</u>		Post OP Day: <u>-</u>		
BACKGROUND	Date	<u>27/6/26</u> <u>M</u>	<u>27/6/26</u> <u>E</u>	<u>27/6/26</u> <u>N</u>	<u>28/6/26</u> <u>M</u>	
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Diet:	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>NA</u>	<u>N/A</u>	<u>NA</u>	<u>NA</u>	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.8</u>	<u>98.8</u>	<u>98.0</u>	<u>98.6</u>
		Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>
		Pulse:	<u>92b/m</u>	<u>89b/m</u>	<u>89b/m</u>	<u>75b/m</u>
		BP:	<u>112/72</u>	<u>120/82</u>	<u>130/80</u>	<u>110/70</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Pain Score:	<u>0/10</u>	<u>2/10</u>	<u>2/10</u>	<u>2/10</u>		
Skin Integrity	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>		
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Recommendations	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Non Dependent</u>	<u>Non Dependent</u>	<u>Non Dependent</u>	
	Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Handed Over By Name :		<u>S. Anitha</u>	<u>M. Anitha</u>	<u>S. Anitha</u>	<u>V. Anitha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>	
Time:		<u>1.30pm</u>	<u>8pm</u>	<u>8am</u>	<u>2.30pm</u>	
Taken Over By Name :		<u>S. Anitha</u>	<u>S. Anitha</u>	<u>S. Anitha</u>	<u>P. Anitha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>	<u>29/6/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8am</u>	

MIXING SHEET

PATIENT INFORMATION		PHYSICIAN INFORMATION		LABORATORY INFORMATION	
Patient Name	Room No.	Physician Name	Physician ID	Lab Name	Lab ID
John Doe	101	Dr. Smith	12345	Lab A	67890
Test Requested: Complete Blood Count (CBC)		Ordering Physician: Dr. Smith		Specimen Type: Venous Blood	
Referring Physician: Dr. Smith		Ordering Department: Internal Medicine		Specimen Source: Venous	
Test Results: Hemoglobin: 12.5 g/dL Hematocrit: 38.0% RBC Count: 4.5 million/mm ³ WBC Count: 10.0 thousand/mm ³ Platelet Count: 250 thousand/mm ³		Physician Signature: Dr. Smith		Lab Signature: Lab A	
Test Date: 10/26/2023		Physician Date: 10/26/2023		Lab Date: 10/26/2023	
Test Time: 10:00 AM		Physician Time: 10:00 AM		Lab Time: 10:00 AM	
Test Location: Lab A		Physician Location: Internal Medicine		Lab Location: Lab A	
Test Method: Automated		Physician Method: Manual		Lab Method: Automated	
Test Result: Normal		Physician Result: Normal		Lab Result: Normal	
Test Comment: No significant abnormalities noted.		Physician Comment: Patient stable, no further action required.		Lab Comment: All values within normal limits.	



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/06/20	10:30 Am	<u>Admission Notes</u> Mrs. Rajeshwari 34 years / Female got admission under Dr Pushpa. Patient diagnosis is PnG2A1/ 37+4days IVF conception / 1st. Monitored vitals and Recorded. Maintained Ilo. CTG Connected. FHR Monitored. parts Preparation done. No any other complaints. Pain assessment done. Orientation given. patient General condition fair	J. Jee 01/06/20
	12pm	Monitored vitals and Recorded. Maintained Ilo. Pain assessment Done. No any other complaints	J. Jee 01/06/20
	12.30 pm	DR. Akshitha Done Foley Induction. consent taken from patient and attenders. 22FR Foleys 50cc dilator inflated. IV cannulation done by Shri. Kishor. 18G venflon. In Right Metacarpal. IV cannula observed. Prej. Sepafo. ml DD given at 12.45pm	J. Jee 01/06/20
	1.20pm	Post foleys CTG Connected. FHR Monitored. Maintained Ilo.	

6
Type
ISO 11140

STEAM

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

Green =
Sterilized

SV: 121°C - 15 min.
 134°C - 3.5 min.



NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/26		patient doesn't have any allergic reaction after	
		Rey. Supacel 0.1ml D ₂ test dose	
		Rey-Supacel 1.5g given	J. K. 01/08/20
	1:30pm	patient General Condition	
		Febr. post Foley CTR on	
		Connected. Patient care	
		Handing over given to Evening	
		duty Staff	J. K. 01/08/20
		Evening duty	
	1:30pm	patient care band over	
		taken from morning duty	
		Staff Nurse patient was stable	
		conscious & oriented IV line	
		present & patient more full	
		risk Assessment was done	
		Score is 20 pain Assessment	
		was done Score is 2/10.	
		post Foley's CTR is ongoing	
		pt general condition Febr	
		⇒ Dr. Divyabakshini	S. N. 01/08/20
	2:10 pm	Advised to stoped CTR	
		FHR is good ⊕ patient	
		vital are stable TO Encourage	
		Adequate meals patient	
		have a lunch finished	S. N. 01/08/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(9)

NURSES NOTES

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- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/12/26	3:50 pm	Dr. Vinitha Advised to pt shifted to ward 4th hourly CTG Next at 6pm Normal Diet HR is good pt care hand over given to floor Staff Nurse	S/Narayana
		Receiving Notes.	01888
	4pm	Handover received from LOR staff. Patient is active and cheerful IV line patent. Normal diet. CTG - 4th hourly. Cleared vital sign and recorded.	Surya
	6pm	CTG - Skipped. CTG is reactive.	Surya
	7pm	Monitored I/O chart and recorded.	on
	7:30pm	Handover given to Night Duty Staff.	Surya
		Night Duty	on
27/12/26	7:30pm	pt's details Hand over taken from Evening duty staff. pt's conscious oriented, vitals are stable. pt's insertion follow's not expelled. CTG 4th hourly, last CTG 7:20pm, Replaced LOR 11pm	Surya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/26	8pm	pt's vital signs checked and recorded. vitals are stable. maintained Ilo chart. pt's clo vomiting inform to Dr. paulthana mam D/W. Dr. sulthana mam →	Sul 607383.
	8:45pm	Dr. paulthana mam come and seen assessed the pt's condition A/B, Normal diet, vitals monitoring plenty of oral fluids, Follow drug chart, W/F Febey's aspiration FHR 1/2 Hxly monitoring, C.T.G Q4 Hxly next 11:30pm, Passes at 4AM C/M, shifted to LDR at 3AM. →	Sul 607353
	9pm	Dr. sulthana mam come and seen assessed the pt's condition same and continue Advice, pt's clo vomiting, mam A/B Inj Emeset 4mg IV given as per order. FHR-160-170/min. →	Sul 607383.
	9:30pm	FHR-158-168 min checked and recorded. →	Sul 607383.
	10pm	pt's vitals are stable. maintained Ilo chart, FHR monitored and recorded FHR-162-170 min. →	Sul 607383.
	10:30pm	FHR-158-172 min recorded →	Sul 607383.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

3

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies None

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/26	11pm	FHR - 160-170/min checked and recorded. Encouraged mother plenty of oral fluids. maintained block chart. →	<u>Sul</u> 607353.
	11:20pm	pt's calling Folley's Expelled Inform to Dr. Pankaj nam ALB shifted to LDR now. →	<u>Sul</u> 607353.
	11:30pm	pt's shifted to LDR, details Hand over given to LDR staff →	<u>Sul</u> 607353.
27/6/26	11:30pm	→ Receiving notes Receiving the Patient from LDR 7th floor. with tray of Case Sheet, while receiving the Patient comes by oriented, a female nurse orally by tolerance well. Voided Tracey →	<u>10/11/16</u>
		→ CTG corrected & recorded FHR good, Fetal tachycardia Present 17 to 211 further new Advice to continuous CTG. cords away out. Patient vital signs stable, General condition fair →	<u>10/11/16</u>
	12am	→ 17 to Dr. Pankaj nam Advice to continuous CTG 17 to OT staff tomorrow. →	<u>10/11/16</u>
	12am	Advice to continuous CTG 17 to OT staff tomorrow. →	<u>10/11/16</u>
	12am	→ 17 to Dr. Pankaj nam. Advice to Patient 17 to OT cords away out	<u>10/11/16</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26		Left Port 40mg Tu, Left Enocort 4mg Tu, Left Spine 7 1/2 gm 1-11 from to as per doctors order → 2AM → Patient reports head ache to OT shift. OT shifting Note	28/6/26 28/6/26
28/6/26	2AM	Patient received into OT-III. Patient is conscious and oriented. The line and Foley's catheter is present. Patient's vital signs are stable.	
	2:05 AM	SA given. positioning done. padding and draping done. Skin Preps done. No excessive blood loss is present. The fluid on flow. Patient vital signs are stable.	
	2:14 AM	Baby boy delivered with birth weight of 2.952 kg. Baby shifted to nurse.	
	3:10 AM	Skin suturing done. No excessive bleeding or oozing from the surgical site.	
	3:20 AM	Patient vital signs are stable. Patient shifted to nurse. Head over given to nurse staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/1/2020	3:30 AM	→ Receiving baby ← Receiving the Patient from OT & Sp 4 of case sheet. While receiving the Patient conscious and Oriented. afebrile npo. Int R 125/min on Flow. Her Ab Scars over the Operated area. Her mid Part over the Operated area. Patient Vital Signs Cloudy. Increased Cerebral circulation. → Key/01/21	
	4 AM	→ B: Breast Soft No engorgement → U: Uterus firm contracted well. → B: Bowel Market Present → B: Patient in case → 2: Lochia streaky Present No evidence of Foul Smell. → E: Rader assessment not applicable. → 1: Homans Sign negative → E: Patient emotional Stable good. → Key/01/21	
	5 AM	→ Patient take a sponge bath. Copied case → Key/01/21	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	6am	→ Inf RL 125ml/hr on Flow CBD were checked clear & correct. No other complaints → Key/initial	
	7am	→ Inf Part 110mg. Inf, Inf Trapi 1gm & 100mg given. as per doctors order → Patient shifted to 3rd floor hand over to 3rd floor staff Receiving notes	Key/initial
28/6/26	7am	PT's details Hand over taken from LDR staff. PT's conscious oriented, vitals are stable. PT's NPO till 9:30am. PT's clear liquids kangri/soft diet after passing flatus/IVF at 125ml/hr /vitals monitoring/ Follow drug chart. /inj. Trapi 2 doses / CBD at 3pm, inj-clonidine 2mg at 3pm. U/O well.	Key/initial
	7:30am	PT's details Hand over given to morning duty staff →	Key/initial
28/6/26	7:30pm	MORNING DUTY PT details handing over taken from night duty staff, CBD removed on 3pm 19:20pm Liquid was started inf 125ml/hr inj. Trapi 2 doses. follow drug chart	Key/initial

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/08/2022	8:00 AM	Patient vital signs checked and recorded	Prof. Prabhu
	9 AM	Patient S/B Dr. Dhyaalakshmi man feeling abdominal pain started at 9:30 AM. CBD removed at 3 pm. Follow the orders.	Prof. Prabhu
	9:30 AM	Patient oral. Stomach no vomiting. Cough clear liquid	Prof. Prabhu
	10 AM	B - Breast is soft no engorgement. U - uterus is contracted well.	
		B - Bowel movement is present. Flatus not passed. Urine not passed.	
		B - Vagina present urine clear, well. Last urine 200 at 10 AM.	
		I - Lochiae Rubra is present	
		H - Hemoglobin's signs negative	
		E - Vesicle scale not applied	Prof. Prabhu
		B - Genital skin good	
	12 PM	Patient vital signs checked and recorded	Prof. Prabhu
	1:30 PM	Patient status not passed. No any other complaints. Patient details handing over to Evening duty staff.	Prof. Prabhu

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies ... *m*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/2026	7:30 AM	morning duty notes on. patient difficult taken over from night duty staff nurse. patient anxious & needed IV line path. no IV. urine, motion passed. tomorrow plan discharge. bath and dressing. PV bleeding is normal. patient stable with a fair	
	8 AM	patient vital signs checked and recorded.	
	9 AM	patient S/B Dr. Vinita tomorrow plan discharge.	
	10 AM	patient had in normal diet due to drugs given as per doctors orders	
	10:30 AM	B - Breast is soft no engorgement. U - Urine is continued well. B - Bowel movement passed. Rectus passed. motion passed. B - Urine voided freely. L - Lochia rubra is present. E - Riedel scale not applicable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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Hospital**
It takes a lot to treat the little.



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

- ☐ Drug Allergies

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies All

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty	
29/6/26	7:30pm	patient details handed over taken over from Evening to Night patient is on oral medication W line @, tomorrow row bath & dressing.	
	8:00pm	patient vitals checked and recorded.	→ P. Kaur 607261
	9:00pm	patient seen by Dr. Parithra Nam continue oral medication	→ P. Kaur 607261
	10:00pm	patient is B-Breast is soft, NO Engagement U-Uterus is contracted well B-Bowel movement present B-Urine voided frequently L-Lochia Rubra is present E-Reeda NOT Applicable H-Homan Sign's Negative E-Emotional status is good	→ P. Kaur 607261
30/6/26	12:00am	patient vitals checked and recorded.	→ P. Kaur 607261
	2:00am	patient is sleeping well, no other complaints	→ P. Kaur 607261
	4:00am	patient vitals checked and recorded.	→ P. Kaur 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>DR. PUSHPA</u>	Date of Delivery: <u>28/06/2026.</u>
Assistant Surgeon: <u>DR. PAVITHRA / DR. SHREEDENT</u>	Time of Delivery: <u>2:14 AM.</u>
Anaesthetist's Name: <u>DR. PRIYADHARSHINI.</u>	Gender of Baby: <u>BOY</u>
Type of Anaesthesia: <u>SPINAL ANAESTHESIA.</u>	Weight of Baby: <u>2.952 kg.</u>
Neonatologist: <u>DR. PERINBAVARAN.</u>	AGPAR Score: <u>8/10, 9/10.</u>
Scrub Nurse: <u>S/N SASI.</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☐ Elective ☒ Emergency Indication: PERSISTENT FETAL TACHYCARDIA.

Urgency

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

Decision time: Knife to rectus:

CTG Description: Persistent fetal Tachycardia.

If there was a delay give the reasons:

Surgical Procedure:

Emergency Lower Segment Caesarian Section.

Post Operative Diagnosis:

P.4 / POST LSCS.

Peri-Operative Complications:

Amount of Blood Loss: 350ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

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

minimal Endometrial spots noted in Posterior surface of uterus

Uterine Closure: ☐ One Layer ☒ Two Layers 1-vicryl Suture
 Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None Suture
 Sheath Closure: 1-vicryl Suture
 Fat Closure: ☐ Yes ☒ No Suture
 Skin Closure: ☒ Subcuticular ☐ Mattress 3-0 monocr Suture
 Vaginal Evacuated ☒ Yes ☐ No
 Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions
 Catheter ☒ Yes ☐ No ☐ Remove in @ 3pm 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 6 hours
- IVF @ 125ml/hour
- Inj SUPACEF 1.5g IV 1-1-1 (3 doses)
- Inj TRAPIC 1g IV 1-1-1 (2 doses)
- Inj PANTOPRAZOLE 40mg IV 1-1-1
- Inj PARACETAMOL 1g IV 1-1-1
- Sedation HS
- Inj TRAMADOL 50mg IV SOS
- CRP @ 3pm / Clearex 40mg SL od @ 3pm after ambulating
- Soft Diet after passing flatus

Doctor Name: Dr. Pushpa Doctor Signature: [Signature]
 Date & Time: 28/6/2026

GUC-00093155
Mrs RAJESWARI
14-08-1991
Dr. PUSHPA BALASUBRAHMANYAM
34 Y 10 M 13 D (F)
IP18-00036216

①

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M	E	N	Fall Risk Grading		
		Score	27/6/26	27/6/26	27/6/26			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15			0			
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20		20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10			0			
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			0	20	20			
Signature			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Fachbereich Wirtschaftswissenschaften

Mathematik II

Blatt 1
 Name:
 Matrikelnummer:

Aufgabe 1
 Gegeben sei die Funktion $f: \mathbb{R} \rightarrow \mathbb{R}$ durch

$$f(x) = \frac{1}{2}x^2 + \ln|x| - \frac{1}{3}x^3$$

a) Bestimmen Sie das Definitionsbereich von f .
 b) Berechnen Sie die Ableitung $f'(x)$.
 c) Untersuchen Sie f auf Monotonie.

d) Skizzieren Sie den Graphen von f .
 e) Berechnen Sie das Integral $\int_1^e f(x) dx$.

Lösung:
 a) $D_f = \mathbb{R} \setminus \{0\}$
 b) $f'(x) = x + \frac{1}{x} - x^2$
 c) f' ist positiv für $x < -1$ und $0 < x < 1$, negativ für $-1 < x < 0$ und $x > 1$.
 d) f hat einen Wendepunkt bei $x = 0$.
 e) $\int_1^e f(x) dx = \frac{1}{6}e^3 - \frac{1}{6}$

Die Funktion f ist in $\mathbb{R} \setminus \{0\}$ definiert. Der Definitionsbereich ist $\mathbb{R} \setminus \{0\}$.

Die Ableitung ist $f'(x) = x + \frac{1}{x} - x^2$.

Der Graph von f ist in der folgenden Skizze dargestellt.



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M	E	N	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			6077x	day	P.601			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

ҚАЗАҚСТАН РЕСПУБЛИКАСЫНЫҢ БІЛІМ ЖӘНЕ ҒЫЛЫМ МИНИСТРЛІГІ

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Тапсырма
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 2. 2-ші топ
 3. 3-ші топ

1. 1-ші топ
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1. 1-ші топ
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 3. 3-ші топ

3

Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Score	Fall Risk Grading		
History of Falling (immediately or w/in 3 months)	Yes	25	20/6/20	Risk Level	Morse Fall Score (MFS)	Action
	No	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15		Low Risk	0 - 24	Standard Fall Precaution
	No	0	0			
Ambulatory Aid	Furniture	30		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15				
	None /Bed Rest /Nurse Assist	0	0			
IV / Heparin Lock or Saline	Yes	20		High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0			
GAIT / Transferring	Impaired	20		Total Morse Fall Scale Score:		
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0	0			
Mental Status	Forgets limitations	15		Signature		
	Oriented to own ability	0	0			

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

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- ☐ 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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6/26	10.30 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature 9/6/26
27/6/26	2pm	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Comfortable position	Signature 8/8/26
27/6/26	8pm	2/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	comfortable position	Signature 6/4/383
28/6/26	2AM	2/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	comfortable position	Signature 6/4/383
28/6/26	6AM	1/10	Right Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Signature 10/1/26
28/6/26	8am	1/10	Right Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Signature 6/5/26
28/6/26	2pm	4/10	Suprapubic side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	Pre-para position given	Signature 8/19/26
28/6/26	8pm	1/10	Suprapubic side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Signature P. 6/26
29/6/26	2AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature P. 6/26
29/6/26	00am	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature P. 6/26

Re-assessment Frequency:

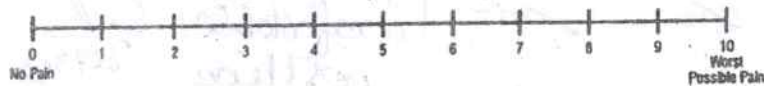
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 13 D (F)

Dr. PUSHPA BALASUBRAMANYAM



PAIN ASSESSMENT FORM

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

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

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	6 PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	[Signature]
30/6/26	12 AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	P. Kaumog 607261
30/6/26	6 AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	P. Kaumog 607261
30/6/26	8 AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	NA	[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		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

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

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

b) Then every 4 hours.

c) Prior to pain pain-relieving intervention.

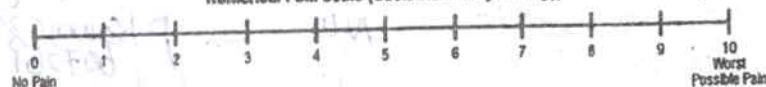
d) Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 13 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date:	27/6/2016	27/6	28/6
					Time:	M	E	N
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.*	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					27	27	27	27
Evaluator's Name					 10/6/2016 01:50			

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

BRADEN Q SCALE

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



BRADEN 'Q' SCALE

				Date : 2/6/2016	Time : 10:30 AM				
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
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	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	1	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	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.	1	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23				TOTAL SCORE		27	27	27	27
Docu. No. : RCH/FRM/CLINICAL/119				Evaluator's Name		Dr. P	PL	Raul	Dr. P

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-00093155

Mrs RAJESWARI

14-08-1991

34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

IP18-00036216



BRADEN 'Q' SCALE

(3)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date: 29/8/2016		Time: 12:30 PM	
Mobility	mobile: even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	
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Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	
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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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					
Docu. No. : RCH/FRM / CLINICAL / 119					
TOTAL SCORE				27	27
Evaluator's Name				PO	PO

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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PHLEBITIS ASSESSMENT

Patient's Name:

MRD NO

GUC-00093155
Mrs RAJESWARI
14-08-1991

IP18-00036216

Age :

34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Sex: ☐ M ☐ F

Consultant :

CANNULA 1

Date: 27/6/26 Time: 12-45pm

Location: Right - Antecubital

Size: 18G

Cannula inserted by: Sr. Jeyakumar

CANNULA 2

Date :

Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/6/26	1pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	TC
	3pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	SA
	5pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	SA
	7pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	SA
	11pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
28/6/26	3am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	7am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	9am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	10am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	2am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	6am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
29/6/26	8am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	2am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
	6am	☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
		☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
		☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim
		☐ Yes ☒ No	☐ Yes ☒ No	observe	Sim

Cannula removed: ☒ Yes ☐ No, if yes date and time: 30/6/26 6am
RX any initiated: ☐ Yes ☒ No ☐ NA If Yes specify-
Phlebitis score: 0/5

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		

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Time:

Size :

Cannula inserted by :

CANNULA 4

Time:

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

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

* Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00055
MRS RAJESWARI
14-08-1991
Dr. PUSHPA BALASUBRAHMANYAM
34 Y 10 M 13 D (F)
IP18-00036216



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. G2A1/3TH day Plan
2. Treatment and Care
3. Pain Management
4. ☒ Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)

6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
27/6/26	10.30 AM	Informed consent	Educated to patient and family about consent	patient	NO	oral	none	verbal	Good	<i>[Signature]</i>
28/6/26	8 AM	Informed consent	educated to patient and family about consent	patient	NO	oral	none	verbal	Good	<i>[Signature]</i>
29/6/26	10 AM	yes	to encourage the oral feed	patient	nil	verbal	none	yes	good	<i>[Signature]</i>
30/6/26	10 AM	yes	follow up one	patient	nil	verbal	none	yes	Good	<i>[Signature]</i>

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

ОБОЗНАЧЕНИЯ СИМВОЛОВ И ТИПОВ УЧАСТИЙНИКОВ

Составлено
в 1980 г.
автор: А.И.С.

Лист 1

№ 1

Итого

100

100

Символ	Описание	Символ	Описание	Символ	Описание	Символ	Описание	Символ	Описание
1	100%	2	90%	3	80%	4	70%	5	60%
6	50%	7	40%	8	30%	9	20%	10	10%
11	0%	12	100%	13	90%	14	80%	15	70%
16	60%	17	50%	18	40%	19	30%	20	20%
21	10%	22	0%	23	100%	24	90%	25	80%
26	70%	27	60%	28	50%	29	40%	30	30%
31	20%	32	10%	33	0%	34	100%	35	90%
36	80%	37	70%	38	60%	39	50%	40	40%
41	30%	42	20%	43	10%	44	0%	45	100%
46	90%	47	80%	48	70%	49	60%	50	50%
51	40%	52	30%	53	20%	54	10%	55	0%
56	100%	57	90%	58	80%	59	70%	60	60%
61	50%	62	40%	63	30%	64	20%	65	10%
66	0%	67	100%	68	90%	69	80%	70	70%
71	60%	72	50%	73	40%	74	30%	75	20%
76	10%	77	0%	78	100%	79	90%	80	80%
81	70%	82	60%	83	50%	84	40%	85	30%
86	20%	87	10%	88	0%	89	100%	90	90%
91	80%	92	70%	93	60%	94	50%	95	40%
96	30%	97	20%	98	10%	99	0%	100	100%

Символы и типы участников, используемые в документах, должны быть четко обозначены и соответствовать требованиям стандарта. В данном документе приведены обозначения для различных типов участников, которые могут быть использованы в документах. Символы должны быть четко обозначены и соответствовать требованиям стандарта. В данном документе приведены обозначения для различных типов участников, которые могут быть использованы в документах.

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part - I.

Patient's / Learner Language: Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes ☐ No ☐ Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

- | | | | |
|-----------------------|--|---------------------------------|---|
| 1. Diagnosis | Plan | 6. Discharge Medication | 10. Fall Risk Education |
| 2. Treatment and Care | 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| | 4. Informed Consent | 8. Diagnostic Test / Procedures | Safety |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 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		

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:		<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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CHURCHILL UNIVERSITY

CHURCHILL UNIVERSITY

CHURCHILL UNIVERSITY

JUL-00093155
Mrs RAJESWARI
14-08-1991 34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



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

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 27/6/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)	✓	1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	✓	1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37 ⁺ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		02
Signature of the Nurse	S/n. Fawadhi 01622	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

SUC-00093155
Mrs RAJESWARI
14-08-1991 34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



Date & Time of Admission <i>27/6/26 at 12:31pm</i>		Date & Time of Transfer Order <i>27/6/26 3:50pm</i>
Transfer Ordered by <i>Dr Vinitha</i>		Reason for Transfer <i>Observation</i>
From Unit <i>LPR</i>	To Unit <i>CTU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>Whole IP file</i>	Number of Imaging Films <i>CTU</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

pt shifted to ward

Name & Signature of Person who is Transferring

S. N. Kalya
01808

Name of Person Ordered Transfer

Dr: Vinitha

Patient & Clinical Records Received by :

Rajanya
Drass
@ 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

GUC-00093155 IP18-00036216

Mrs RAJESWARI
14-08-1991 34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



Date & Time of Admission 27/6/26 at 12:31pm		Date & Time of Transfer Order 27/6/26 at 11:30pm
Treating Consultant Name Dr. pushpa	Transfer Ordered by Dr. pavithra	Reason for Transfer ICL
From Unit 7th Floor	To Unit LDR	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File IP files	Number of Imaging Films CTG (3) IP. files	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	Inj. Supacef	(2)
2.	10ml syringe	(2)
3.	loose gel / mother crown	(1)
4.	Bactro Scrub	(1)
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring S. madhumitha		Name of Person Ordered Transfer Dr. pavithra
Patient & Clinical Records Received by : S. Shalini 27/6/26 at 11:30pm		
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

Date of birth: 10/10/1990 Sex: Male		Date of admission: 10/10/2020 Time: 14:30	
Name: Mr. John Smith Address: 123 Main St, London, UK		Ref: 123456789 Ward: 10	
Allergies: None Current Medication: None		Reason for admission: Trauma Referring Doctor: Dr. J. Doe	
Past Medical History: None Social History: Non-smoker, No alcohol		Examination: Stable Vitals: BP 120/80, HR 70, RR 18, SpO2 98%	
Investigations: X-ray, CT scan Results: Fracture of right radius		Treatment: Cast, Pain relief Discharge: 12/10/2020	
Signature: [Signature] Date: 10/10/2020		Signature: [Signature] Date: 10/10/2020	

If the patient is not a valid patient, please return this form to the hospital.

GUC-00093156

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



Age: _____ Gender: _____

Surgery Name: Sm. UterSurgeon: Dr. Pushpa BalasubramanianAsst. Surgeon: Dr. RajeshwarAnaesthetist: Dr. PrasadharanScrub Nurse: Sal. SasiDate: 28/06/20 In-time: 2:00 PM Out-time: 3:20 PM

SURGICAL SAFETY CHECKLIST

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

Before Induction of Anaesthesia >>

SIGN IN

Time: 2:02 PM

Patient Has Confirmed

Identity ☒ Yes ☐ NoSite ☒ Yes ☐ NoProcedure ☒ Yes ☐ NoConsent ☒ Yes ☐ NoSite Marked ☒ Yes ☐ No ☐ NAAnaesthesia Safety Check Completed ☒ Yes ☐ NoPulse 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 ☐ NABlood Units Reserved ☐ Yes ☒ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

☒ Yes ☐ No ☐ NA

Signature: _____

Name: Dr. Prasadharan

Before Skin Incision >>

TIME OUT

Time: 2:04 PMConfirm 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 ☐ NoCorrect Site ☐ Yes ☐ NoCorrect 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 ☐ NAIs Essential Imaging Displayed? ☐ Yes ☒ No ☐ NAPower Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No

Signature: _____

Name: Pushpa

Before Patient Leaves Operating Room

SIGN OUT

Time: 3:15 PM

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☒ Yes ☐ NoThat Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☒ Yes ☐ No ☐ NAThe Specimen is Labelled (including patient name) ☐ Yes ☒ No ☐ NAWhether 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: P. G. 7221
Prasad

Ver. D. 10/10/10

Final

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

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GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 14 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



BirthRight™

RAINBOW HOSPITALS

Your Right to a Safe Delivery

PRE-OPERATIVE CHECK LIST

It takes a lot to treat the little.

Date: 28/6/26

Patient's Name: Mrs. Rajeswari Age: Gender: ☐ M ☒ F

Blood Group: UHID: 93155

Planned Surgery: Em 222 Surgeon: Dr. Pushpa

Anesthetist: Dr. Rajeswari Date & Time of Operation: 28/6/26 at 2 AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

If any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance taken

Billing Executive Name :

Billing Executive Signature :

Date & Time :

Nurse In-Charge Name :

Signature of Nurse In-Charge :

Date & Time :

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

GUC-00093156 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name :



Gender: ☐ Male ☐ Female

Age :

UHID No :

Date :

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION
upon FETAL DISTRESS
(Name of the Patient) PERSISTENT FETAL TACHYCARDIA

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

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

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

Bleeding, infection, blood transfusion, Anaesthesia complication,
Bowel & bladder injury, New baby.

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. Puspapa

Consentee :

Signature : Mrs. Rajeswari

Name : Mrs. RAJESWARI

Date & Time : 28/6/2020 at 2PM

Witness :

Signature :

Name :

Date & Time :

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

Patient Attendant :

Signature : Mr. M. MURUGESAN

Name : Mr. M. MURUGESAN

Relationship with Patient: Husband

Date & Time : 28/6/2020 at 2PM

Doctor (who is taking the consent) :

Signature : Dr. Puspapa

Name : Dr. Puspapa

Date & Time : 28/06/2020 @

10/10/10

Dear Sir,
I have the pleasure to inform you that your order for 100 units of the product has been received and is being processed.

Yours faithfully,
John Smith
Sales Manager

I am sure you will be satisfied with the quality and service provided by our company.

Very truly yours,
John Smith

Enclosed for you are the invoice and packing slip for your order.

Thank you for your business.

Yours sincerely,
John Smith

cc: Accounts Department

CONSENT FORM

GUC-00093155
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM
IP18-00036216

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Patient Name :

Age : Gender : Male ☐ Female ☐

UHID NO:

Surgeon Name:

Anaesthesiologist : DR. PRIYADHARINI Operative procedure planned : EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : HYPO TENSION, BRADYCARDIA, PDPH, PNV, DESATURATION.
- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

I understand that the above mentioned consultant 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 : M. Rajeswari

Name : Mrs. Rajeswari

Relationship with Patient : 28/6/20

Date & Time : Patient

Witness :

Signature : M. MUKA G. S. RAO

Name : M. MUKA G. S. RAO

Date & Time : 28/6/20 04:21 PM

Doctor (who is taking the consent) :

Signature : A. Subramanian

Name : A. Subramanian

Date & Time : 28/6/20

RECEIVED

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Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

GUC-00093155
Mrs RAJESWARI
14-08-1991
34 Y 10 M 14 D (F)
D. P. SHIPA BALASUBRAHMANYAM

IP18-00036216

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Name: Mrs. Rajeswari Age: 34 Sex: F UHID.No: 93155
Date: 28/6/26 Time: 1.50 am Proposed Operation: Emergency C-section.
Diagnosis: G2A1 / 1st / persistent fetal tachycardia.
B.P / CRT: 100/60 H.R: 76/min Weight: 84 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 11.6 Glucose: 14 Protein: _____
PCV: _____ Urea: 0.5 Alb: _____
WBC: _____ Creat: _____ Total Bill: _____
Plate: 1.81 Na: _____ Dir. Bill: _____
PT: _____ K: _____ LDH: _____
PTT: _____ Ca++: _____ Alk phos: _____
INR: _____ Mg++: _____ Amylase: _____
SGOT/SGPT: _____
HIV: _____ X-Ray: _____
HBS Ag: _____ ECG: _____
HCV: _____ 2D Echo: _____
Blood group: B+ve Stress/Angio: _____
T3: _____ Other: _____
T4: _____
TSH: 3.22
Allergies: NKDA

Medical History: CVS: No comorbidities Diabetes: _____
RESP: _____
CNS: _____
Renal: _____
Hepatic / GE: _____
Others: _____
Past Anaesthetic History: _____
Physical Exam: _____
Airway: MP 1 2 3 4 Mouth Opening: Adeq Mento-hyoid Distance: N Neck: N Teeth: N
Lungs: B/L AE (+)
Heart: S2 (+) MND.
CNS: _____
Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: 18 G Spine Exam for regional: (N)
Anaesthetic Plan: ☐ MAC ☒ REGIONAL ☐ GA-ETT ☐ LMA
Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
T. HCG	200mg BD.

Pre-Operative Instructions:

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

Signature: _____ Name: Dr. Priya Shankar

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

Patient Sticker

ANAESTHESIA CHART

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

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Physical Status:

Patient Identified ☒

Fasting Status:

< 6 hr

☒ Consent Present☒ Chart Reviewed

H.R.: 120/min

B.P./CRT: 120/70

SpO₂: 100%

R.R.: 20/min

Last Feed: 9.30 pm

Pre-OP Diagnosis: 6e As fetal body

Operation: Emergency C-section

Date: 28/6/26

Surgeon: Dr. Puchpa

Anaesthesiologist: Dr. Priyodhar

Technician: Mr. Sudhanshu

TIME
N.O./AIR/O₂ LPM
HALO/ISO/SEVO

Drugs:

100% O₂ 4mg IV
100% Propofol 10 mg
100% Sufentanil 50 mcg bolus + 20 mcg IV infusion
100% Morphine 0.2mg IV

FIO₂ / SaO₂
ETCO₂
ECG
Temperature
Urine Output

100%
90%
20%
AOC in flow

Fluids
Blood

B.P.
V Systolic
A Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values

Antibiotic

Nifedipine

Blood Loss

NOTES

Equipment Checked and Functional

☒ BP
☒ Cuff Site
☒ Arr Site
☒ EKG Lead
☒ Temp Site
☒ FIO₂ Monitor
☒ Agent Monitor
☒ Pulse Oximeter
☒ Capnograph
☒ Ventilator
☒ Nerve Stimulator
Position: supine
☒ Pressure Points Checked

Temp:

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

Times:

Anaes Start: 2 am
OP Start: 2.15 am
OP End: 3.15 am
Leave OR: 3.15 am

Anaesthesia:

☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)

☐ CVP
☐ ART
☐ IV: 18G (R) IV
☐ IV
☐ IV

Induction

☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

Mask

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

Blade#

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

Bilal = BS

☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:

Extremity

☒ Spinal

Specify:

☐ Epidural☐ Caudal

Others:

Position: sitting

Site: 25G white

Needle Size: Depth:

Paresthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc: 2.2ml 0.5% (H)

Bolus: Bupivacaine 1.0ml

Infusion: Bupivacaine 1.0ml

Block Level: T6 level

Comments:

Transportation to

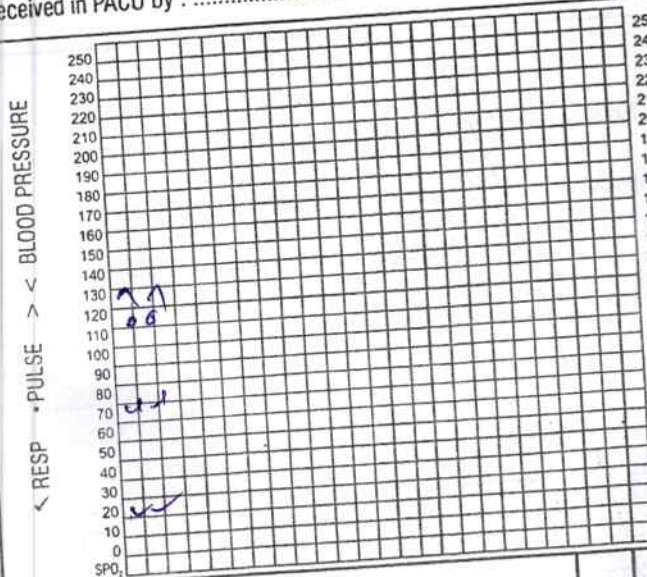
☐ PACU ☒ ICU ☐ OtherRelaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Priyodhar

Signature of the Doctor: [Signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : RinaTime Received : 3:20pmTime Discharged : 3:20pm

IV Cannula Site :
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

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

Drug : IV Fluids : Oral Feeds :

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	1				1	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1					2	
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2				2	
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\geq$ 20 of Pre Anaesthetic level	= 2	2				2	
BP $\geq$ 20-50 of Pre Anaesthetic level	= 1						
BP $\geq$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2				2	
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2				2	
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		<u>9/6</u>				<u>9/6</u>	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/6	3:15am	0/10	no till further order	<u>H. Suban</u>

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

Anaesthesiologist Name : Dr. Priscilla AnchiAnaesthesiologist Signature : [Signature]Date & Time : 28/6/20PACU Nurse Name : RinaPACU Nurse Signature : [Signature]Date & Time : 28/6/20

Reassessment Frequency:

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

Transferred to Unit by (PACU) : newDate & Time : 28/6/20 3:20pm

Patient Sticker

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EPIDURAL ANALGESIA RECORD

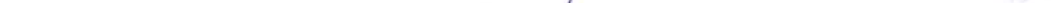
CSE /Spinal /Epidural

Depth:

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a) 

b)

[illegible]

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by/

Doctor Signature: _____

Doctor Name:

Date and Time :



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/6/26 Time of Arrival: 10.30am Time Seen by Nurse: 10.30am

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

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

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

3) Vital Signs: Temperature: 98.2 Pulse: 92b/m RR: 20b/m SpO₂: 99% BP: 113/73 Weight: 87kg

4) Gestational Criteria:

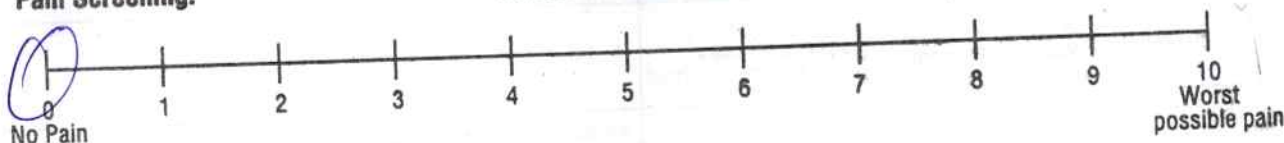
Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 10/10/25 EDD: 17/7/26 Gestational Age: 37+4 days

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)



- ⑩ Location: NIL
⑩ Duration: NIL Days / Weeks/ Months (Strike out which is not applicable)
⑩ Character: NIL
⑩ Frequency: NIL
⑩ Interventions: NIL

6) Past History:

- a) Surgeries: Grade I endometriosis / 2015-Dig hysteroscopy / 2023-Dig hysteroscopy
b) Medical: 5 cycles IUI - Failed

7) Allergy: ☐ Yes ☒ No, If Yes :

8) Current Medications: ☐ Prenatal Vitamin ☒ None ☐ Others:

9) Prenatal Medical History:

☒ None

☐ Chronic Hypertension

☐ Gestational Hypertension

☐ Diabetes

☐ Gestational Diabetes

☐ Low placenta

☐ Others if yes, specify

Triage Category: (Please tick on the category)

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

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)

☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)

☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)

☒ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)

☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Alghitha 11AM

Nurse Name: Str. Tawfikhi 01620 Nurse Signature: Str. Tawfikhi 01620

Date: 07/16/26 Time: 10:30AM

GUC-00093155

IP18-00036216

Mrs RAJESWARI

14-08-1991

34 Y 10 M 13 D (F)

Dr. PUSHPA BALASUBRAHMANYAM



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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 27/6/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☒ No

Source of Information: ☒ Patient ☐ Family ☐ Others

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

handed over to Mother

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

If yes, identify

Chief Complaints: Complaints of show present

Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Akshitha

Time Notified: 11 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
IVF cycles Failed	Grade I Endometriosis 2015 diagnostic hysteroscopy -2023 - Dig hysteroscopy polypectomy	NIL

Blood Group: O+ve LMP: 10/10/25 EDD: 17/7/26 Gestational age during admission: 37+4 days

Contractions: NIL Vaginal Discharge: Yes

Obstetric History: G 2 P 1 L 1 A 1 Previous LSCS: NIL

Height: 170cm Weight: 84kg BMI: 29.1

Temp: 98.8 HR: 92b/min RR: 20b/min BP: 112/78 SpO2: 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

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

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

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

Above information given to Patient

Name of Person Orientation was given to: Mrs. Rajeshwari

Orientation not given Reason:

Nurse Signature: *Sr. Fauz*

Nurse Name: Sr. Fauz Solhi 016720

Date & Time: 27/6/26 at 11AM

GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



FORM

Date & Time of Admission <i>27/6/20 @ 1231 PM</i>		Date & Time of Transfer Order <i>28/6/20 at 2 AM</i>
Treating Consultant Name <i>Dr. Pushpa</i>	Transfer Ordered by <i>Dr. Parthiv</i>	Reason for Transfer <i>Fetus breech</i>
From Unit <i>LDR</i>	To Unit <i>OT</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>70 files</i>	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring <i>Dr. Parthiv</i>		Name of Person Ordered Transfer <i>Dr. Parthiv</i>
Patient & Clinical Records Received by : <i>Dr. Parthiv</i>		
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

GUC-00093155 IP18-00036216
Mrs RAJESWAR
14-08-1991 34 Y 10 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



Treating Consultant Name

Dr. Pushpa Balasubrahmanyam

Date & Time of Admission

27/6/26 @ 12:31pm

Date & Time of Transfer Order

28/6/26 @ 3:20am

Transfer Ordered by

Dr. Prigedharshini

Reason for Transfer

for further management

From Unit

OT

To Unit

med

Information to Attendant

Yes ☒ No ☐

Number of Sheets in Clinical File

1/10 file

Number of Imaging Films

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

Yes ☐ No ☒

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.

Item Name

Quantity

1.

2.

3.

4.

5.

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

Name & Signature of Person who is Transferring

Dr. Gopinath

Name of Person Ordered Transfer

Dr. Prigedharshini

Patient & Clinical Records Received by :

Dr. Prigedharshini

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 1

Transfer Date: 10/1/88

From Unit: 101

Number of Sheets in Clinical

SLNO.

1

2

3

4

5

Spining Summary: None

Name & Signature of

Patient & Clinical Records

Date & Time of Review

If the transfer is to be made

☐ Unavailable

NOTE: NO. FOR RRV-CLIN

INFORMED CONSENT FOR VAGINAL BIRTH

GUC-00093155 IP18-00036216
Patient Mrs RAJESWARI 34 Y 10 M 13 D (F) 14-08-1991 Dr. PUSHPA BALASUBRAHMANYAM
Gender  UHID No : 546-00093155
Date : 27/6/26 Time : 1:30 PM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Pushpa

Consentee :

Signature : M. Rajeswari
Name : Rajeswari
Date & Time : 27/6/26

Witness :

Signature :
Name :
Date & Time :

Patient Attendant :

Signature : G. MURUGESAN
Name : G. MURUGESAN
Relationship with Patient : husband
Date & Time : 27/6/26

Doctor (who is taking the consent) :

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

1. The first part of the report deals with the general situation of the country.

2. The second part of the report deals with the economic situation of the country.

3. The third part of the report deals with the social situation of the country.

4. The fourth part of the report deals with the political situation of the country.

5. The fifth part of the report deals with the cultural situation of the country.

6. The sixth part of the report deals with the environmental situation of the country.

7. The seventh part of the report deals with the international situation of the country.

8. The eighth part of the report deals with the future of the country.

INDUCTION OF LABOR CONSENT

GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



Name:

Age: Gender: Male ☐ Female ☐

UHID.No :

Date:

You are scheduled for an induction of labor on 27/6/26 (date) at 37w+4d (weeks of gestation).

The reason for your induction is Term gestation.

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

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

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

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

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

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

Patient

Signature: M. RajeswariName: RajeswariDate & Time: 27/6/26

Patient Attendant:

Signature: G. M. PrugesanName: G. M. PRUGESANRelationship with Patient: husbandDate & Time: 27/6/26

Doctor:

Signature: Dr. Pushpa BalasubrahmanyamName: Dr. Pushpa BalasubrahmanyamDate & Time: 27/6/26

Witness

Signature:

Name:

Date & Time:

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ROYAL ANTHROPOLOGICAL INSTITUTE

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GUC-00093155 IP18-00036216
Mrs RAJESWARI
14-08-1991 34 Y 10 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

9. Additional notes: (A)

Continuity of Care:

Date:

1:2 30/6/26
D:2 L - 2
T:2 A - 2
C:1 T - 1
H:2 C - 2
9 H - 9

Handover given by S. Day 10/17/26

Handover taken by

Signature [Signature]

Signature

Date & Time: 22/6/26

Date & Time:



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 28/6/26 Date of Removal: 28/6/26 @ 3pm.

Parameters	Date	Shift Time	28/6/26 N	28/6/26 M	28/6/26 E				
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			Shalini	Shalini	Shalini				
Signature of the Nurse			Shalini	Shalini	Shalini				

Patient

GUC-00093155
 Mrs RAJESWARI
 14-08-1991 34 Y 10 M 14 D (F)
 Dr. PUSHPA BALASUBRAHMANYAM

IP18-00036216

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes
2.	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	Yes
3.	Antibiotic prophylaxis given within 60mts prior to skin incision	Yes
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yes
6.	Maintain normothermia during the surgical procedure (>36 deg C)	
	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 NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 28/6/23 @ 3:20 PM OT TRANSFERRED TO: Mice

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

By P. R. Bhat

22/6/20



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 1:00

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	Yes	
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	Yes	
	b. Reassessment done	Yes	
5	Wound, Dressings & Drains		
	a. Surgical dressing intact	No	
	b. All drains fixed, output noted	No	
	c. Catheter secure & urine output recorded	Yes	
	d. Splints/casts/traction devices stabilized	No	
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	Yes	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c. Emergency meds given in OT (time & dose documented)	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	No	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	No	
	b. Epidural catheter secure, infusion checked	No	
	c. Pressure areas protected (heels/elbows)	No	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED		
10	REPORTS AND LABS HANDED OVER		
11	BIOPSY/HPE SENT		
12	Documentation		
	a. Documentation completeness	Yes	
	Transferring Nurse: <u>[Signature]</u>		
	Receiving Nurse: <u>[Signature]</u>		
	Signature of Incharge: <u>[Signature]</u>		



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/06/2026

Time: 12:30 PM

Origin: -

Height: 170 cm

Weight: 84 kg

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

Food Allergies: -

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water/ Butter Milk/ Barley Water/ Soups (2)

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

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (3)

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

Patient's / Attendant's Mother

Signature: R.S. Govindaraj

Name: R.S. Govindaraj

Date & Time: 29/06/26 @ 12:30 PM

Dietician's

Signature: A. Sadiga Fathima

Name: A. Sadiga Fathima

Date & Time: 29/06/26 @ 12:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
27/6/26	(37+4 wks) 2 PM	- Patient is on Normal Diet 2:30 PM - Patient is stable. Oral is Good - Advised to take Well-Balanced diet. <u>RDA Values</u> - Energy - +350 kcal. Protein - +17-23g/d.	A.M. (18336)
29/6/26	8:30 AM	EMERGENCY LSCS done @ 28/6/26 - 2:45 AM. - Patient is on Soft Diet. - Patient is stable. Oral intake is Adequate. - Advised to the easy-digest foods like Dalg, soft cheese, soft rice, mashed Vegetables and Curd (etc) <u>Fluids</u> - 2.5 l/d. <u>RDA Values</u> - Energy - +600 kcal Protein - +17-19 g/d. - Stools Passed. Include gaseous foods for milk digestion such as garlic, fenel and Oats (etc)	A.M. (18336)
30/6/26	11:10 AM	- Patient is on Soft Diet. - Patient is stable. Oral is Adequate. - Stools Passed. - Include Protein-Rich foods	A.M. (18336)