GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		10AM					
Activity Sheet update by Pharmacy							

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLIN(

Name: MRS. Renugadevi

UHID No: 89012. IP No: 36255 Consultant: DR. mathangi Dept: CDR.

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	9.40 AM	CDR	4th Floor	
30/6/26.	11.45 am	409.	MICU	
30/6/26	12.30pm	CDR	OT	
30/06/2026.	3.45 PM	OT	MICU	
1/7/2026.	12.30 pm.	CDR.	4th Floor.	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	30/6/2026	1719491	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/2026	CBC, HIV	26020725.	
	RBS	26020727	
30/6/26(01)	Biopsy	26020785	
	~~U PRBC Req.~~		
30/6/26	RBS	26020819	
1/7/26	CBC	26020827	
1/7/2026	RBS	26020847.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/26	laproscopy	1.16 pm	3.30 pm	1719842.	
30/6/26	Infusion pump	4pm	7am	1719869 1/7/26.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6/26	IV placement	(1)		[illegible]
30/6/26	IV PRBS	(1)	1719480.	[illegible]
30/6/26	catheterization (OT)		1719699	[illegible]

ANY OTHER INFORMATION:

Patient Name: Mrs. Renugadevi
Surgeon Name: Dr. Mathangirajagopalan
Anaesthetic Name: Dr. Sathish / Dr. Ashwini
Procedure: TLH c BSO
In: 12.35 pm
Out: 3.45 pm

30/6/26 IV PRBC
Reservation (Order No.)

Date: 2/7/26 Time: 1.00 pm Prepared By: ....

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

GUC-00089012 IP18-00036265
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 30/06/2026

Patient Name: Mrs. Renugadevi Date of Birth: 24/06/1985 Age: 41 yrs

Gender: Female Ward : OT UHID No.: 89012/36255

Date of Surgery: 30/06/2026 ☑ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TLH c̄ BSO.

Time in : 12.35 pm Time Out : 3.45 pm

	NAME	AMOUNT
1. Surgeon	Dr. Mathangirajagopalan.	
2. Anaesthetist	Dr. Sathish / Dr. Ashwini	
3. Assistant Surgeon	Dr. Sheela / Dr. Priyadharshini	
4. OT Technician	Mr. Shyam	
5. Circulating Nurse	Pradeepaveeraiyan	
6. Assistant Nurse	S/N Sundari / S/N Sangeetha	

(start 1.16 pm – 3.30 pm) (1719842)

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

4th time Ligasure usage (start at 1.16 pm – 2.40 pm) 1 hour 24 min used
mail sent for charges
01/07
020724

Signature of the Surgeon Signature of Circulating Nurse

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

Reused/ Ricky done.

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

Patient Sticker

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

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Pradeepa Technician : Mr. Shyam Date : 30/6/2020 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube F·O coffed		1	Major Pack —		01	Inj Vit.K		
LMA			Sutures 1.2347		01	Cord Clamp		
ECG leads : A / P / N	3		1/1326		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube 10		1
Syringes : 10 cc		5				Vaccum Suction Set		
05 cc		4	Gloves 6½ P.F		08	Surgical Gloves		
02 cc		2	S.one 6½		02	Gauze Pack		
01 cc			P.F 5½		1	Syringe 1ml / 2ml		
Cautery plate : A / P / N		1	Surgical blade 11		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
BL		2+1	Cautery pencil			Ryles Tube 14 Fr		1
NS : 10ml / 100ml / 500ml / 1000ml		01/01	Koochies			Ephidrine		1
DNS		1	Ointments			Atracic		3
			Suction Catheter			D.water 10ml		5
Fentanyl		2	Cap, Mask			Three way 100cm		1
Morphine			Gauze Pack /R-o		2/3	Loxicard		1
Ketamine			Mop Pack		1	~~[illegible]~~		~~4~~
Propofol		2	Steristrip			Amnepara 1gm		1
Rocuronium			Underpad		01	Ceftrospinal 20cm		1
Glycopyrolate			Draw sheet			~~New mom~~		
Myopyrolate		1	Abgel			Bunk Table sheet		01
Ondansetron			Foleys catheter 14		01	Proto gown		04
Pencan 25g/ Spinal Needle 22			Urobag		01	TURP set		01
Bupivacaine 0.25%			Chest Drainage Catheter			Oxygen mask		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			~~[illegible]~~		~~2~~
Antibiotics			Bandage					
			Tegaderm 8592		04			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed ~~Sheet~~ Apron		04			
Tab. Misoprost : 200mg			Betadine Solution		02			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

VAT TIN : 33AAB[illegible]K **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2[illegible] Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT [illegible]ES AGAINST ORDERS

IP No	IP18-00036255	Ward	8F-OT COMPLEX
Patient Name	Mrs RENUGADEVI S	Bed Name	MICU 802
Age/Sex	41 Y 0 M 6 D / Female	Order No	18-0001719877
Date	30/06/2026 17:47	Prescription No	PRIP18-0624100
Payor	MEDI ASSIST INSURANCE TPA PVT L[illegible]	Dispensed Date	30/06/2026 17:47
UHID	GUC-00089012		

S.No	Item Name	Manufacture Name	Sch[illegible]	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	[illegible]	12/27	1	787.00	787.00
2	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	[illegible]	07/27	3	45.30	135.90
3	DNS 500ML BOTTLE-NIRLIFE	NIRLIFE HEALTH CARE		[illegible]	09/28	1	40.80	40.80
4	DSYRINGE 10ML (NIPRO)	NIPRO	GEN[illegible]	[illegible]	01/31	5	21.83	109.15
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GEN[illegible]	[illegible]	02/31	4	21.56	86.24
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GEN[illegible]	[illegible]	01/31	2	11.25	22.50
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	[illegible]	10/28	5	2.58	12.90
8	E.C.G ELECTRODES (ADULT)	JMS	GEN[illegible]	[illegible]	03/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	[illegible]	01/28	1	45.90	45.90
10	ET TUBE - 7.0 MM WITH CUFFED-ADLISC			[illegible]	03/31	1	437.00	437.00
11	INFANT FEEDING TUBE-10	ROMSONS	GEN[illegible]	[illegible]	06/30	1	63.75	63.75
12	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		[illegible]	01/31	1	525.00	525.00
13	LECTRO SPIRAL PRESSURE MONITORING LINE	VYGON	Gen[illegible]	[illegible]	10/30	1	653.00	653.00
14	LOXICARD INJ 2% 50 ML	Neon Laboratories Ltd	H	[illegible]	02/28	1	55.48	55.48
15	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	[illegible]	10/27	2	69.10	138.20
16	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	[illegible]	10/27	1	140.20	140.20
17	OxygenMask With Tubing - Adult ROMSONS-FC		GEN[illegible]	[illegible]	01/31	1	336.00	336.00
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GEN[illegible]	[illegible]	10/27	1	1,275.00	1,275.00
19	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		[illegible]	03/29	3	69.39	208.17
20	RYLES TUBE 14 POLYMED	Polymed	H	[illegible]	08/29	1	75.00	75.00
21	THREE WAY EXTENCTION 100 CM (B.D)	BECTON DICKINSON (BD)	GEN[illegible]	[illegible]	01/28	1	317.81	317.81
						Total :	**5,025.29**	**5,562.02**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 17:47

Rainbow Children's Hospital
BirthRight by Rainbow

RAINBOW CHILDR

Rainbow Children's

Door No.157 to 160, Ann
600015
Tel No : 044-40122444

VAT TIN : 33AABCR

DL NO :

Registered Office: 8-2-1
Telangana.

CIN : 1998PLC029914

No.2,Banjara Hills, Hyderabad 500034,

INPATIENT

IP No	IP18-00036255
Patient Name	Mrs RENUGADEVI S
Age/Sex	41 Y 0 M 6 D / Female
Date	30/06/2026 17:47
Payor	MEDI ASSIST INSURANCE TPA PVT LTD
UHID	GUC-00089012

S.No	Item Name	Manufacture Name	Sched		Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue			120.00	480.00
2	Encore Microptic gloves-6.5		H		128.00	1,024.00
3	FOLEYS CATHETER 14FR POLYMED	Polymed	C1		249.00	249.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENER		100.00	200.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENER		123.00	369.00
6	IRRIGATTO(T.U.R SET)	ROMSONS	GENE		532.00	532.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H		18.74	18.74
8	MAJOR PACK	Mediblue			2,800.00	2,800.00
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1		997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H		949.00	949.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENER		25.00	500.00
12	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirlif	H		105.22	105.22
13	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H		93.94	93.94
14	PROTO GOWN (ADULT)	Diamond Medicare	GENERA		250.00	250.00
15	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H		775.00	775.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		2	103.00	206.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERA	2	91.00	182.00
18	SGLOVE 5.5 SIGNATURE				117.00	117.00
19	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENER	4	175.00	700.00
20	UNDERPADS CARE 60 X 90 (FRIENDS)				205.00	205.00
21	UROBAG (ADULT) - URODYNE		GENER		395.00	395.00
22	VACCUME SUCTION SET	ROMSONS	GENE		739.00	739.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1		951.00	951.00
				Total :	**10,041.90**	**12,837.90**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 17:48

Rainbow Children's Hospital | BirthRight

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		10AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036255 **Admit Date** : 30-Jun-2026 **Admit Time** : 07:03 AM **UHID** : GUC-00089012

Patient Details :

Patient Name : Mrs RENUGADEVI S
Guardian : Mr SIVASHANKARAN .V
Gender : Female
Occupation :
Address (H) : no 3 subam flats gandhi st kaveri nagar Gunidy North Chennai Tamil Nadu INDIA 600015

Age : 41 Y 0 M 6 D
DOB : 24-06-1985
Religion :
Martial Status :
Phone No : 7200413535/ 9841247828
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 SIVASHANKARAN .V **Relationship** : Husband
Contact Address : no 3 subam flats gandhi st kaveri nagar Gunidy North Chennai Tamil Nadu INDIA 600015 **Phone No** : 7200413535

V. Sivas

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :
Co-Consultant :

Payment Details :

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

Rainbow Children's Hospital
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Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RENUGADEVI S**	**Age :**	**41 Y 0 M 6 D**
IP No:	**IP18-00036255**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**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 c[illegible] 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.
(R[illegible]ivers 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: > SIVASHANKARAN. V

Relationship: > SPOUSE

Date: 30-06-2026 Time: 07:03

Witness Name: ASWIN

Witness Signature:

Patient Address:

no 3 subam flats gandhi st kaveri nagar Gunidy North Chennai Tamil Nadu INDIA 600015

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.

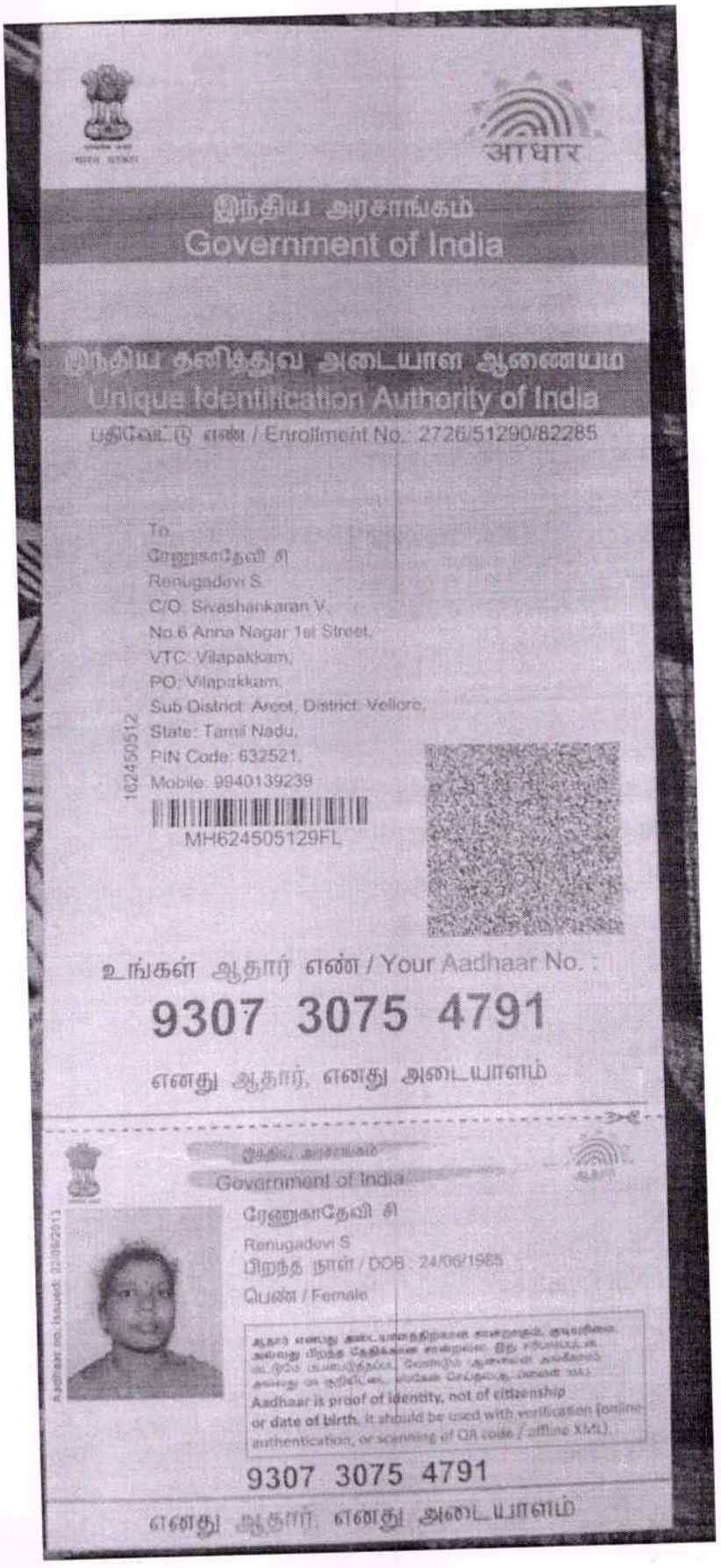
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name :> RENUGADEVI - S	UHID Number : 8906
Self/Attendant Name : > SIVASHANKARAN . V	Relation : > SPOUSE
Self/ Attendant Signature : > V Sivas Phone Number :> 7200413535	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426



இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

பதிவேட்டு எண் / Enrollment No.: 2726/51290/82285

To
ரேணுகாதேவி சி
Renugadevi S
C/O: Sivashankaran V,
No.6 Anna Nagar 1st Street,
VTC: Vilapakkam,
PO: Vilapakkam,
Sub District: Arcot, District: Vellore,
State: Tamil Nadu,
PIN Code: 632521,
Mobile: 9940139239

102450512

MH624505129FL

உங்கள் ஆதார் எண் / Your Aadhaar No. :

9307 3075 4791

எனது ஆதார், எனது அடையாளம்

இந்திய அரசாங்கம்
Government of India

ரேணுகாதேவி சி
Renugadevi S
பிறந்த நாள் / DOB: 24/06/1985
பெண் / Female

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

9307 3075 4791

எனது ஆதார், எனது அடையாளம்

Aadhaar no. Issued: 22/05/2013

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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Your Right to a Safe Delivery

OPERATION NOTES

Surgeon : Dr. Mathangi	Asst. Surgeon Dr. Priyadharshini / Dr. Sheela
Anesthetist : Dr. Sathish / Dr. Ashwini	OT Nurse : S/N Sundari / Srilsangeetha
Pre-Operative Diagnosis: P_3L_3 / AUB / Left Dermoid cyst	
Surgical Procedure : Total laparoscopic hysterectomy with bilateral salpingo ophorectomy	

Weight : 73.429	Date : 30/6/2026	Start Time : 12.35 pm.	End Time :

Post Operative Diagnosis: TLH ē BSO

Peri-Operative Complications: -

Findings : Uterus bulky, Right fallopian tube - hydrosalpinx

Operation Notes: Right ovary - cystic; Right large bowel adherent to adnexa

Findings: Left - ?Dermoid cyst 3x2 cm appears solid; left fallopian tube coiled and curled around left ovary ; adherent to UV fold Thin adhesions between left adnexa and lateral pelvic wall. Omental adhesions to sterilisation scar (A).

Procedure Notes: ↓GA; ↓ Sterile aseptic precautions, pt in low lithotomy position, parts painted and draped. Pneumoperitoneum created. 4 ports - 1 10 MM supra umbilical camera port made. Two 5MM left lateral port and one 5MM right lateral working ports made Omental adhesions released; right large bowel adhesions released and left ovary freed from lateral pelvic wall. Hysterectomy ē BSO proceeded by cauterising and cutting bilateral round ligaments, Infundibulo pelvic ligaments.

Amount of Blood Loss:	Blood Transfused (in ML) -

Name and Number of Surgical Specimen sent for examination: Uterus, bilateral fallopian tubes and OV

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POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

UV fold of peritoneum cut and bladder pushed down.
Bilateral uterine vessels cauterised and cut.
Bilateral Mackenrodts and uterosacral ligaments

Wound Care: cauterised and cut

Uterus seperated from vault using cautery
Specimen retrieved vaginally

Drain /Special Lines/Catheters:

Vault sutured using 1-vicryl
Hemostasis achieved.
Saline irrigation done. B/L Ureter visualised; Peristalsis (+)

Special Patient Positioning and Requirements:

All ports removed under vision
Port sites sutured using monocryl. Specimen sent for HPE

Nutritional Instructions: Advice:

- NPO X 6 hours foll by clear fluids overnight
- IV fluids @ 125 ml/hr
- CBC 4M 6am

↓
foll by Kanji @ 8am 4M if BS (+)

When to Start Mobilization:

- Inj. Clexane mg SC 4M 6am
- CBD removal at 8am 4M
- Inj Supacef 1.5g IV 1-1-1

Special Referrals:

- T. Para 1g PO 1-1-1-1
- C. Pan-D 40mg 1-0-1
- Justin suppository 1 tab PR 1-0-1

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

- Inj. Tramadol 50mg IM SOS
- WIF Bleeding PV

Any Other Post-Operative Care Needed including Required Follow Up

- Inform SOS
- Pt to be retained in MICU overnight for observation

Name of the Surgeon: Dr. Mathangi

Signature of the Surgeon: [signature] 12.11.23

Date & Time: 30/6/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. Shala / Dr. Divya / Aakansha
Anaesthetist : Dr. Sathish / Dr. Ashwini
Scrub Nurse : Sr. Sundari

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S (F)
24-06-1985 41 Y 0 M 6 D
Dr. MATHANGI RAJAGOPALAN

Age : 41y Gender : F
ame : TLH c BSO
Out-time : [illegible]

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 12.35 pm

Patient Has Confirmed

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

Site Marked ☐Yes ☑No ☑NA

Anaesthesia Safety Check Completed ☐Yes ☑No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:

Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☐Yes ☑No

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

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

Blood Units Reserved ☑Yes ☐No ☐NA

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

Signature : S. Ashwini 101348

Name : DR. ASHWINI. S.

Before Skin Incision ➢ ➢

TIME OUT Time: 1.0 pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

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

Anticipated Critical Events

Surgeon Reviews:

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

Anaesthesia Team Reviews:

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

Nursing Team Reviews:

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

Is Essential Imaging Displayed? ☐Yes ☑No ☐NA

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

Signature : [signature] 12113

Name : Dr. Vinitha

Before Patient Leaves Operating Room

SIGN OUT Time: 3.4pm

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☑Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☑No

Signature : [signature]

Name : Sr. Sundari

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : _____

Time of Admission : _____

PERSONAL

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Name : _____ Age _____ Date of Birth _____

UHID No.: _____ IP No.: _____

Department : _____ Consultant : _____

PRESENTING COMPLAINTS :

30/6/2026.

C/S/B Dr. Pavithra.

45yrs P3L3 SVD LCB-21yrs ST done.	LMP- 28/6/2026	AUB/(E) Dermoid ovarian cyst. Plan - TLH + BSO

→ Pt had c/o very heavy flow since March 2026, clot. passage, NOT associated with pain. Pt was on T. Trapic 1g BD during heavy flow.

→ c/o tiredness (F)

→ (N) Bowel & Bladder habits.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : M/L-26 yrs.	Parity : P3L3
Previous Periods : Rmp.	Mode of Delivery 1 - ♀, 25yrs, NVD
LMP : 28/6/2026.	Last Child Birth : II - ♀, 23yrs, NVD
Contraception :	II - ♂, 20yrs, NVD ST done.

MEDICAL HISTORY	SURGICAL HISTORY
K/C/O Type II DM on OHA on T. Glicsaan M 80 1—0—1 (Gliclazide & metformin) T. Empagro L 25/5 1—0—0 (Empagliflozin)	H/O PS done.
FAMILY HISTORY	**NOTES / ALLERGIES**
Mother - HTN on Rx.	Nil

INITIAL ASSESSMENT :

Date 30/

Ht. 155 Wt. 73.4.

BMI

B.P 140/90 mmHg

Pallor NO

CVS S1 S2 (+)

Respiratory System NVBS (+)

Thyroid

PR - 85/min.

CBC ⇒ 131

Breasts

Abdominal Examination

P/A - Soft.

Local / Speculum Examination

Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : P3L3 | Prev 3 NVD | AUB - (L) Dermoid ovarian cyst.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
CBC HIV.	TLH + BSO. @ 12:30 Pm	- NPO - ENEMA. - INF 1 @ RL - Inj Supacef 1.5g IV Stat - Inj Pan 40mg IV Stat - Inj Emeset 4mg iv Stat

Name of the Doctor : Dr Pavithra.

Date : 30/6/2026 Time : 7 AM Signature of Doctor

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24-06-1985 41 Y 0 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

RESULT SHEET

Date	18/2/26	30/6/26	01/07/26		
Time					
Hb	12.8	13.1	12.8	Bld (G / T)	B (+)
PCV	38	39	38		
RBC	5.1	5.7	5.62		
WBC	7400.	7,52	11,4300	HIV	-
N/L	52/37/6.	72/22	73/18	HBsAg.	NR.
Platelets	3.4.	3.40	3.43		
CRP					
ESR				TSH - 1.65.	
PCT					
RBS					
Na				16/6/26 FBS - 115	
K				PPBS - 102.	
Cl					
Ca/Mg					
Phosphate					
Urea	19			Echo - EF 68 %.	
Creatinine	0.56.			Trivial TR.	
ALP				No RWMA.	
SGPT	31				
SGOT	18			CXR - NAD	
T.Bill/Conj	0.36.				
T.Protein					
S.Albumin	3.9.			18/6/26 Ca 125 - 6.82.	
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar			18/2/26	18/2/26	
Cells					
N/L					

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 30/6/2026 MRI Pelvis

X-Ray : .....

ECHO : Uterus - (N) Size (7.7 x 4.7 x 5.5 cm)

CT : ET - 6mm.

MRI : myometrium - (N), No focal lesion.

Others (ECG, Contrast Studies etc.,) : Cx - (N), No ff in pelvis. , No significant pelvic nodes

(R) ovary measuring 3.5 x 2.3cm → Small hydrosalpinx on (R) side.

(L) ovary measuring 3.5 x 2.7cm → (2.8 x 2.7 (L) ovary Dermoid cyst).

GUC-00089012 IP18-00036255
Mrs KENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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

S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/2026 9AM	C/S/B Dr. Akshitha / Dr. Shreeden	
	Pt reviewed, Pt on NPO	Advice
T-(N)	O/E Pt GC fair, Afebrile	- NPO
BP-144/85mmHg	P° / PE°	- vitals Monitoring
PR-84/min	CVS / NAD	- IVF 1@RL @100ml/hr
	RS / NAD	- Informed consent
	P/A - Soft	- Shift to ward
		- Reshift to LDR @ 11Am
		- Inform(sos)
		- Pre-op medications
30/6/26 4:15pm	S/B Dr. Vinitha / Dr. Shree Devi	
	Pt reviewed; No Yo	
	Pt received in MICU	
	O/E: GC fair; Afebrile	
BP: 120/80	P° / PE°	
PR: 80/min	CVS / NAD	
SpO_2: 98% RA	RS	Adv:
	P/A: Dressing intact	· NPO x 6 hrs
	Soft	· IV fluids @ 125ml/hr overnight
	P/E: No Bleeding	· Clear fluids overnight
		· Follow drug chart
		· CBC; Inj. Clexane 40mg S/C C/M 6am
		· CBD removal @ 8am 4/M
		· If BS (A) → Kanji diet @ 8am C/M

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

C-00089012 IP18-00036255
RENUGADEVI S
16-1985 41 Y 0 M 7 D (F)
MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26	S/B Dr. Mohana / Dr. Divyalakshmi	
8:20 pm	pt reviewed. Nil c/o.	
POD-0		Advice
	O/E: pt GC fair, afebrile	- NPO till 10:30pm.
T: N	P° / PE°	- IVF @ 125ml/h
PR = 76/min		- monitor vitals.
BP = 130/80 mmHg	CVS / RS: NAD	- follow drug chart.
SPO_2 = 99% @ RA		- inform SOS.
	P/A: soft,	- I/O charting
CBG - 148mg/dl	dressing dry	- CBC c/n 6am
		- CBD c/n 8am
U/O - 150ml clear	L/E: No bleeding PV	- Clexane 6am
		- Inform SOS
		- overnight observation
	[signature] 164128	
01/07/2026	S/B Dr. Mohana / Dr. Divyalakshmi	
	pt reviewed. Tolerating orals.	
7:30 am	O/E: pt GC fair, afebrile. P° / PE°	Advice
POD-1		- Kanji diet
	P/A: soft, BS(+)	- soft diet @ 9pm
T - (N)	dressing dry	- oral fluids
PR - 80/min		- monitor vitals.
BP - 118/72 mmHg	L/E: NAD	- CBD @ 8am
SpO_2 - 99% @ RA		- inform SOS
U/O 100ml clear	[signature] 164281	

passed flatus

-00089012 IP18-00036255
RENUGADEVI S
8-1985 41 Y 0 M 7 D (F)
MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD-1		
8:30AM	Pt reviewed.	Nil c/o
	O/E Pt	Advice
T-(N)	GC fair, Afebrile	- Diabetic diet
PR-87/min	P° / PE°	- Plenty of oral fluids
BP- 127/80mmHg	CVS /	- vitals Monitoring
	RS / NAD	- Follow drug chart
Not voided Yet	P/A- Soft, BS(+)	- measure & Inform 1st void
Flatus passed	Dressing(+) & Dry	- Inform (SOS)
	182217	
01/07/2026	C/S/B Dr. Pavithra.	
11:45AM		
POD-1	Pt reviewed.	Voided - 350ml Advice
	O/E	- Diabetic diet
T-(N)	Pt GC fair	- Plenty of oral fluids
PR- 77/min	afebrile	- vitals Monitoring
BP- 108/64mmHg	P° / PE°	- Follow drug chart
	CVS /	- Inform (SOS)
Flatus Passed	RS / NAD.	
	P/A - Soft, BS(+)	
	Dressing(+) & Dry	
	182217	Shift to ward

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/2026	C/S/B Dr. Sheela	
11:55 AM		
POD-1	Pt reviewed, No diffuse lower Abdominal Pain	Advice
		- INJ. PANTOPRAZOLE 40mg IV STAT
T-(N)	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
PR-87/min	P°/PE°	- vitals Monitoring
BP-136/80 mmHg	CVS / RS / NAD	- Follow drug chart
		- Inform (SOS)
	P/A - Soft	
	BS(+)	
	82217	
01/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
4:30 PM		
	Pt reviewed, Nil c/o	
POD+1	Passed minimal stools after Suppository	Advice
	O/E Pt GC fair, Afebrile	- Kanji & liquid diet till bright
T-(N)	P°/PE°	- Ambulation
PR-72/min	CVS /	- vitals Monitoring
BP-116/68 mmHg	RS / NAD	- Follow drug Chart
	P/A - Soft, BS(+)	- Inform (SOS)
	82217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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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: CDR ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Glicsaan M	80mg	PO	1-0-1	30/6	☐C ☑DC
2	T. Empagrol	25/5	PO	1-0-0	30/6	☐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. Panitura.

Date & Time : 30/6/2026

Nurse Name & Signature: Sobelucci

Date & Time : 30/6/2026 at 7am

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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ION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: M1 CU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. PARACIP	1g	iv	Stat	30/6/26 2 PM	☐C ☑DC
2	INJ. DEXAMETHASONE	8mg	iv	Stat	30/6/26 2 PM	☐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. ASHWINI S 10/3/26

Date & Time : 30/6/26 1PM

Nurse Name & Signature: Pradeepavaraayan / 30/6/26

Date & Time : 30/6/2026 at 1:10 Pm

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: 409 Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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: NISHA/Nurse

Date & Time : 30/6/16 at 11.45 am

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

IC-00089012 IP18-00036255
s RENUGADEVI S
-06-1985 41 Y 0 M 7 D (F)
. MATHANGI RAJAGOPALAN

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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: ADR Shifted to: 4th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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: A. Sobreen

Date & Time : 1/7/2026 at 12:30 pm

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 30/6/2026. Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ. TRAMADOL				Date / Time
Dose: 50MG	Route: IM	Frequency: SOS	Start Date: 30/6	
Doctor's Signature: 12/113	Valid Period:	Pharm.		
Additional Instructions:				

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight: 73.4 Ward: UB2

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	30/6

Name & Signature of the Doctor Starting the Drugs: 12/1/13

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
6am		TJ MD	PSA RJ
1pm		VB UR	
9pm	TJ MD	PSA RJ	

DRUG : C. PAN-D

Dose	Route	Frequency	Start Date
40mg	P/O	1-0-1	30/6

Name & Signature of the Doctor Starting the Drugs: 12/1/13

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
7am		TJ MD	PSA RJ
7pm	BJ SN		

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	P/O	1-1-1-1	30/6

Name & Signature of the Doctor Starting the Drugs: 12/1/13

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
6am		TJ MD	PSA RJ
12pm		SP	
5pm		SP	
6pm	SP SN	BJ SA	
12am		TJ MD	PSA RJ

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
1 tab	P/R	1-0-1	30/6

Name & Signature of the Doctor Starting the Drugs: 12/1/13

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
8am		SP	
8pm	PSA RJ		

Patient Sticker

Weight. 73.4 Ward. 2DR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	7:30 AM	ENEMA	100mg	PR		DS. SP.
30/6/26	11.30am	INJ. SUPACEF	0.1ml	Id	182217	PN/SA
30/6/26	11.30am	INJ. PANTO	40mg	IV	182217	PN/SA
30/6/26	11.30am	INJ. EMESET	4mg	IV	182217	PN/SA
30/6/26	12.30pm	INJ. SUPACEF	1.5g	IV	182217	VR
30/6/26	3PM	INJ. PARACIP	1g	iv	S. Shri 101348	VR
30/6/26	2PM	INJ. DEXAMETHASONE	8mg	iv	S. Shri 101348	VR
30/6/26	9.45	JUSTIN SUPPOSITORY	1 tab	PR	12413	MV
1/7/26	12pm	INJ. PANTOPRAZOLE	40mg	IV	182217	DS SP.

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Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 73.4 Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6/26	9 AM	IVF 1 ⓞ RL	IV	125 ml/hr	16428	SP		16428	
30/6/26	1 PM	RL-1 ⓞ	iv	rushed	101348	30/6/26		101348	
30/6/26	2 PM	RL-1 ⓞ	iv	rushed	101348		30/6/26	101348	
30/6/26	2:30 PM	RL-1 ⓞ	iv	100 ml/hr.	101348		30/6/26	101348	
30/6/26	3:15 PM	DNS-1 ⓞ	iv	rushed	101348	30/6/26		101348	
30/6/26	4 PM	RL-1 ⓞ	iv	rushed	101348		30/6/26	101348	
30/6/26	8 PM	IVF RL 1 ⓞ	IV	125 ml/hr	16428	MD	1/7/26	16428	MD
1/7/26	12 AM	IVF RL 1 ⓞ	IV	125 ml/hr	16428	MD	1/7/26	16428	MD

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

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GUC-00089012 IP18-00036255
Mrs RENUGADEVI S (F)
24-06-1985 41 Y 0 M 6 D
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

Sheet No: .....

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	1/7

Date/Time: 1/7/21 — 6am

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. GLICSAAN M 80

Dose	Route	Frequency	Start Dt.
1 Tab	PO	1-0-1	1/7/21

Date/Time: 1/7/21 — 8AM

Name & Signature of the Doctor Starting the Drugs: 12217

Additional Instructions: Before food

8pm

Daily Doctor's Endorsement by a Sign

DRUG : T. EMPAPROL 25/5

Dose	Route	Frequency	Start Dt.
1 Tab	PO	1-0-0	1/7/21

Date/Time: 1/7/21 — 9AM

Name & Signature of the Doctor Starting the Drugs: 12217

Additional Instructions: After food

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

Sheet No: ....

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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																		

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																		

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

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

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/7/21	1.15pm	DULCOLEX SUPPOSITORY	2 tabs	PR	[illegible] B2217	VR	VB
11/7/21	3pm	INJ. PHENERGAN	25mg	IM	[illegible] B2217	SA	B1

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Early Warning Observation Score Chart - Obstetrics

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

30/6/2026

		Date / Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	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 Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

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Early Warning Observation Score Chart - Obstetrics

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

		Date	1/7/26																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20	20	20	20	16				20				20			18					20			
	0 - 10																									
Saturations	94 - 100 %		99	99	99	99	99				99				99			99					99			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA	RA	RA	RA				RA				RA			RA					RA			
Temp°c	40																									
	39																									
	38																									
	37																									
	36		98	98	98	98	98				98				98			98					98			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80	87	87	87	87				87				87			87					87			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		109	112	108	120	120				116				125			116					117			
	110																									
	100																									
	90																									
	80																						80			
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80														86											
	70																									
	60		62	80	64	80	80				82				80			76					76			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓				✓				✓			✓					✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓	✓				✓				✓			✓					✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		-	-	-	-	-																-			
	Heavy / Foul																									
Liquor	Clear / Pink		-	-	-	-	-				-				-			-					-			
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0				0				0			0					0			
TOTAL ORANGE SCORES			0	0	0	0	0				0				0			0					0			
Nurse Initial			DS	DS	DS	DS	DS				DS				DS			DS					DS			

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

GUC-00089012
Mrs RENUGADEVI S IP18-00036255
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
30/6/2026												
	08:00 am	NPO		RL			✓			200ml	0	DP
	09:00 am	NPO		100ml			✓				0	DP
	10:00 am	NPO		100ml							0	NUR
	11:00 am	NPO		100ml						250ml.	0	NUR
	12:00 pm										0	
	01:00 pm			100ml							0	NUR
Total Intake :				1300 ml		Total Output :				450.		
	02:00 pm										0	NUR
	03:00 pm			50ml							0	NUR
	04:00 pm	NPO		500ml						150	0	NUR
	05:00 pm	NPO		125						200	0	NUR
	06:00 pm	NPO		125						250	0	NUR
	07:00 pm	NPO		125						180	0	NUR
Total Intake :		1375ml				Total Output :				1380ml		
	08:00 pm	NPO		125						150	0	NUR
	09:00 pm	NPO		125						150	0	NUR
	10:00 pm	H2O	50ml	125						150	0	NUR
	11:00 pm	Tuxtor	100	125						150	0	NUR
	12:00 am	H2O	100	125						100	0	NUR
	01:00 am	Tuxtor	50ml	125						100	0	NUR
Total Intake :		1050ml				Total Output :				800ml		
	02:00 am	H2O	100	125						100	0	NUR
	03:00 am	Tuxtor	150	125						150	0	NUR
	04:00 am	H2O	100	125						100	0	NUR
	05:00 am	H2O	100	125						75	0	NUR
	06:00 am	Tuxtor	150	125						100	0	NUR
	07:00 am	H2O	100	125						100	0	NUR
Total Intake :		1450ml				Total Output :				625ml		

Total 24 hrs. Intake	5175ml

Total 24 hrs. Output	3285ml

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Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 2

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

1/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
										Romeal		
	08:00 am	H2O	100ml							75ml	0	DS.
	09:00 am	H2O	100ml								0	DS.
	10:00 am	H2O	100ml								0	DS
	11:00 am	H2O	200ml							350	0	DS.
	12:00 pm	H2O	100ml								0	DS.
	01:00 pm	Water	150ml							✓	0	Baby
Total Intake :		750ml				Total Output :					425ml + 1 time	
	02:00 pm	Water	100ml								0	Jaaf
	03:00 pm	Kanji	200ml							200	0	Jaaf
	04:00 pm	Fruits	200ml								0	Jaaf
	05:00 pm	Water	100ml								0	Jaaf
	06:00 pm	Fruits	200ml							300	0	Jaaf
	07:00 pm	Fruits	100ml								0	Jaaf
Total Intake :		900ml.				Total Output :					450ml	
	08:00 pm	H2O	150ml								0	RFm
	09:00 pm	Fruits	200ml							✓	0	RFm
	10:00 pm	H2O	150ml								0	RFm
	11:00 pm										0	RFm
	12:00 am	H2O	150ml								0	RFm
	01:00 am						Motion passed			✓	0	RFm
Total Intake :		650ml				Total Output :					2 times urine passed	
	02:00 am										0	RFm
	03:00 am									✓	0	RFm
	04:00 am										0	RFm
	05:00 am										0	RFm
	06:00 am	H2O	100ml								0	RFm
	07:00 am	Fruits	150ml							✓	0	RFm
Total Intake :		250ml				Total Output :					2 times urine Passed	

Total 24 hrs. Intake	1550ml	Total 24 hrs. Output	925ml + 5 times urine Passed

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Mrs RENUGADEVI S (F)
[illegible]-1985 41 Y 0 M 6 D
Dr. MATHANGI RAJAGOPALAN

(1)

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 30/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	promote adequate Nutrition for healing and recovery.	8.30 Am	Assess Nutritional status and appeti.. provide balance diet etc	patient general condition Fair	Reassesment done	[signature] GNM
Afternoon	4pm	To improve activity tolerance		- monitor vital signs - provide comfortable bed position - maintain I/O chart	Improved Activity tolerance	Reassessment is done	[illegible] OT the
Night	7.30 pm	Achieve acceptable pain control and comfort	8pm	* Assess pain using pain scale Regularly * Administer analgesic * position patient comfortably.	Reduced pain to some extend	Reassessment Done	[signature]

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 1/7/2026.

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........

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	promote adequate Nutrition for healing and recovery	8.30 AM	- Assess Nutritional status and appetite. -> provide balanced diet rich in protein and vitamins	patient vitals are stable	Reassessment done	[signature] 017178.
Afternoon	2pm	Relieve pain & discomfort	3PM	Assess patient condition monitor vitals Administer medication as per order	Pain was reducing	Reassessment done	[signature] 015780
Night	8pm	maintain adequate fluid balance of the patient	11PM	-> Assessed the fluid balance of the patient -> monitored vital signs -> maintained I/O chart -> Administered fluids as per doctor's order	Improving & maintaining adequate fluid balance	Child was stable Reassessment was done	[signature] 020799

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient St

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(C)

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: P3C3 TLH / BSO			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure: 30/6/26.			Post OP Day: 1/7/2026			
BACKGROUND	Date / Shift	30/6/26 M	30/6/26 Evening	30/6/26 Night	1/7/2026 M	1/7/26 E	1/7/26 N
	Medical Condition (Any special condition to be noted):	Noted	HTN DM		T2DM	Noted	noted
	Diet:	NPO	NPO	Liquid	Semi diet	DF a liquid diet	Diabetic diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	NA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.1°F	98F	98F	98.1°F	98F	97F
	Res:	20	18	20b/m	20b/m	20b/m	20b/mt
	SpO_2:	100%	100	100%	100%	99%	99%
	Pulse:	90b/m	80	80b/m	96b/m	90b/m	95b/m
	BP:	148/89	130/80	130/80	109/62	110/70	120/80
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	30	30	30	30	30	30
	Pain Score:	0	1/10	1/10	2/10	0/10	0/10
	Skin Integrity	Normal	Normal	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NPO	NPO	Liquid	Semi soft diet	Liquid diet	liquid diet
	Critical Lab Test / Values:	–					–
	Other Special Orders / Medications:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		–	NPO BD 8AM			–	–
Handed Over By Name :		[illegible]	pooja	[illegible]	[illegible]	Arivu	Teena
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		30/6/26	30/6/26	1/7/26	1/7/2026	1/7/26	1/7/26
Time:		–	7.30pm	7.30AM	1.30pm	@ 7.30	@ 7.30am
Taken Over By Name :		pooja	[illegible]	[illegible]	Arivu	Arivu	
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Date:		30/6/26	30/6/26	1/7/2026	1/7/26	1/7/26	
Time:		4pm	7.30pm	7.30am	@1.30pm	1.30pm	

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S 41 Y 0 M 6 D (F)
24-06-1985
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	7Am.	Admission notes 30/6/26	
		Mrs. RenugaDevi/ 41yrs/ FE/	
		P3L3 Pre NVD/ ST done/ AUB	
		under Dr. mathangi Today	
		posted for TLH c BSO at	
		12pm vitals are checked	
		and recorded, part preparation	
		done by S/N shalini no	
		other complaints I/F to	
		Dr. pavithra Advices to do	
		Admission order carried	S/N
		out General condition is fair	sobeswari 01/7/78.
	7:30 Am	S/B Dr. pavithra Advices to	
		be sent CBC, HIV and	S/N
		Enema order carried out.	sobeswari 01/7/78.
	7:30 Am	Enema given patient	
		passed stool completely. →	S/N sobeswari 01/7/78.
	7:35 AM.	↓ ASP IV placement done	
		18 G venflon cephalic vein	
		(L) side back flow present	S/N
		and pattern →	sobeswari 01/7/78
	8Am	CBC & HIV sent to lab	
		Report to be collect →	S/N sobeswari 01/7/7.
	9Am	patient checked	
		vital sign vitals are stable	
		patient conscious and oriented	
		General BP 144/86 inform to DR. Asthm. →	[signature] 01/7/78

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies 91

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/20	9.40 AM	patient handing over given 4th floor staff for NCU. patient CBC, HIV report due. Reshift 11.30 AM [illegible]	[signature]
		→ Receiving Notes →	
30/6	9.45am	The patient details handing over taken from. LDR staff to 4th floor. The patient is conscious & oriented. IV line present. no pain, no swelling, IV line patent vital signs are checked & recorded vital are stable	[signature]
	10am	IVF RL 100ml/hr on flow patient on NPO	[signature]
	11.45 am	The patient shifted to 4th floor to MICU All details handing over given to MICU staff.	[signature]
		pt receiving notes	
	11.45am	pt received from 4th floor to LDR pt care hand over taken from 4th floor staff. pt conscious & oriented. IV line ⊕ & patent. She is on NPO. 500ml RL 125ml/hr connected on infusion as per doctor order. pt vital signs checked & recorded BP - 110/70 mmhg.	

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GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26		P/R- 68b/m. pt is stable.	[signature]
continue	12-30pm	pt have no clo allergy,	
		itching in surgery 1.27pm IV given.	
		surgery & anesthesia consent done.	
		pt care hand over given to	
		OT staff. pt shifted to OT	
		as per doctor order for TLH.	[signature]
30/6/2026	12.35 pm	OT Note	
		patient received from LDR	
		patient conscious and oriented	
		patient vitals are stable.	
		BP 100/80 mmHg, HR- 72 b/min	
		SpO2 -100%. patient shifted	
		to OT-I for surgery.	
		under aseptic technique.	
		General anaesthesia is given.	
		under General anaesthesia	
		surgical site painted and	
		drapped. Procedure start	
		at 1.0pm. Patient vitals	
		are monitor, Procedure	
		done, patient conscious &	
		oriented, Patient shifted to	
		ward, patient file handed over	
		the ward staff	[signature]

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Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Post op receiving notes	
30/6/20	3.50pm	pt received from OT to MICU. pt care hand over taken from OT staff. pt conscious & oriented with line ⊕ & fullerm. vital signs checked & recorded. BP-110/70 P/R-128b/m R/R-18b/m. SpO2-95%. O2 4 lit/m started as per doctor order Dr. vinitha. she is on NPO. 500ml RL 125ml/h connected in infusion. surgical site no bleeding. Dressing covered.	Pooja Staff Nurse
	4pm	pt vital signs checked & recorded. maintain I/O chart provide comfortable bed position. maintain I/O chart. she is on CBD urine draining clear	Pooja SN
	5pm	pt c/o pain. O2 disconnected as per doctor order. Dr. vinitha advice to give T. para 1gm oral order carried out. T. para 1gm oral given as per doctor order.	[illegible] SN
5.30pm	~~5.30pm~~	pt is stable. maintain I/O chart. SpO2 - 89%. Informed to Dr. vinitha. Advice to start O2 4 lit/m order carried out. next page	

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GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/20		O2 4 lit/m started as per	
continue		doctors order.	
	6pm	pt vital signs checked & recorded. maintain I/O chart. side rails provided. Braden & pain assessment done.	
	6:15pm	O2 disconnected as per doctor order SpO2 - 98% without O2. Encourage to mobilize. IV line patten. pt is stable.	
	7pm	pt vital signs checked & recorded. maintain I/O chart. IV line pattern - 500ml RL 125ml/hr going on infusion. CBP ⊕ urine draining clear. she is on NPO	
	7:30pm	pt care hand over given to night duty staff. order CBC at 6am.	
		Night Duty (30/6/20)	
	7:35pm	Patient care Handing over taken from Evening duty Staff. Monitored vitals and Recorded. Maintained I/O. IV Cannula observed. Pain assessment No any other complaints. IVF RL 125ml/hr on connected. Patient General condition fair	30/6/20

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

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	8pm	Monitored vitals and Recorded. Maintained I/O. RBS Monitored 148 mg/dl. Informed to Dr. Mohana Priya. Pain assessment Done. No other complaints	[signature] 01/6/20
	9pm	Monitored vitals and Recorded. Maintained I/O. IVF RL 125ml/hr on Connected. Pain assessment Done. administered medicines as per drug chart	[signature] 01/6/20
	10pm	orals started as per doctor order. pain assessment. watching pain assessment. Doctor advised to continue liquid diet	[signature] 01/6/2
	10:30pm	patient dosent have any complaints after started orals. T.water given. Pain assessment Done. patient General condition fair.	[signature] 01/6/20
	11pm	Monitored vitals and Recorded. Maintained I/O. IVF RL 65ml/hr on Connected. pain assessment Done.	[signature] 01/6/20
1/7/26	12AM	Monitored vitals and Recorded. Maintained I/O. Pain assessment done. IVF RL 125ml/hr onconnected.	

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GUC-00089012
Mrs RENUGADEVI S
24-05-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036255

(4)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/26		Administered medicines as per drug chart	01/6/26
	1AM	Monitored vitals and Recorded Maintained Flo. IVF RL 125ml/hr on connected	01/6/26
	2AM	Liquid diet given as per doctor order. IVF RL 125ml/hr as per doctor order on connected. No any other complaints	01/6/26
	3AM	Maintained Flo. Administered medicines as per doctor order. IVF RL 125ml/hr on connected. No other complaints	01/6/26
	4AM	Monitored vitals and Recorded. Maintained Flo. IC doctor Given. Pain assesment Done. IVF RL 125ml/hr on connected	01/6/26
	5AM	Maintained Flo. Monitored Vitals and Recorded. Pain assesment Done. IVF RL 125ml/hr on connected	01/6/26
	6AM	CBC sent to lab as per doctor order. Inj. Clexane 40mg SC given as per doctor order. IVF RL 125ml/hr on connected. Morning care	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

C-00089012 IP18-00036255
RENUGADEVI S
06-1985 41 Y 0 M 7 D (F)
MATHANGI RAJAGOPALAN

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/26		given to patient	[signature] 01/6/20
	7AM	Administered medicines as per drug chart. Pain assessment Done. encouraging ordls as per doctor order.	[signature] 01/6/20
	7.30 AM	Patient care Handing over given to Morning duty staff	[signature] 01/6/20
		Morning duty (1/7/2026)	
	7.30 AM	patient handing over. taken by night duty staff Nurse patient conscious and oriented General condition Fair	[signature] 01/7/26.
	8AM	patient checked vital are stable patient Checked CBG - 139 mg/dl inform to DR. [illegible] and patient ambulation ē mini and patient CBD Removed patient General condition Fair	[signature] 01/7/26.
	10AM	patient checked vital are stable S/B DR. [illegible] mam advice given soft diet order care out	[signature] 01/7/26
	[illegible]	Patient Before food T. Glicazide m.r. 1 tab given oral	[signature] 01/7/26

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GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/07/26	10.30 Am	patient after food given T. emparoc c 1 tab given oral patient conscious and oriented General condition fair	[signature] 01/7/26
	11.30 Am	pt voided 350ml urine informed to so. pavithra / so. shree devi did bladder scan no needle patient conscious and oriented General condition fair	[signature] 01/7/26
	11.55 Am	c/B DR. sheela advice to Inj: pan 40mg IV stat given IV order care out advice patient shifted to ward patient conscious and oriented General condi fair	[signature]
	12pm	patient checked vital signs vital are stable, patient Inj: pan 40mg IV given patient shift to ward	[signature] 01/7/26
	12.30 pm	patient handing over given 4th floor staff Nurse	[signature] 01/7/26
		Receiving Notes	
1/7/26	12.30pm	The patient received from LDR to 4th Floor. patient is conscious. pt is details handing over taken	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
1/2/26		from LDR Staff. N line present & patency. →	Baluj
	12.35pm	Dr. Mathangi mam Seen the patient. Advised to give Dulcoflex Suppository and to give Liquid diet →	Baluj
	1pm.	I/O Chart maintained. No other Complaints →	Baluj
	1.30pm	The patient details handing over given to evening duty staff →	Baluj
		Evening duty Notes on 1/2/26	
	1.30pm	The patient details handovers taken from the morning duty staffs the patient is consious and active	Arp 01/2/26
	2pm	Administer the medication as per doctor's orders Inj. phenargan 2mg are given @3pm the patient passed motion & ~~flatus~~ flatus informed to LDR staffs	
	4pm.	vitals are checked and recorded temp is normal	PP ++ / UP ++ / CRT WNL — Arp 01/2/26

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24-06-1985 41 Y 0 M 7 D (F)
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/2026		continue (1/7/26)	
	5.pm	Dr. Vinitha mam rounds was	
		done adv! to give kanji & liquid	
		diet till tonight	
		I/O chart is maintained	
		No any other complaints	[signature]
	6pm	Administer the medication as	5115 [illegible]
		per doctor's order	
	7.30pm	The ~~[illegible]~~ patient details handover	
		given to Evening duty staffs.	
1/7/2026	7³⁰PM	Night duty note on 1/7/26	
		patient details taken over from	[signature]
		evening duty staff nurse using [illegible]	07074 9.
		method. on assessment, patient is	
		conscious, oriented and afebrile	
		GCS-15/15, skin assessment done, IV line	
		is plant and patent, no pain or	
		redness	
	8pm	vitals checked and recorded	[signature]
		all are hemodynamically stable.	07074 9
	8PM	Due medication given as per the	[signature]
		drug chart	07074 9
	9PM	Dr. Akshitha came and seen	[signature]
		informed about the child condition	[illegible]
		adviced to follow as per the	

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GUC-00089012
Mrs RENUGADEVI S
24-08-1985 41 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036255

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ..... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continue note →	
1/7/26		Progress note and advised to give Syp Duphalac 10ml OD, The orders followed,	
	10PM	Due medication given as per the drug chart	
2/7/26	12AM	Due medication given as per the drug chart	
	12AM	Vitals checked and recorded all are hemodynamically stable	
	2AM	Patient kept well, no specific complaints	
	4AM	Vitals checked and recorded all are hemodynamically stable	
	5AM	Due medication given as per the drug chart	
	6AM	Due medication given as per the drug chart.	
	7AM	Strict I&O chart maintained	
	7:30AM	patient details handed over to morning duty staff nurse via SBAR method	

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Patient Sticker

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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GUC-00089012 IP18-00036255
[illegible]ENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/6	30/6/26	30/6/26
		Score	25	8.4pm	8pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15		
	No	0		0	0
Ambulatory Aid	Furniture	30		0	
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:				30	30
		Signature	[signature]	[signature]	[signature] 01/07/26

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 1/7/2026	E 1/2/26	N 1/07/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

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					Date: 30/6 Time: 8AM	30/6 4pm	30/6/26 N	1/7/26 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	1	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	1	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	24	24	26
				Evaluator's Name	[signature] 01081	[signature]	[signature] 01612	[signature] 0174

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓾ Regular Turning Schedule ⓾ Enable as much activity as possible ⓾ Protect the heels ⓾ Use pressure redistribution surfaces ⓾ Manage moisture, friction and shear ⓾ 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	⓾ Use the Same Protocol as for **"At Risk"** Patients ⓾ 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	⓾ Follow the same protocol as for **"Moderate Risk"** Patients ⓾ In addition to regular turning schedule ⓾ 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	⓾ Use same protocol as for **"High Risk"** Patients ⓾ 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-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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PAIN ASSESSMENT FORM

(1)

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6/6	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	–	[signature]
30/6/26	4pm	2/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
30/6/26	8pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
1/7/26	12AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	[signature]
1/7/26	4AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	[signature]
1/7/26	7.30 AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
1/7/26	8AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
1/7/26	10AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
1/7/26	1pm	4/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
1/7/26	3pm	[illegible]/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Inj. [illegible] 2 amp given	[signature]

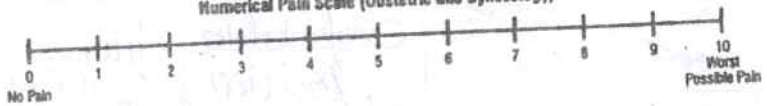
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

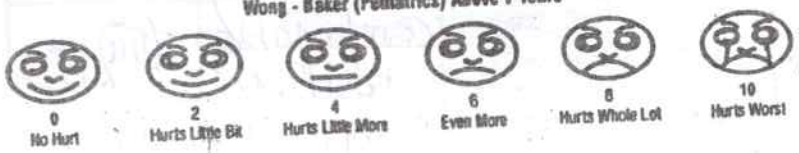
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26.

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others, specify CDR

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Others, specify TAMIL

Do you require an interpreter? ☐ Yes ☐ No If Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes, identify .....

Chief Complaints: P3L3 AUB Today Plan TLH C BSO.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Type II DM.	PS done	

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Irregular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☑ Irregular

Last Menstrual Period: 28/5/26.

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: .....

Gynecological History:

Contraceptives: ☐ No ☑ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G — P 2 L 2 A —

Previous LSCS: NIL

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 84/mt RR: 24/mt.

BP: 140/90 Weight: 73 kg. Height: 155 cm BMI: .....

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

(P.T.O.)

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: ....

Fall Assessment: ☐ Yes ☐ No Score ....25.... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ....0/10.... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormality Detected

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days

☐ Under Weight ☐ Diabetes Mellitus ☐ Needs Therapeutic Diet.

☐ Hyperemesis Gravidarum

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 ....Her husband....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ....patient....

Name of Person Orientation was given to: ....Mrs. Renugadevi....

Orientation not given Reason: ....

Nurse Signature: ....[signature] 01/7/28....

Nurse Name: ....Cobeiwari 01/7/28....

Date & Time: ....30/6/26....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 30/6/2026.

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

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-0008[illegible] [illegible]00036255
Mrs RENU[illegible]EVI S
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.
Patient's / Learner Language: TAMIL Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: Yes ☐ No ☑

Identified Education Needs:

1. Diagnosis — P3L3 AVB TCHEB50
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
30/6	8AM	YS	Educate about consent For procedure	patient	NO	verbal	NONE	oral	good	[illegible]

Part - III: CODES

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

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

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

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

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

PRE - OPERATIVE CHECK LIST

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Patient's Name: MRS. RENUGADEVI Date: 30/6/26

Blood Group: B+ve. UHID: 89012. Age: 41 YRS Gender: ☐ M ☑ F

Planned Surgery: TLH + BSO

Anesthetist: DR. Priyadharshini Surgeon: DR. MATHANGI

Date & Time of Operation: 30/6/26 at 11am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name: Delli Valan. G

Billing Executive Signature: [signature]

Date & Time: 30/06/2026 10:21 am

Nurse In-Charge Name: NISHA.

Signature of Nurse In-Charge: [signature]

Date & Time: 30/6/26 at 11am

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

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PATIENT TRANSFER FORM

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	30/6/2026 at	1/7/2026 at 12.30pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. mathangi	DR. pavitra	Futher mangem
From Unit	**To Unit**	**Information to Attendant**
CDR	4th floor.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. para → (3) . / Puls → (2) .	
2.	Inj : Tosmac → (1) / under pad → (2) .	
3.	RL soome → (1) . / C. pan 40mg → (9) .	
4.	Inj : Sapan → (5)	
5.	Dwoath → (2) Drg 10 → (8)	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
C/N Saberwari O1HHG	DR. pavitra.

Patient & Clinical Records Received by : Balaselvi 070681 4/7/2026 12.30pm

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

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

PATIENT TRANSFER FORM

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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 30/6/2026 at 7.0am	Date & Time of Transfer Order: 30/6/2026 at 9.45pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Sathish	Reason for Transfer: further management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: one file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sd/ Pradeepkumar 30/6/26	Dr. Sathish

Patient & Clinical Records Received by : S. Pooja Thomas

Date & Time of Patient Received : 30/6/26 at 3.45pm

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

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

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Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. mathangi	30/6/26 at 7.30AM	30/6/26 at 12.30pm
Transfer Ordered by	**Reason for Transfer**	
Dr. Akshaya	TT	
From Unit	**To Unit**	**Information to Attendant**
CDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1st DP file	–	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Dr. Akshaya

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja	Dr. Akshaya,

Patient & Clinical Records Received by : Pradeepaveenayan Nurse

Date & Time of Patient Received : 30/6/2026 12.30pm

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

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

PATIENT TRANSFER FORM

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Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
30/6/26 at 7.3 am	30/6/26 at 11.45 am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. mathangi	DR. mathangi	procedure

From Unit	To Unit	Information to Attendant
40P.	MICU.	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
R⁰ 6.	–	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	IVF RL - 500ml.	(1)
2.	Inj Sopam 1.5gm	(1)
3.	10cc	(1)
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NS/Over	DR. mathangi

Patient & Clinical Records Received by : S. Poolan

Date & Time of Patient Received : 30/6/26 at 11.45 Am

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

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

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Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name: DR. Mathangi DR. Akshitha	30/6/26 at 7AM	30/6/26 9.40AM
Transfer Ordered by: DR. Akshitha		Reason for Transfer: further treatment
From Unit: NICU	To Unit: 4th floor	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: IP files	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 ☑ DR. Akshitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sobeswari 017178.	DR Akshitha

Patient & Clinical Records Received by : RN88/01501 30/6/26 at 9.45 am

Date & Time of Patient Received :

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

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

SSI PREVENTION CHECKLIST

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/6/26 Date of Removal:

Parameters	Date / Shift Time	30/6/26 4pm	30/6/26 3pm	1/7/2026 M				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Pooja	S.N. Tamilselvi	Deboraah				
Signature of the Nurse								

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	✓	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	✓	
	e.Dressing Intact	✓	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	✓	
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	✓	
	b.All drains fixed, output noted	✓	
	c.Catheter secure & urine output recorded	✓	
	d.Splints/casts/traction devices stabilized	✓	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	✓	
	b.Bed/side rails up and brakes applied	✓	
	c.Special positioning maintained as per surgery	✓	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	✓	
	b.Epidural catheter secure, infusion checked	✓	
	c.Pressure areas protected (heels/elbows)	✓	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	✓	
10	**REPORTS AND LABS HANDED OVER**	✓	
11	**BIOPSY/HPE SENT**		
12	**Documentation**		
	a.Documentation completeness	✓	
	Transferring Nurse: _____	10/2024	
	Receiving Nurse : _____		
	Signature of Incharge:		

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

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CONSENT FOR BLOOD TRANSFUSION

Patient Name : RENUGA DEVI Age: 45 Gender : F

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

Type of Blood Product : PRBC

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

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

Name of Patient / Attendant Renuga Devi /

Signature of Patient / Attendant S. Renugadevi

Date 30/6/26

Time : 11:50AM

Relationship with Patient:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name: GUC-00089012 IP18-00036255 Mrs RENUGADEVI S 24-06-1985 41 Y 0 M 6 D (F) Dr. MATHANGI RAJAGOPALAN ..... Gender: ☐ Male ☐ Female Age : .....

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

Instruction:
This consen ...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)

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPHINGO-OOPHORECTOMY upon

Ind - AUB | (L) Dermoid ovarian cyst. (Name of the Patient)

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

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

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

Bleeding, Infection, Blood transfusion, Anaesthesia complication, Bowel & bladder injury, Adhesiolysis, Conversion to laparotomy.

My signature on this form indicates that

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

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

Consentee :
Signature : S. Renuga devi
Name : Mrs. Renugadevi
Date & Time : 30/6/2026.

Patient Attendant :
Signature : V. Sivas
Name : V. SIVASHANKARAN.
Relationship with Patient: .....
Date & Time : .....

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Pavithra
Date & Time : 30/6/2026

CONSENT FORM FOR ANAESTHESIA

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CUC-00089012 IP18-00036255
Mrs RENUGADEVI S (F)
24-06-1985 41 Y 0 M 6 D
Dr. MATHANGI RAJAGOPALAN

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

UHID NO: ..... Surgeon Name: ..... Dr. Sheela / Dr. Priyadarshini

Anaesthesiologist : Dr. Kathick Operative procedure planned : THA + BSO

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☑ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : HYPOTENSION, BRADYCARDIA, DESATURATION, PONV

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : S. Renuga devi

Name :

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : V. Sivas

Name : V. SIVA SHANKARAN.

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Priyadharshini Date & Time : 30/6/26. 9:10am.

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

GUC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs Renuka Devi Age: 46 Sex: F UHID.No: 89012

Date: 23/6/26 Time: 11.15 am Proposed Operation: TLH + BSO

Diagnosis: AUB / (L) ovarian dermoid cyst

B.P / CRT: 133/83 H.R: 74 Weight: 73.4 ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 18/2 12.8	Glucose: F 116 / PP 102	Protein: 7.1	HIV:	X-Ray: NAD.
PCV:	Urea: 19	Alb: 3.9	HBS Ag: Negative	ECG: NSR
WBC: 7400.	Creat: 0.56	Total Bill: 0.36	HCV:	2D Echo: NORMAL
Plate: 3.4	Na:	Dir. Bill:	Blood group: B+ve	Stress/Angio: EF 68%
PT:	K:	LDH:	T3	Other: Trivial TR
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1.65	
	Cl-:	SGOT/SGPT: 18/31	**Allergies:** NKDA	

Medical History: CVS: k/c/o T2DM on OHA

RESP: Diabetes:

CNS:

Renal:

Hepatic / GE: Physical Activity: good exercise tolerance.

Others: P(3) NVD.

Past Anaesthetic History: H/o PS done

Physical Exam:

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

Lungs: B/L AE (+)

Heart: $S_1 S_2$ (+)

CNS: NFND

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site: Accessible Spine Exam for regional: (N)

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No CBG at 7AM = 131 mg/dl

CURRENT MEDICATIONS	DOSAGE
T. Glicsaar	M 80
T. Empaplo	L 25/5.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - To show ECG on the day of Sx
   - To reserve 1 O PRBC.

Signature: [signature] 15/6/... Name: Dr Periyadharshini

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: > 6 hrs
Physical Status: II — Patient Identified ✓ — ☑ Consent Present	☑ Chart Reviewed

H.R: 85/min	B.P / CRT: 140/96 mmHg	SpO_2: 99–100%	R.R: 16/min	Last Feed: 10 PM

Pre-OP Diagnosis: AUB / ovarian dermoid cyst — Operation: TLH + BSO — Date: 30/6/26

Surgeon: Dr. Sheela / Dr. Priyadarshini / Dr. Lathika — Anaesthesiologist: Dr. Ashwini / Dr. Divya — Technician: Mr. Dhyan

TIME: 12:30 PM — 1:30 PM — 2:30 PM — 3:30 PM — 4:00 PM

N_2O / AIR / O_2 LPM: ← 1 : 1 →

HALO / ISO / SEVO: ← 1–2% →

Drugs:
Inj. fentanyl 100 µg + 50 µg iv
Inj. propofol 150 mg iv
Inj. atracurium 25 mg f/b infusion @ 1mg/kg.
Inj. paracetamol 1g iv + Inj. dexamethasone 8mg iv
Reversal: Inj. Neostigmine 2.5mg + Inj. glycopyrrolate 0.4mg iv

Antibiotic: Inj. Supacef 1.5g iv

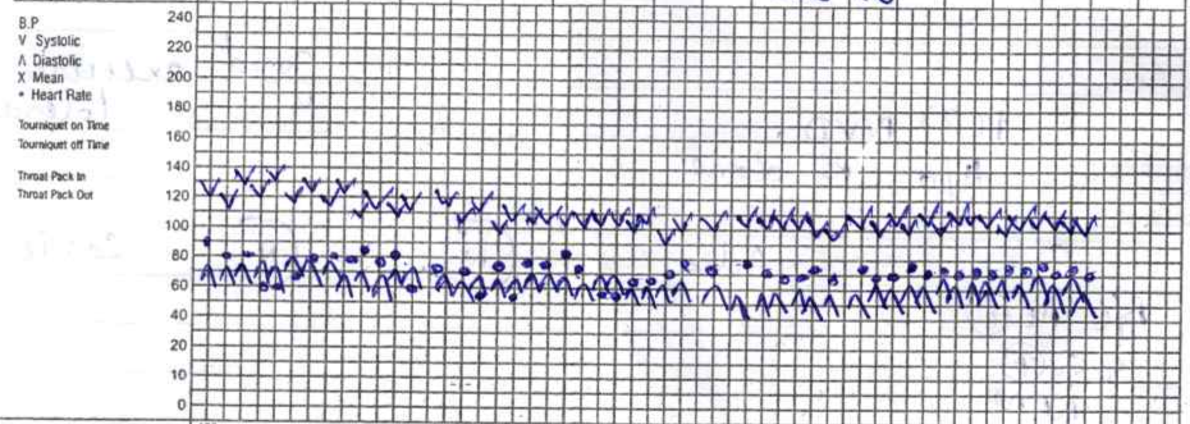
Suppository

Blood Loss: ~ 300–400ml.

NOTES

FiO_2 / SaO_2: ← 100%, — 100%, — 100%, →
$ETCO_2$: ← 35–45 mmHg →
ECG: ← NSR →
Temperature
Urine Output

Fluids / Blood: ← RL – 20 → RL – 10 infused; DNS – 10



LAB Values: ABG — GRBS — Others

☑ Equipment Checked and Functional ☑ BP ☐ Cuff Site: (R) arm ☐ Art Site: ☑ EKG Lead ☑ Temp Site ☑ FiO_2 Monitor ☑ Agent Monitor ☑ Pulse Oximeter ☑ Capnograph ☑ Ventilator ☐ Nerve Stimulator Position: Trendelenburg / lithotomy ☑ Pressure Points Checked **Eye Care:** ☐ Oint ☑ Tape ☐ Padding ☐ Awake	**Temp:** ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☑ Hugger's ☐ Cotton Wool ☐ Other **Times:** Anaes Start: 12:35 PM OP Start: 1 PM OP End: Leave OR: 4PM **Anaesthesia:** ☑ GA ☐ Monitored Anaesthesia Care ☐ Regional **Line (Size & Location)** ☐ CVP: ☐ ART: ☑ IV: 18G (L) hand ☐ IV: ☐ IV:	**Induction** ☑ IV ☑ Inhal ☑ Pre O_2 ☐ RSI ☐ Others ☑ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# 7 at 19 cm ☑ Oral ☐ Nasal ☑ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☑ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# 3 Attempts: 1 Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	**Regional:** Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin ___ cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☑ Yes ☐ No ☐ NA Name of the Doctor: DR. ASHWINI. S Signature of the Doctor: [signature] 101348

Patient Sticker

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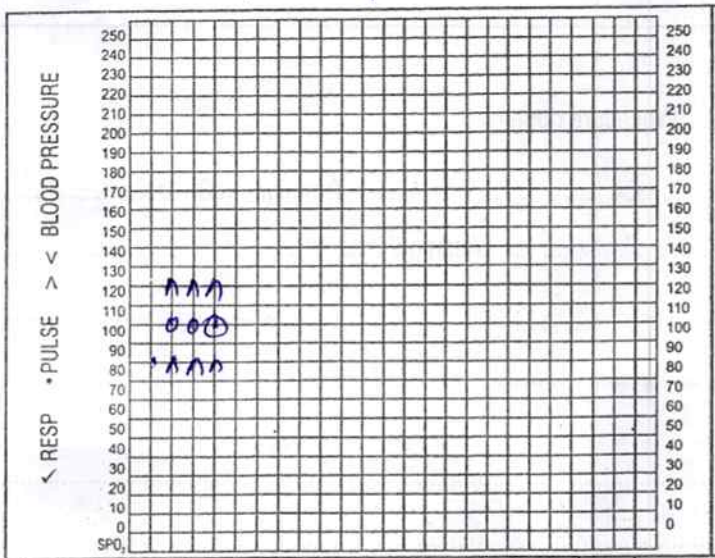
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeepa Time Received : 3.40 PM Time Discharged : 3.45 PM



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/6/26	4:30 PM	0/10	NPO till further orders IVF @ 100ml/h (RBS 8th hrly & Glycemic control as advised ~~IV antibiotics as advised~~ Inj. paracip 1g iv tds Inj. tramadol 50mg iv (SOS) Inj. emcet 4mg iv (SOS) before Inj. tramadol	S. Ashwin 101348

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

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

Anaesthesiologist Name : DR. ASHWIN I.S

Anaesthesiologist Signature: S. Ashwin 101348

Date & Time: 30/6/26 4:30 PM

PACU Nurse Name : Pradeepa Veerasayan

PACU Nurse Signature: [illegible] 020267

*Date & Time: 30/6/2026 At. 3.40 PM

Transferred to Unit by (PACU): [illegible] 020267

Date & Time: 30/06/2026 At. 3.45 PM

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

OPC-00089012 IP18-00036255
Mrs RENUGADEVI S
24-06-1985 41 Y 0 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/6/2026	7AM	131 mg/dl	DR. pavithra	
30/6/26	2pm	143mg/dl	Dr. Mohana	
1/7/2026	8 AM	139 mg/dl	DR. Dhivyalakshmi	