Rainbow Children's Hospital

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6AM					
Activity Sheet update by Pharmacy		8 AM					

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 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. Nivethika

UHID No: 85192. IP No: .... Consultant: Dr - mathangi Dept: OBG

Date of Admission: 6/7/26 Time: .... Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	6pm	LDR	604	S/N [illegible]
6/7/26	9.40pm	604	LDR	[illegible]
7/7/26	6.00 AM	LDR	OT	S/N [illegible]
7/7/26	7.40 am	OT	MICU	S/N [illegible]
7/7/26	1.20 pm	MICU	6th floor	[illegible]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	~~PAC~~	7/7/26	IF23208	[illegible]
2.	Dr. Rekha (Lactation)	8/7/26	To be raised	[illegible]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Docu. No: RCH/ FRM/ GENERAL/ 145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/7/26	CBC	1839	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	CTG - (1)			009035	
6/7/26	CTG - (2)			009035	
	CTG (3)			009100	
	CTG (4)			009100	
	CTG (5)			009100	
	CTG (6)			009099	
	CTG (7)			009099	
	CTG (8)			009099	
7/7/26	Infusion Pump	7/7/26 7:30 AM	7/7/26 10pm	3297	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	17 22937	
7/7/26	catheterization	1	17 23207	
8/7/26	Diet Counselling	1	4278	AM (68336)
9/7/26	physio	1	4282	

ANY OTHER INFORMATION:

7/7/26

IN TIME : 6:15 am OUT TIME : 7:40 am

Procedure : Emergency LSCS

Surgeon : Dr Mathangi

Assist Surgeon : Dr. Vinitha

Anasthetist : Dr. Chitti / Dr. Mohan.

S/o Suyth 1957.

Date: 9/7/26 Time: 6 AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. Nivethika Date of Birth: 03-12-1995 Age: 30y

Gender: F Ward : OT UHID No.: 85192/36349

Date of Surgery: 7/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 6.15 am Time Out : 7.40 am

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. Chiti / Dr. Mohan	
3. Assistant Surgeon	: Dr. Vinitha	
4. OT Technician	: Mr. Shyam	
5. Circulating Nurse	: Cln Suganthi	
6. Assistant Nurse	: S/N Enona	

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

Record Finalized done

Signature of the Surgeon

Signature of Circulating Nurse

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

Incision - 6.21 am

INJ.

Baby Details

TOB : 6.26 am

Gender : boy

wt : 2.557kg

Patient Sticker

EME LSCS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : C/N Suganthi Technician : Shyam Date : 7/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K		1
LMA			Sutures 6 1/2 PF Gloves		02	Cord Clamp		1
ECG leads (A)/P/N		3	5 1/2 PF Gloves		02	Suction Catheter		
HME filter : A / P / N			6 PF Gloves		01	Feeding Tube 6FR		1
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc		3.	Gloves 7 PF		1	Surgical Gloves 7 PF		01
02 cc		4	2347 f.		02	Gauze Pack		
01 cc			13264 f.		01	Syringe 1ml / 2ml		1
Cautery plate (A)/P/N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S) Gown		01
RL		2	Cautery pencil		01	LOX 2% INJ		1
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			D.water 10 ML		4
EFIPRESS		1	Ointments			NEEDLE 26x1 1/2		1
SYNTO		5	Suction Catheter			CABPORT		1
Fentanyl			Cap, Mask			NS 100ML	1	1
Morphine			Gauze Pack / R/O		1/2	SPINAL NEEDLE 27G (White)		1
Ketamine			Mop Pack		02			
Propofol			Steristrip			RAMS INFANT		1
Rocuronium			Underpad		01	DUODERM EXTRA		1
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron ONDOKIND		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
BIOXAMDC		2	Tegaderm 8591		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic ~~Bed Sheet~~ apron		2			
Tab. Misoprost : ~~200mg~~ 600mcg		1	Betadine Solution		2			
Buprices		41	Microshield sheet					
ADAWIN HEAD		1	~~Cotton Balls~~ Protective		01			
5ML EMBROID		1	~~Latex Gloves~~ Nitril		10			
~~SP NEEDLE 27G~~			~~Ramdione Scrub~~					
~~QDMA (Tube)~~			~~Saral~~ Quick sheet		01			

Dr. M ...

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036349	**Ward**	8F-OT COMPLEX
Patient Name	Mrs NIVETHIKA P	**Bed Name**	MICU 802
Age/Sex	30 Y 7 M 4 D / Female	**Order No**	18-0001723285
Date	07/07/2026 10:49	**Prescription No**	PRIP18-0625544
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:58
UHID	GUC-00085192		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:58

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036349	**Ward**	8F-OT COMPLEX
Patient Name	Mrs NIVETHIKA P	**Bed Name**	MICU 802
Age/Sex	30 Y 7 M 4 D / Female	**Order No**	18-0001723284
Date	07/07/2026 10:49	**Prescription No**	PRIP18-0625543
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:53
UHID	GUC-00085192		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	2	120.00	240.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	2	128.00	256.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
9	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
15	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	1	250.00	250.00
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
18	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
19	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
20	SGLOVE 5.5 SIGNATURE			260100021T	01/29	1	117.00	117.00
21	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
22	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
23	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**10,687.90**	**13,536.90**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036360	**Ward**	6F-PRIVATE
Patient Name	Baby B/O NIVETHIKA P	**Bed Name**	CRDL-PVT604-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001723291
Date	07/07/2026 10:51	**Prescription No**	PRIP18-0625542
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:52
UHID	GUC-00093543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036360	**Ward**	6F-PRIVATE
Patient Name	Baby B/O NIVETHIKA P	**Bed Name**	CRDL-PVT604-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001723289
Date	07/07/2026 10:51	**Prescription No**	PRIP18-0625541
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:52
UHID	GUC-00093543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**250.00**	**250.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:52

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036349	**Ward**	8F-OT COMPLEX
Patient Name	Mrs NIVETHIKA P	**Bed Name**	MICU 802
Age/Sex	30 Y 7 M 4 D / Female	**Order No**	18-0001723283
Date	07/07/2026 10:49	**Prescription No**	PRIP18-0625540
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:52
UHID	GUC-00085192		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
9	DUODERM EXTRA THIN 10X10 CM(187955)	Convatec	GENERAL	5E05979	05/30	1	275.30	275.30
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	4	2.58	10.32
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
14	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144328	11/27	1	33.30	33.30
15	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
16	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
17	PEDIADRIPSET PLUS	ROMSONS		G26C020226	02/31	1	311.00	311.00
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
19	RAMS CANNULA N4903 (INFANT)			2O250500	09/30	1	2,953.00	2,953.00
20	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
						Total :	**6,121.39**	**6,441.34**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:52

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

Mrs NIVETHIKA P (F)
03-12-1995 30 Y 7 M 6 D
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	9/12/26 @ 11am				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00086192 IP18-00036349

Patient Name : Mrs NIVETHIKA P ..... Gender: ☐ Male ☐ Female Age : .....

03-12-1995 30 Y 7 M 4 D (F)

UHID No : ..... Dr. MATHANGI RAJAGOPALAN ..... Date : .....

Instruction:

This consent fo[illegible]dult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

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

Emergency lower segment cesarean section (Ind: Fetal bradycardia upon

(Name of the Patient) Mrs Nivedhika

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

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

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

Bleeding, infection, injury to surrounding structures blood transfusion, baby admission to NICU, respiratory distress

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 : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00085192
Mrs NIVETHIKA P
03-12-1998 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036349

Patient Name : ..... Age : .....

Gender : M☐ F☐ - IP I ..... Consultant : .....

Ward / Bed No. : ..... Anaesthesiologist : DR CHITTY SUBHAN

Operative procedure planned : EMERGENCY LOW SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure (HYPOTHYROID) ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : .....

Comments : HYPOTENSION, BRADYCARDIA, DESATURATION, PPH, PPV

- 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 I my patient ..... the above mentioned operation I Diagnostic I Therapeutic procedures .....

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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 anaesthetic team to perform any additional procedures (for example, CVP 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 I her will administer the Anaesthesia.

Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : ....

Name : ....

Relationship with Patient: ....

Date & Time : ....

Witness :

Signature : ....

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : 29365

Name : Dr. Chitti Suhan

Date & Time : 7/1/2024 6.20 am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

UHID.No : 85192

Name: Mrs. [illegible] Age: 30 Sex: F

Date: 7/7/[illegible] Time: 10:20 am Proposed Operation: Emergency LSCS (Fetal Bradycardia)

Diagnosis: G3P1L1A1 | 39w+1D | Prev LSCS

B.P / CRT: 120/86 H.R: 82 Weight: 76 Height 162 cm ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.8	Glucose: 77.9/96.9	Protein:	HIV: NR	X-Ray:
PCV: 36.8	Urea:	Alb:	HBS Ag: NR	ECG: (N)
WBC: 9700	Creat:	Total Bill:	HCV: NR	2D Echo: (N)
Plate: 1.85 L	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : –

Diabetes : –

RESP : –

CNS : –

Renal : –

Physical Activity: METS >4.

Hepatic / GE : –

Others : K/c/o Hypothyroidism on Rx

Past Anaesthetic History: Prev H/o LSCS + SAB + Cervical cr

Physical Exam: Pt. Conscious, oriented, afebrile

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

Lungs : B/E (+)

Heart: S1S2 (+)

CNS: NFND.

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : (L) Hand Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   Inj Pan 40 mg IV } Stat
   Inj Emeset 4 mg IV }
   Inj antibiotics - to follow Sx orders

Signature: [signature] 89365 Name: Dr. [illegible]

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

Patient Sticker

ANAESTHESIA CHART

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

Pre Induction Assessment:

Change in Patient Condition: ☑ Yes ☑ No — **Fasting Status:** adequate

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 88/min | B.P / CRT: 126/82 | SpO_2: 98% RA | R.R: 14/min | Last Feed: >8 hrs

Pre-OP Diagnosis: G3P1L1A1 / Prev. LSCS — Operation: Emergency LSCS — Date: ....

Surgeon: Dr. Mathangi Raja Gopalan — Anaesthesiologist: Dr. Chitti Subhan — Technician: ....

TIME	6:20	6:30	6:40	6:50	7:00	7:10	7:20
~~N_2O/AIR/O_2 LPM~~	← 4 L/min →						
~~HALO/ISO/SEVO~~							

Drugs:
- Inj - Ephedrine 6mg IV ⓐ
- Inj - Emset 4mg IV stat ⓐ
- Inj - Syntocin 20 U in 500 ml NS ⓐ →
- Inj - Cerebroprost 250 mcg

Antibiotic / Suppository / Blood Loss / NOTES

FIO_2 / SaO_2: ← 40% →
~~$ETCO_2$~~
ECG: ← NSR →
Temperature: ← (N) →
Urine Output: 100 ml →

Fluids / Blood: RL ← 500 ml ← 500 ml → ← 500 ml; NC ← 1000 ml

B.P (V Systolic, Λ Diastolic, X Mean, • Heart Rate); ~~Tourniquet on Time~~; ~~Tourniquet off Time~~; ~~Throat Pack In~~; ~~Throat Pack Out~~

D.O.S - 7/07/2020.
TOB - 6.26 am
male baby

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (L) arm
☑ Art Site: ....
☑ EKG Lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☑ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☑ Awake

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

Times:
Anaes Start: 6.20 am.
OP Start: 6.23 am
OP End: ....
Leave OR: ....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP
☐ ART
☑ IV
☐ IV
☐ IV

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others
☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity — Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: + Sop
Position: Sitting
Site: L3-L4 Space
Needle Size: 27 G — Depth: Whitacre
Parasthesia ☑ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: Inj 0.5% Hyperbaric Bupivacaine
Bolus: 2ml + 0.4 ml of
Infusion: 2y buprenorphine
Block Level: injected into subarachnoid space
Comments: after free flow of CSF
Coy - T4 adequate
Transportation to ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☑ No ☑ NA
Name of the Doctor: [signature] 27365
Signature of the Doctor: Dr. Chitti Subhan

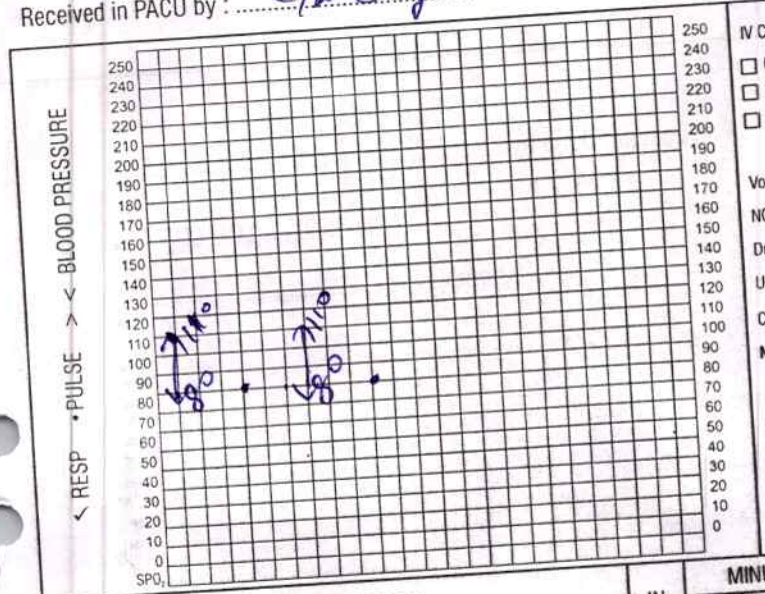
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : C/N Sugantha Time Received : 7.40a.m. Time Discharged : 7.40a.m.



IV Cannula Site : (1) Hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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: 100 ml/hr (RL/NS)
Oral Feeds: Npo x 4 hr.

- Inj. Emeset 4 mg IV BD
- Inj. Tramadol 100 mg in 100 ml NS IV BD

Vitals monitoring
I/O chart
INF Para 1gm IV TDS

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				
		TOTAL	9/10				

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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. Chitra Subhan.
Anaesthesiologist Signature: [signature] 89361.
Date & Time: 7/7/2026

PACU Nurse Name : S/N Sutha.
PACU Nurse Signature: [signature] @ 7.40a
Date & Time: 7/7/26

Transferred to Unit by (PACU): S/N Sutha.
Date & Time: 7/7/26 @ 7.40a

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PRE - OPERATIVE CHECK LIST

Date: 7/7/26

Patient's Name: MRS NIVETHIKA Age: 30Y Gender: ☐ M ☑ F

Blood Group: .... UHID: 85149

Planned Surgery: EMERGENCY LSCS Surgeon: DR MATHANUJ

Anesthetist: DR CHITTI Date & Time of Operation: 7/7/26 @ 6.25am

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 : ....

Billing Executive Signature : [signature]

Date & Time : ....

Nurse In-Charge Name : S. Paramesh

Signature of Nurse In-Charge : [signature] 016808

Date & Time : 07/07/2026

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi	Date of Delivery: 7/7/26
Assistant Surgeon: Dr. Vinitha	Time of Delivery: 6:26 am
Anaesthetist's Name: Dr. Chitti	Gender of Baby: Boy
Type of Anaesthesia: SA	Weight of Baby: 2.551kg
Neonatologist: Dr. Prasanna.	AGPAR Score: 7/10 ; 9/10.
Scrub Nurse: S/N Guna.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Acute prolonged bradycardia.

Urgency

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

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

CTG Description: Pathological (Acute Bradycardia)

If there was a dejay give the reasons: Nil

Surgical Procedure: Emergency lower segment cesarean section ↓ SA

Post Operative Diagnosis: P_2L_2 | POD # 0

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 2 cm cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannenstell ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision Uterine scar dehiscence.

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps Meconium stained liquor.

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

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal Cord around the neck ☐ Yes ☐ No 2 loop of cord near neck

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☑ One Layer ☐ Two Layers ..... 1 - Vicryl ..... Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture

Sheath Closure: ..... 1 - Vicryl ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... 3-0 Monocryl ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 10 PM today days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:

NPO x 3 hours

IV fluids @ 125 ml/hr

Inj. Supacef 1.5g IV 1-1-1

Tab. C-Pan D 40mg PO 1-0-1

T. Paracetamol 1g P/O 1-1-1-1

Justin suppository 100mg P/R 1-0-1

CBD / Clexane tonight 10 PM

CBC 9AM 6AM

Doctor Name: Dr. Vinitha Doctor Signature: 12/11/23

Date & Time: .....

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SYNTOCIN	20 U in 500ml	IV	Stat	6.26 am	☐C ☑DC
2	Inj. EMESET	4mg	IV	Stat	6.25 am	☐C ☑DC
3	Inj. CORBOPROST	250mcg	IM	Stat	6.30 am	☐C ☑DC
4	Inj. TRIOPIC	1gm in 500ml	IV	Stat	6.40 am	☐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 : 89365 Dr. Chitra Suthan

Date & Time : 7/7/2026 @ 7.40 am

Nurse Name & Signature: Sugath. RN 01950

Date & Time : 7/7/26 @ 7.40 am

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

SAFETY CHECKLIST

Surgeon : Dr. mathangi
Asst. Surgeon : Dr. vinitha
Anaesthetist : Dr. clitti
Scrub Nurse : S/N Chuna.

Patient Name : Mrs. Nivethika Age : 30yr Gender : F
UHID No. : 85192 Surgery Name : Emerg LSCS.
Date : 7/7/26 In-time : 6:15pm Out-time : 7:40pm

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 6:16am

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☑No ☐NA

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

Signature : [signature]
Name : Dr. Clitti Subhan

Before Skin Incision ➤➤

TIME OUT Time: 6:18am

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

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

Anticipated Critical Events

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

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

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

Signature : for [signature] 1042288
Name : Dr. Mathangi

Before Patient Leaves Operating Room

SIGN OUT Time: 7:38am

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] 1950
Name : Sugutha

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7/7/26 OT **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	No	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	No	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	Yes	
	e.Dressing Intact	NO.	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given		
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**	Yes	
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	yes	
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	Yes	
6	**Medications Pre & Post-Op Orders**	bce	
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NO	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NO	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	yes	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	NO	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: S/N Suguthi 019577		
	Receiving Nurse :		
	Signature of Incharge:		

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 6/7/26 @ 1.52pm	Date & Time of Transfer Order: 7/7/26 @ 7.40am
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Mohan	Reason for Transfer: Further Management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP file-1	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
S/n Sujith 01957	Dr. Mohan

Patient & Clinical Records Received by : Mdevi 01960

Date & Time of Patient Received : 7/7/26 @ 7.40 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

Mrs. Nivethika

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7/7/26 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	NO	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NO	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	NO	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NO	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	NO	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: S/N. Tamilselvi 016730		
	Receiving Nurse : S/N Sumathi 07457		
	Signature of Incharge:		

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7/7/26 Date of Removal: 7/7/26 @ 10 pm

Parameters / Date / Shift Time	7/7/26 8AM	7/7/26 M	7/7/26 E	7/7/26 N			
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No			
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	S/N [illegible]	[illegible]	Sathya	[illegible]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]			

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

GUC-00086192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

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

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 : IP18-00036349 **Admit Date** : 06-Jul-2026 **Admit Time** : 01:52 PM **UHID** : GUC-00085192

Patient Details :

Patient Name : Mrs NIVETHIKA P
Guardian : DHINESH KUMAR P
Gender : Female
Occupation :
Address (H) : F1, GANESH FLATS, ANBU NAGAR, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087

Age : 30 Y 7 M 3 D
DOB : 03-12-1995
Religion :
Martial Status :
Phone No : 8870904654/ 8148483945
E-mail : NIVETHIKA03@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 : DHINESH KUMAR P **Relationship** : Husband
Contact Address : F1, GANESH FLATS, ANBU NAGAR, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087 **Phone No** :

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** : 7000.00
Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs NIVETHIKA P**		
IP No:	**IP18-00036349**	**Age :**	**30 Y 7 M 3 D**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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: P.

Name: Dhinesh Kumar P
Relationship: Husband
Date: 06/07/2026 Time: 2:00 PM
Witness Name: Jeevitha
Witness Signature:

Patient Address:
F1, GANESH FLATS, ANBU NAGAR,
VALASARAVAKKAM Alwar Tirunagar
Chennai Tamil Nadu INDIA 600087

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 Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Dhinesh kumar	UHID Number : GVC-00085192
Self/Attendant Name :	Relation : Husband
Self/ Attendant Signature : P. [signature] Phone Number : 9524635179	Name & Signature of Financial Counselor A. [signature]

RCH/GDY/FRM/CLINICAL/426

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt was admitted for TOLAC
* Able to perceive fetal movements well
* No c/o Lower Abdominal Pain, bleeding or leaking PV

LMP: 06/10/2025 EDD: 13/07/2026
Corrected EDD: GA: 39 weeks

Obstetric Formula: $G_3 P_1 L_1 A_1$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History: G_1 - Biochemical Pregnancy 42 day
G_2 - Girl, 2 years 8 months, LSCS, SM Hospital K.K. Nagar, Ind: Fetal distress @ 36 wks Not in labour
Cervical encerclage @ 18 wks (31 mm)
2.8 kg

M/s - 5½ years, NCM

Present Pregnancy Record:
- PP, Spontaneous Conception
Booked & Immunised
NT Scan - Normal; FTS - Low risk (↑ risk of PE)
Anomaly Scan - Normal

RISK FACTORS:

Hypothyroid since conception
12.5 mcg

Obstetric Examination

Fundal Height: Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5 th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced (2 cm)

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 162 cm
Weight: 75.9 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ ⊕ RS B/L NVB ⊕
Liver/Spleen: Urine Output:

DIAGNOSIS

$G_3 P_1 L_1 A_1$ M/s - 5½ yrs NCM O+ve	LMP - 06/10/2025 EDD - 13/07/2026 RMP	GA - 39 weeks TOLAC HC - 5/ile Hypothyroid

Patient Sticker

Family History:

Father - HTN

Surgical History:

LSCS X 3yrs back

Cervical encerclage X 3 yrs back

Medical History:

Hypothyroid since conception

Medication History:

T. THYRONORM 12.5mg od

Took Tab. ECOSPIRIN 150mg till 36 weeks

Plan of Care:

C/I/T Dr. Mathangi

- Admission
- Pasts preparation
- Secure IV line
- Informed Consent for TOLAC

3:00pm Induction of Labour done with 22F Foley's inserted intracervically and bulb Inflated with 65ml of distilled water

Advice

- Post Foley's CTG @ 4pm
- W/F Foley's expulsion
- INJ. SUPACEF 1.5g IV TDS (AID)
- CTG Q 4th hourly
- Shift to ward

Investigations:

CTG - Reactive

Doctor Name: Dr. Dhivyalakshmi / Dr. Shreeden

Signature: 182217

Date & Time: 06/07/2026

Consultant Name: Dr. Mathangi

Signature: For 182217

Date & Time: 06/07/2026

GUC-00085192
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036349

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	13/6/26					
Time						
Hb	12.3				O-POSITIVE	
PCV	36.8					
RBC	4.50					
WBC	9700				HIV	
N/L	65.06/26.32				HCV	
Platelets	1.85				HBsAg	Non-Reactive
CRP					VDRL	
ESR						
PCT					Rubella IgG- Positive	
RBS	FBS-77.9 PPBS-96.9					
Na					ECG	
K					ECHO	Normal
Cl						
Ca/Mg					25/11/2025	
Phosphate					ICT- Negative	
Urea						
Creatinine					HbA1C - 5.2	
ALP					Hb Electrophoresis- Normal	
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	18/12/25					

(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						
					27/3/26.	
					Urine c/s	
					- No growth	

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 17/06/2026 SLIUG Cx - 3.70cm (31%ile)

X-Ray : cephalic HC - 5%ile

ECHO : Placenta - Posterior AC - 30%ile

CT : Liquor - Normal BPD - 9%ile

MRI SDP - 4.3 EFW - 2584 grams (31%ile)

AFI - 11.4 Doppler - (N)

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026	C/S/B Dr. Dhivyalakshmi	
5:30pm		
	Post Foley's CTG - Reactive	
		Advice
T-(N)	O/E pt GC fair, Afebrile	- Shift to ward
PR-66/min	P° / PE°	- W/F Foley's expulsion
BP-110/70mmHg.	CVS / RS / NAD	- CTG @ 4th hourly
		- Follow drug chart
	P/A - Uterus @ Term	- Inform (SOS)
	Relaxed	
	FHS - good	
	C/E - Foley's insitu	
	E2211	Shift to ward
6/7/26	S/B Dr. Vimitha	
10PM	Pt reviewed; No 4o	
	Pt received in LDR	
	O/E: GC fair; Afebrile	
	P° / PE°	
	CVS / RS / NAD	
	P/A: UF @ term; Acting; FH good	
	Foleys in situ	Adv:
		· Foleys traction
		· CTG Q4H
		· W/F contractions
V. HD 12/11/3		· P/A @ 4am

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/2026	C/s/o Dr. Vinitha	
6:20 AM	Pt reviewed, Pt c/o Foley's expulsion Pt c/o lower Abdominal Pain O/E pt GC fair, Afebrile P° / PE° WS / RS / NAD P/A- Uterus @ Term Mildly Acting Cephalic FHS - good	
	Pt c/o Foley's Expulsion CTG - Acute Bradycardia P/V- 2 cm long OS - 2 cm dilated Membranes ⊕ Vertex @ - 3 * Scalp stimulation done * Bradycardia not settled. 18/22/7	Advice - Plan Emergency LSCS in view of acute bradycardia upto 80 bpm for 3 min - Inform OT/NICU - Catheterisation - Shift to OT - Informed consent

GDC-00085192
Mrs NIVETHIKA P IP18-00036349
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Patient received in MICU	
01/07/2026	C/S/B Dr. Vinitha	
POD-0	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- NPO x 8 hours
T-(N)	P°/PE°	- Vitals Monitoring
PR-80/min	CVS / RS NAD	- Follow drug chart
BP-100/70mmHg		- W/F ↑ Bleeding PV
UO-20ml, clear.	P/A-ut well contracted	- CBD/Clexane @ 10pm
Baby-M/S	Soft	- CBC c/m 6Am
B/L-Breast soft	Dressing ⊕ & Dry	- I/O charting
	L/E-BWNL	- Inform (SOS)
	(signature) 182217	
07/07/2026 1pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD-0	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Liquid diet.
T-(N)	P°/PE°	- Kanji Diet @ 6Pm
PR-80/min	CVS / RS NAD	- Soft Diet @ 8Pm.
BP-110/80 mmHg		- CBD/Clexane @ 10PM.
	P/A - ut well contracted	- CBC c/m 6Am
Baby-M/S	soft, BS⊕	- Vitals monitoring.
B/L-Breast soft	Dressing ⊕ & Dry	- Follow drug chart.
UO-75ml, clear	L/E-BWNL	
	(signature) 182217	Shift to ward

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2/26	S/B Dr. Ahsluta	
3:55pm	pt reviewed	
POD#0	passed flatus	
at/w	o/e afebrile	
BP 100/60mmHg	GC fair	
PR 84bpm	P°/PE°	Plan:
SpO2 99%@RA	P/A: Heals wc	- monitor vitals
temp (N)	soft	- Rainyi @ 6pm
	BS⊕	- soft solid @ 8pm
B/L breast soft	dressing dry	- CBD) clexane 10pm
secretions ⊕	L/E BWNL	- CBC @m 6AM
Baby M/S	foley's insitu	- I/o charting
DBF	clear urine.	
	LHUO=75ml.	
	127435	
	S/B Dr. Mohana / Dr. Dingalakshmi	
7/2/26	pt reviewed	
	Nil c/o	Tolerating diet
8:30pm		
POD-0	O/E: pt GC fair, afebrile	Advice
	PO/PEO	- Soft diet
		- CBD / Clexane 10pm
T - N	p/A: soft, BS⊕.	- CBC c/m bai
PR - 90/m	wt. contracted, well	- Inform SOS
BP - 110/70mmhg	dressing dry	
Not passed flatus		
	L/E: BWNL	
U/O 100ml		
	164285	

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

GUC-00065192 IP 184000036343
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9am		
POD - 1	pt reviewed, Nil c/o	
		Advice
T-(N)	O/E Pt GC fair, Afebrile	- Soft diet
PR- 88/min	P° / PE°	- Plenty of oral fluids
BP- 110/60 mmHg.	CVS /	- Vitals Monitoring
	RS / NAD	- Follow drug chart
Baby - M/S	P/A - ut firm & well contracted	- WIF ↑ Bleeding PV
B/L - Breast Soft	Soft, BS(+)	- Inform (SOS)
voiding freely	Dressing (+) & Dry	
Flatus Passed	L/E - BWNL	
	TE2217	
8/7/26	S/B Dr. Vinitha / Dr. Shree Devi	
2:30pm	Pt reviewed: No 40	
POD# 1	O/E: GC fair: Afebrile	
	P° / PE°	
BP: 104/68	CVS / NAD	
PR: 78bpm	RS /	
SpO_2: 99% RA	P/A: Ut firm, well contracted	Adv:
	Soft: BS (+)	Soft diet
Baby M/S	Dressing (+) Dry	Plenty of fluids
B/L Breast soft	L/E: BWNL	Follow drug chart
Voided		Vitals Monitoring
Passed flatus		WIF ↑ Bleeding
	V.K/2113	Inform SOS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/20 10:30pm	~~Bftb~~ Dr Taj	
	Emergency LSCS	
	POD 1 / ~~emergency~~	
	Patient Reviewed.	
	No new complaints	
	voiding freely	
Breast:	flatus passed	
soft,	stools Not passed	
secretions	O/E: G/C fair, afebrile	
	no pallor,	
Baby motherside	mild pedal edema (+)	
	vitals stable	
	CVS / RS NAD	
	P/A: soft, ut involuting well	
	dressing dry	
	L/E: bleeding WNL.	
		Advice:-
		- continue the same
		- Dulcolax suppository PR 10mg stat
		- leg elevation
	[signature]	

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2024	C/S/B Dr. Vinitha / Dr. Shreeden	
8:45AM		
POD-2	Pt reviewed, N/C/O	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P/PE	- Plenty of orals
PR- 90/min	CVS /	- Vitals Monitoring
BP- 120/60mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- Ambulation
Baby - M/S	Soft, BS(+)	- Bath & dressing today
B/L - Breast soft	Dressing (+) & Dry	- Plan (D)
Voiding freely	LE - BWNL	
Passed stools		
	8/7/2024	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Postnatal Exn and advices / Ms. Nivethika / (604)

Signature:

Findings and Recommendations :

S/B physiotherapy notes Dr. Mahalaxmiya's (PE) Obg & Gynae

1) Do's and Don'ts advised
2) Bed mobilisation
3) out of bed Mobilisation
4) Getting up technique
5) Breathing Exn / Abdomen BE
6) Knee Mobilisation

Consultant :

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

7) Ankle Mobilisation

8) Kegel Exs

9) Post-pelvic tilt / Abdomen Tucking

10) pelvic Bridging.

Review after 2 weeks.

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	12.5mg	PO	OD		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 06/07/2026

Nurse Name & Signature: S. Poojan

Date & Time : 6/7/26 at 3 p.m

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

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: MICU Shifted to: 5th 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	T. THYRONORM	12.5mcg	PO	OD		☑C ☐DC
2	INJ. SUPACEF	1.5g	IV	TDS		☑C ☐DC
3	C-PAN D	40mg	PO	BD		☑C ☐DC
4	T. PARACETAMOL	1g	PO	QID		☑C ☐DC
5	JUSTIN SUPPOSITORY	100mg	PR	BD		☑C ☐DC
6	INJ. CLEXANE	40mg	SC	OD		☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi T82217

Date & Time : 07/07/2021

Nurse Name & Signature: S. Shalini owote

Date & Time : 7/7/21 at 1pm

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

Dr. Shoaib 07/02/2025

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 6/7/20 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P (F)
03-12-1995 30 Y 7 M 3 D
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 75 Ward. LDR

				Date/Time	7/7	8/7	9/7
DRUG : T. THYRONORM							
Dose	Route	Frequency	Start Date	6am		SP / SS	SP / VR
12.5mg	PO	1-0-0	7/7/26				
Name & Signature of the Doctor Starting the Drugs: 182217							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

				Date/Time	6/7	7/7	8/7
DRUG : INJ. SUPACEF							
Dose	Route	Frequency	Start Date	8Am		SP	SP
1.5g	IV	1-1-1	6/7/26				
Name & Signature of the Doctor Starting the Drugs: 182217				4pm	SP / SA	PS / MM	
Additional Instructions:				12AM		TJ / SP	
Daily Doctor's Endorsement by a Sign							

stop after 8am dose.

				Date/Time	7/7	8/7	9/7
DRUG : C. PAN D							
Dose	Route	Frequency	Start Date	7am		SP / SS	SP / VR
40mg	P/O	1-0-1	7/7				
Name & Signature of the Doctor Starting the Drugs: 121113				7pm	PS / MM	SU / MM	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

				Date/Time	7/7	8/7	9/7
DRUG : T. PARACETAMOL							
Dose	Route	Frequency	Start Date	12am		SP / SC	SP / VR
1g	P/O	1-1-1-1	7/7	6am		SP / SS	SP / VR
Name & Signature of the Doctor Starting the Drugs: 121113							
Additional Instructions:				12pm	TS / SP	PB / SP	
				6pm	PS / MM	SU / MM	
Daily Doctor's Endorsement by a Sign							

GDC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mcg	PR	1-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
8Am		SP	
9pm	SP SS	SP	

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	0-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
10pm	SP	SP	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/7	9/7
8Am		
8pm	SP	

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/7	9/7
8Am		
2pm		
10pm	SP	

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 75 Ward. CDP

	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
6/7/26	3pm	INJ. SUPACEF	0.1 ml	Id	182217	SP SA
7/7/26	625AM	2. EMESET	4mg	iv	[illegible]	PS SP
7/7/26	625 AM	2. CARBOPROST	250mcg	iv	[illegible]	PS SP
7/7/26	6.30am	2. TRAPIC	[illegible]	iv	[illegible]	PS GN
7/7/26	6AM	INJ. PANTO	40mg	IV	182217	TJ SP
7/7/26	6AM	INJ. EMESET	4mg	IV	182217	TJ SP
7/7/26	7.30	T. MISOPROSTOL	600 mcg	PR	182217	PS GN
7/7/26	7.30	JUSTIN SUPPOSITORY	100 mcg	PR	182217	PS GN
8/7/26	[illegible]:30pm	DULCOLAX SUPPOSITORY	20mg	PR	148828	[illegible]

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7/26	6.15am	IVF 30ml	iv		[signature]	PS CAN		[signature]	PS CAN
7/7/26	7.15AM	2 [illegible] 20U [illegible]	iv		[signature]	PS CAN		[signature]	[signature]
		INJ							

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

UHC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

6/7/25	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								12			18		20		18		20				20			
	0 - 10																								
Saturations	94 - 100 %								100			100		98%		98%		98%				99%			
	< 94 %																								
Administered O_2 (L/min.)									RA			2LPM		RA		RA		RA				RA			
Temp°c	40																								
	39																								
	38																								
	37								98F			98F		98.1F		98F		98F				98F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90								82			84		62bpm		66bpm		68bpm				88			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120								110			104		133/116				110				100			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60								72			62		64		68		74				70			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert								✓			✓		✓		✓		✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30								✓			✓		✓		✓		✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal								–			–		✓		✓		✓							
	Heavy / Foul																								
Liquor	Clear / Pink								–			–		✓		✓		–							
	Green																								
TOTAL YELLOW SCORES									0			0		0		0		0							
TOTAL ORANGE SCORES									0			0		0		0		0							
Nurse Initial																									

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

GUC-00085192 IP 18-00036349

Mrs NIVETHIKA P

03-12-1995 30 Y 7 M 4 D (F)

Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	18		22	20					20				18 b/m				R0bm				15bm			
	0 - 10																								
Saturations	94 - 100 %	99%		99	98%					98%				99%				92%				92%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA	RA					RA				RA				RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98°F			98b/t					98.7°F				97.28°				98.2°F				98.2°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		80	84					90b/m				80b/m				90bm				88bm			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	100		110	108					113				120				116				110			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50									(75)				(89)				(70)				(63)			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		70	64					63				84				60				53			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓	✓					✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓	✓					✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓	✓					✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓	✓					✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0		0	0	0				0				0				0				0			
TOTAL ORANGE SCORES		0		0	0	0				0				0				0				0			
Nurse Initial																									

GUC-00085192 IP16-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

8/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	26bpm		24bpm						18bpm				22bpm				20bpm				20bpm			
	0 - 10																								
Saturations	94 - 100 %	100%		98-99%						99%				98%				99%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA						RA				RA				O2				RA			
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97.6F		97.6F						97.4F				98.6F				97.8F				98.1F			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	86bpm				148bpm				88bpm				92bpm				78bpm				96bpm			
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	122		109						117				134				145				120			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	61		68						71				82				80				56			
	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			
TOTAL ORANGE SCORES		0		0						0				0				0				0			
Nurse Initial																									

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

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

6/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								Total Output :				
	02:00 pm	On admission										
	03:00 pm	H2O	200								NIL	
	04:00 pm									200	0	
	05:00 pm	H2O	200							100	0	
	06:00 pm										0	
	07:00 pm	H2O	200ml							✓	0	
Total Intake :		600ml						Total Output :		350ml + 1 time		
	08:00 pm	H2O	100ml							✓	0	
	09:00 pm	H2O	150ml							150	0	
	10:00 pm	H2O	100								0	
	11:00 pm	H2O	150							200	0	
	12:00 am										0	
	01:00 am									150	0	
Total Intake :		450ml						Total Output :		500		
	02:00 am	H2O	100							150	0	
	03:00 am										0	
	04:00 am	H2O	150							200	0	
	05:00 am									200	0	
	06:00 am	H2O	100								0	
	07:00 am										0	
Total Intake :		350ml.						Total Output :		850ml		

Total 24 hrs. Intake	1400ml	Total 24 hrs. Output	1200ml

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 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.

7/4/20

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am			RL 150ml								
	09:00 am			125ml						100ml	0	
	10:00 am	Coconut	50ml	125ml						80ml	0	
	11:00 am	TL	200ml	125ml						30ml	0	
	12:00 pm			125ml						40ml	0	
	01:00 pm			125ml						40ml	0	
Total Intake :		250ml + 750ml								**Total Output :** 810ml		
	02:00 pm	ISH	100ml	125ml						75ml	0	
	03:00 pm			125ml						100ml	0	
	04:00 pm	Coconut	100ml	125ml						100ml	0	
	05:00 pm	Juice	100ml	125ml						75ml	0	
	06:00 pm	H20	100ml	125ml						75ml	0	
	07:00 pm	H20	100ml	125ml						100ml	0	
Total Intake :		500ml + 750ml								**Total Output :** 525ml		
	08:00 pm											
	09:00 pm	H20	200ml							150ml	0	
	10:00 pm	H20	210ml							200ml	0	
	11:00 pm									150ml	0	
	12:00 am	H20	100ml									
	01:00 am										0	
Total Intake :		510ml								**Total Output :** 500ml		
	02:00 am								1st Void	400ml	0	
	03:00 am	H20	200ml									
	04:00 am										0	
	05:00 am											
	06:00 am	H20	100ml							✓	0	
	07:00 am											
Total Intake :		300ml								**Total Output :** 400ml + 1 time		

Total 24 hrs. Intake	3060ml.

Total 24 hrs. Output	1735ml + 1 time

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

3/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml							✓	0	
	09:00 am											
	10:00 am	H2O	200ml								0	
	11:00 am											
	12:00 pm	H2O	200ml							✓		
	01:00 pm	H2O	100ml								0	
Total Intake :		600ml				Total Output :				4 times		
	02:00 pm											
	03:00 pm	H2O	200ml							✓	0	
	04:00 pm	H2O	200ml									
	05:00 pm									✓	0	
	06:00 pm	H2O	100ml									
	07:00 pm	H2O	200ml							✓	0	
Total Intake :		700ml				Total Output :				3 times		
	08:00 pm	H2O	200ml								0	
	09:00 pm									✓		
	10:00 pm	Milk	200ml								0	
	11:00 pm											
	12:00 am	H2O	100ml							✓		
	01:00 am										0	
Total Intake :		500ml				Total Output :				2 times		
	02:00 am											
	03:00 am	H2O	200ml								0	
	04:00 am											
	05:00 am	H2O	100ml							✓		
	06:00 am	H2O	150ml								0	
	07:00 am	Milk	100ml							✓		
Total Intake :		550ml				Total Output :				2 times		

Total 24 hrs. Intake	2350ml

Total 24 hrs. Output	9 times

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
-- 12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 06/07/24

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	4pm	~~relieve pain cy~~ ~~discomforte~~					
Afternoon	4pm	relive pain cy discomfote		- Assess the level of pain by using pain scale. - provide comfortable bed position	pain reduced	Reassessment is done.	[signature]
Night	8pm	Ensure adequate hydration and Electrolytye balance	9 pm	Encouraged to take oral Intake	Take improved ad output Monitored	Reassessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GDC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 7/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Ensure safety Prevent falls & injury	8 Am	→ Keep bed in low position with side Rails up → Ensure call bell in within reach.	Ensure safety	Reassessment was done.	Shal ayothi
Afternoon	1:30 Pm	maintain fluid volume	2pm	Assess pt condition monitor vitals Encourage oral fluids	improving fluid volume	Reassessment Done	[illegible]
Night	8pm	maintained personal Hygiene		→ Assessist perineal care & grooming. → change linens, clothing. → provide privacy during care	maintained personal Hygiene	Reassessment done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
6/7/26	2pm	pt mrs. Nivethika 30y/F	
		she is G3P1L1A1 / prev LSCS /	
		39wks / TOLAC, k/c/o hypothyroid	
		pt came for admission got	
		admitted under Dr. mathangi	
		admitted for TOLAC. pt	
		came for admission got	
		admitted under Dr. mathangi.	
		CTG connected FHR (+).	
		vital signs checked & recorded	
		Informed to Dr. Divyalakshmi /	
		Dr. shreedevi. seen the pt	
		history collected. parts	
		preparation done.	[signature]
	2.40pm	CTG disconnected as	
		per docs order.	[signature]
	3pm	Dr. mathangi seen the	
		pt did P/V examination	
		Cx 2cm long OS closed. foley's	
		induction done intracervically	
		22 F foley's used 65ml water	
		is filled. Advice to give	
		n. supary pds carried out.	
		IV placement done c 18G	
		venflon back flow (+).	
		n. supary o/m test dose Dr given	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/[illegible]	3.30pm	pt have no c/o allergy, itching & supacy 1.5gm IV given.	[illegible]
	4pm	post foley's CTG connected as per doctors order FHR ⊕. provide left lateral position. maintain I/O chart. DVT, Braden Q, pain assessment done.	[illegible]
	5pm	CTG disconnected as per doctor order. Dr. Divyalakshmi Dr. Shyamlari advice to shift ward follow drugchart w/f contraction only carried out.	[illegible]
	6pm	pt shifted to ward as per doctor order. pt care hand over given to 6th floor staff. shift back to LDR at 9pm. CTG at 9pm.	[illegible]
		Receiving notes	
	6pm	→ patient received from LDR patient conscious & oriented IV line ⊕, Folys ⊕, IV line ⊕ CTG 4th hrly, recent CTG. 9pm patient reshifting at 9pm.	[illegible]
		vital signs noted and record vitals are stable	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	7pm	→ patient S/O maintained & record.	
			[illegible]
	7.30pm	→ patient detail hand over given to night duty SN	[illegible]
		Night Duty Notes	
6/7/26	7.30pm	patient details hand over taken from Evening duty staff patient active and Oriented IV line healthy	[illegible]
	8pm	vitals checked and recorded patient had dinner	
	9.40pm	patient shift to LDR. patient details Hand over given from LDR staff. —— →	[illegible]
		Receiving Notes	
6/7/26	9.40pm	The patient received from 6th floor to LDR. Patient general condition is fair. The patient details handing over taken from 6th floor staff. IV line present & patency. Foley's ⊕. CTG Q4hourly. Vital signs checked & Recorded. Vitals are stable. Patient having → no complaints of pain.	Balu [illegible]
	10pm	Monitored vitals and Recorded. Maintained I/O. Pain assessment Done. watching contractions	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26		Pain assesment Done	6/7/26
	11PM	FHR Monitored. CTG discontinued Pain assesment Done No any other complaints. Patient General condition Fair	6/7/26
7/7/26	12AM	Monitored vitals and Recorded. Maintained IVO Next CTG at 3AM. Patient General condition Fair. No any other complaints	7/7/26
	2AM	Maintained IVO. Monitored vitals. watching contractions. Pain assesment Done - No other complaints	7/7/26
	3AM	CTG connected. FHR Monitored Maintained IVO. Pain assesment done. watching Contractions No any other complaints	7/7/26
	5AM	Morning care given to patient. patient General condition Fair. CTG on Connect. FHR Monitoring - No any other complaints Patient General condition Fair	7/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	6AM	CTG on connect. FHR Monitoring maintained I/o. Fetal Bradycardia Informed to Dr. Mathangi mam advised to shift the patient for Em LSCS. Surgery consent taken from patient and attender. patient General Condition Fair. Inj. Sup[illegible] 1-stp IV Inj. pan 40mg IV, Inj. Emeset 4mg IV given. Catheterisation 16FR foley catheterization done by Dr. Vinitha. No any other complaints	[signature] 01b-120
	6.20AM	patient shifted from MDU to OT. patient care Handing over given to OT staff	[signature] 01b[illegible]
7/7/26	6.15am	OT Notes on 7/7/26 patient details handover taken from S/N. while receiving patient Conscious & oriented v/s are monitored consent obtained Billing cleared Patient catherized IV+ received Patient Shifted to OT-1 at 6.15a.	[signature] 019507.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		on the OT table to connect	
		the cardiac monitor. LSA was	
		given Inf on the flow v/s	
		are monitored. procedure Started	
		at 6.21 am. Emergency CSCS was	
		done during the Surgery the	
		c/ no any Complaint minimal	
		blood loss. Inf. on the Flow	
		v/s are monitored. after proced	
		was done. dressing done patient	
	7.40 am	Shifted to. MICU S/w	Sujta 01959
		Receiving notes on 7/7/20	
	7.40 am	patient received OT to MICU	
		patient conscious & oriented	
		Iv line present urb present	
		patient general condition is good	
		p/v bleeding minimal. pt	
		in. npo 6hrs to be followed	— beni 01860
	8.00 am	pt vital checked & recorded.	
		Inf-RL 12ml on flow. urine out	
		put clear p/v bleeding minimal	
		pt general condition is good	— beni 01860
	10.00 am	pt vital checked & recorded	
		Inf- RL 12ml on flow p/v	
		bleeding minimal pt urine out	
		put clear pt. general condition is	
		good.	— beni 01860

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GDC-00085192 Mrs NIVETHIKA P IP18-00036549
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10.30 am	Patient after procedure oral	
		start order by Dr pavithra mam.	
		No vomiting.	
		B- Breast is soft no engorgement	
		U- uterus is contracted	
		B- Patient in LDR last out 30m	
		B- Bowel movement present	
		L- Lochia rubra present no	
		foul smelling	
		H- Homan's sign negative,	
		R- Recad assessment not applicable	
		E- Pt emotional status is good	[illegible] 01960
		Patient TC water given	
		No vomiting	
	11 AM	I/O chart maintain	
		PV Bleeding Minimal	
	12pm	vital sign checked & Recorded	
		vital sign are stable.	
	11	Patient general condition fair	
	1pm	urine output 70ml informed	
		DR pavithra she advice shifted to	
		ward	Sheline 0407h
	1.20 pm	patient shifted to 7th floor	
		Recieving Notes	
	1.30pm	The Patient recieved	
		from LDR to 604	
		Patient is on room air.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/25		(Continue) →	
	1.30 Pm	The Patient is Conscious and oriented. IV line Present. IV line Pattern	Basi 612893
	2 Pm	vital signs are checked and recorded. vitals are stable. Due medication are given as Per Doctor's order.	Basi 612893
		B - Breast is soft U - Uterus contracted well B - Bowel movement (+) B - CBD is Present L - Lochia Rubra (+) E - Reeda Assessment NA H - Homan signs negative E - Emotional Status is good	Basi 612893
	4 Pm	vital signs are checked and recorded. vital signs are stable.	
	6 Pm	Due medication are given as Per Doctor's order I/O chart maintained	Basi 612893
	7.30 Pm	Pt details handing over given to night duty staff	Basi 612893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/3/26	7.30 pm	Night Duty Notes:- patient details handing over taken from evening Duty staff. patient conscious & oriented. patient activity are good. BV like ⊕ no swelling & pain CBD ⊕	
	8.0 pm	vital signs checked & recorded vitals are stable now. IV medication are given as per drug chart order	
	10.00 pm	CBD removed. as per order. patient mobilized, vital signs checked & recorded vitals are stable now	
		B - Breast ps soft U - Uterus contracted well B - Bowel movement ⊕. B - Self voided. L - Lochia rubra ⊕ F - Reeda Assessment NA. H - Homan sign Negative E - Emotional status was good	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	12am	vital signs checked & Recorded vitals are stable now, due medication are given as per drug chart order	
	2am	patient sleeping was good no special complaints I/O maintained	Jacey 02004
	4am	vital sign checked & Recorded vitals are stable now	
	6 am	Due medication are given as per drug chart order I/O chart maintained CBC send to lab R should be follow.	
	7.30am	Handing over given to morning duty S/N.	Jacey 02004
		Morning Duty Notes	
8/7/26	7.30am	patient details hand over taken from Night duty staff patient active and oriented IV line healthy patient passed urine not passed stool, Bleeding normal	Jey 01h9??
	8Am	vitals checked and recorded patient had Morning Breakfast soft diet	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GOC-00085192
Mrs NIVETHIKA P
03-12-1995
IP18-00036349
30 Y 7 M 4 D
Dr. MATHANGI RAJAGOPALAN (F)

(6)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/12	8Am	Due drugs given as per order	Jey
	10am	patient mobilized well	Shu
		IV line healthy	
	12pm	Due drugs given as per order	
		vitals checked and recorded	Jey
	1pm	I/O chart maintained & recorded	Silvas
	1.30pm	Hand over given to Evening	
		duty staff	
		Evening duty notes	
	1:30pm	patient details are handing	
		over taken from Morning duty	
		staff. Plan for bath &	
		dressing tommorrow, plan	
		for Discharge tomorrow	Nythili 607784
	3pm	Mother was assisted for	
		DBF to the baby Q2H	Nythili 607784
	4PM	patient vitals are checked	
		& recorded. vitals are stable	Nythili 607784
	5:30pm	B - breast size & shape symmetrical	
		U - Uterus is well contracted.	
		B - Bowel movement present	
		B - Patient voided urine	
		L - lochia rubra present	
		E - not applicable - REEDA	
		H - (-)ve Homans sign	
		E - Emotional status good	Nythili 607784

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	5:30pm	Dr. Nathangi Mam came & visit the patient. Patient had C/o of constipation. Mam advice to give Dulocler Suppository to the patient →	Jyothi Staff Nurse
	6:30p	Maintained I/O chart for the Mother. →	Jyothi Staff Nurse
	7:30pm	Patient details are handing over given to Night duty staff → Night duty ←	Jyothi Staff Nurse
21/1/26	7-30pm	patient taken over from evening duty staff conscious & awake.	
	8pm	Vital signs checked & recorded.	Staff Nurse
	10pm	due medications are given as per doctor's order. B - Breast is soft No engorgement. U - uterus contracting B - Bowel movement present B - urine output present. L - lochia rubra present. E - Pedal Edema not applicable H - Homan sign negative. E - emotional status good	Staff Nurse
22/1/26	12am	Vital signs checked & recorded. No other	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P (F)
03-12-1995 30 Y 7 M 3 D
Dr. MATHANGI RAJAGOPALAN

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

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 6/7/20

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to —

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

If yes, identify

Chief Complaints: pt came for RotAC

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: to Dr. Priyadarshi

Time Notified: 3pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	Prev LSCS	Nil

Blood Group: O +ve LMP: 6/10/25 EDD: 13/7/26 Gestational age during admission: 39 wk

Contractions: — Vaginal Discharge:

Obstetric History: G 3 P 1 L 1 A 1 Previous LSCS Yes

Height: 162 Weight: 75.9 BMI: 29

Temp: 98F HR: 80 RR: 16 BP: 110/70 SpO_2 100

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

Fall Assessment: ☑ Yes ☐ No Score ....10.... (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....Husband....

Orientation has been given regarding the following aspects:

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

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

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

Name of Person Orientation was given to: ....mrs. Ninatrika....

Orientation not given Reason: ....—....

Nurse Signature: ....[signature]....

Nurse Name: ....pooja....

Date & Time: ....6/1/1....

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/12/25 Time of Arrival: 2pm Time Seen by Nurse: 2:10pm

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 88bt/m RR: 20b/m SpO_2: 99% BP: 100/60 Weight: 76.9kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 6/10/25 EDD: 13/7/26 Gestational Age: 39 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

6) **Past History:**

a) Surgeries: LSCS

b) Medical: Hypothyroidism

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: 1 Thyronoon

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 2:19pm

Nurse Name : Poola Nurse Signature: Poola

Date: 6/Feb/20 Time: 2:30pm

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 6/12/20

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	01	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	01	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

UHID 00085192
Mrs NIVETHIKA P IP18-00036349
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

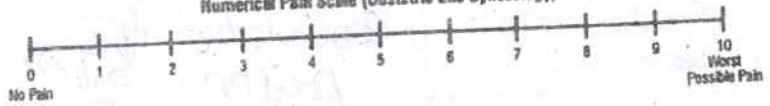
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	3pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	All	[signature]
6/7/26	9pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	Jeej olways
7/7/26	12AM	01/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature] 0167
7/7/26	4AM	1/10	(cough) abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature] 0167
7/7/26	9am	1/10	Post surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature] 0167
7/7/26	2Pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[signature] 0167
7/7/26	8pm	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[signature]
8/7/26	4am	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature]
8/7/26	1am	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	position changed	Jeej olways
8/7/26	4PM	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	POSITION Changed	[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.

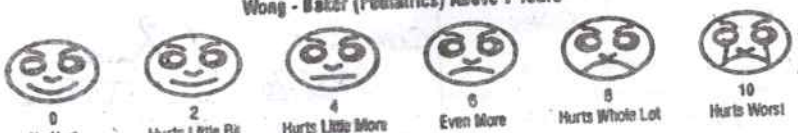
(P.T.O)

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BRADEN 'Q' SCALE

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

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

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

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

GDC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

(1)

					Date: [illegible] Time: N	Date: 8/7/26 Time: M	Date: 8/7 Time: F	Date: 8/7 Time: N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.'	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	26	26
				Evaluator's Name	Joy 6707	Jeri 0116	[illegible] 6077	[illegible]

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

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:

MRD NO: GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Age :..... Sex: ☐ M ☐ F

Consultant:

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 6/7/20 Time: 3.30pm
Location : (L) metacarpal
Size : 18G
Cannula inserted by: S/N Nivetha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
6/7	4pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
7/7/20	12AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
7/7/20	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
8/7/20	12am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
8/7	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8PM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs Nivethitha	6/7/26 at 1.52pm	7/7/26 at 6.20AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Mathangi	Shifted to OT for Emlscs
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files	CTG (8)	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr Fawzeh 01/07/26	Dr Mathangi

Patient & Clinical Records Received by : S/n Sutha 01957

Date & Time of Patient Received : 7/7/26 @6.20am

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

UOC-00085192 IP16-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 @ 1.52pm	6/7/26 @ 9pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Mathangi	Further Management
From Unit	To Unit	Information to Attendant
6th floor	MCCU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Ip file	CTG → 1	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Praveena	Dr. Mathangi

Patient & Clinical Records Received by : Babu (?) 0/08*

Date & Time of Patient Received : S/N. Fauzia 016020 6/7/26 at 9pm

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
: :2 1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

...ating Consultant Name: Dr. mathangi	Date & Time of Admission: 6/7/26 at 1.52pm	Date & Time of Transfer Order: 6/7/26 at 6pm
From Unit: UPR	Transfer Ordered by: Dr. Diyalakshmi	Reason for Transfer: pt con
Number of Sheets in Clinical File: pt to file	To Unit: 604	Information to Attendant: Yes ☑ No ☐
	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. Diyalakshmi

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Rane	Dr. Diyalakshmi

Patient & Clinical Records Received by : Anupriya

Date & Time of Patient Received : 6/7/26 at 6pm

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

Rainbow®

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

CONSENT FORM FOR TRIAL OF LABOR & REPEAT CESAREAN SECTION

.. Date of Birth : ..... Husband's Name : .....

You have had a previous cesarean section although "once a cesarean always a cesarean section" used to be the rule; some women may choose to attempt a" trial of labor" for a vaginal birth after cesarean section (VBAC). Your doctor will review the records of your cesarean section to determine whether or not you may attempt labor.

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

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

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

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

BENEFITS AND RISKS OR TRIAL OF LABOR FOR VBAC :

Benefits :

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

Risk :

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

BENEFITS AND RISKS WITH PLANNED LSCS :

Benefits :

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

Risk :

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

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

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

Please initial here that :

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

☑ **A trial of labor for ABAC** ☐ **A repeat cesarean section**

Name of the Doctor performing the procedure : Dr. Mathangi

Patient Attendant :
Signature : P. Nive
Name : .....
Relationship with Patient: .....
Date & Time : .....

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

Doctor (who is taking the consent) :
Signature : 192219
Name : Dr. Sreedevi
Date & Time : 06/07/2026

GUC-00085192 IP 1840036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 08/07/2026 Time: 12:20PM

Origin: — Height: 162 Cm Weight: 75.9 kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: P. Nive

Name: P. Nivethika

Date & Time: 08/07/26 12:20PM

Dietician's

Signature: A. Sadiqa (01B336)

Name: A. Sadiqa Fezleen

Date & Time: 08/07/26 12:20PM

DIETARY NOTES

Date	Time	Notes	Sign
07/07/26.	8 AM	Plan EM-LSCS	A.M (018336)
	10AM.	NPO x 3 hours.	A.M (018336)
	POD-0.	EM-LSCS → done.	
	1PM.	- Patient is on Liquid diet.	
		- Patient is Stable. Oral intake is Better.	A.M (018336)
		- Advised to take plenty of Oral fluids like water, tender coconut water, fruit Juices (etc)	
		- Consume Small- frequent meals.	
		Fluids - 2.5-3l/d.	
08/07/26.	9 AM. POD-1	- Patient is on Soft Diet.	
		- Patient is stable. Oral intake is Adequate	A.M (018336)
		- Advised to take easy- digest foods.	
		- Consume Small- frequent meals.	
		- Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc)	
		RDA. Values - Energy - 1600 kcal.	
		protein - 117-19g/d.	
9/7/26.	9:10 AM	- Patient is on Soft Diet	
		- Patient is stable. Oral intake is Adequate. Stools Passed.	A.M (018336)
		- Consume protein - Bran rich foods.	
		Continue the same Soft Diet	