Rainbow Children's Hospital

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Sravana

UHID No: [illegible] IP No: [illegible] Consultant: Dr. Mathangi Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	1.40 pm	MICU	7th floor	Devi
30/6/26	7'50 AM	7th Floor	MICU	Suf.
30/6/26	9.25 am	LPR	OT	
30/6/26	11:05 Am	OT	MICU	607724
30/6/26	3pm.	LPR	7th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	29/6/26	1419372	Devi
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/26	B/L fallopian tubes	26020752	
01/7/26	CBC	26020816.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	CTG			~~0036776~~	Devi
	ECG			~~0036775~~	Devi
30/6/26	Infusion pump	11.15am		~~1719802~~	016808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6/26	IV Placement	①	17196	
30/6/26	Echo with consultation.	①	008681	016808
30/6/26	Catheterization	①	17 19803	
01/07/26	Diet Counselling	①	17 20089	018336
1/07/26	physiotherapy	①	17 20183	02/7/26.

ANY OTHER INFORMATION:

30/6/26 Procedure: Electrice lscs with tubectomy

Surgeon: Dr. mathangi Rajagopal

Asst surgeon: Dr. Ankitaksbitha, Dr. Sridevi

Anesthetist: Dr. Ashaini

In time: 9:25 Am

out time: 11:05 Am

Date: 02/7/26 Time: 6 Am Prepared By: S/N1

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
6.07.30	7th floor		

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
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Rainbow® Children's Hospital
It takes a lot to treat the little.

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SURGERY DETAILS

Date : 30/6/26

Patient Name: Pamarthy Srilakshmi Srujana Date of Birth: 25/11/1992 Age: 33y

Gender: F Ward : OT UHID No.: 84512

Date of Surgery: 30/6/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EL- LSCS + BL tubal sterilization

Time in : 9:25 Am Time Out : 11:05 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi Rajagopalan	
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	: Dr. Akshitha, Dr. Sridevi	
4. OT Technician	: Mr. Shyam	
5. Circulating Nurse	: C/N Risna	
6. Assistant Nurse	: S/N Sindavi, S/N Sangeetha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: Record finalized above by Risna Order by: .....

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

Patient Sticker

LSCS

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

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Shyam Date : 20/6/26 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 pack		01	Inj Vit.K		1
LMA			Sutures 2347		03	Cord Clamp		1
ECG leads : A / P / N		3	1326		01	Suction Catheter		
HME filter : A / P / N			4242		01	Feeding Tube 6 FR		1
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc		3	Gloves 6½ P.F		6	Surgical Gloves		
02 cc		2	6½ S.Case		02	Gauze Pack — 0		01
01 cc			7 P.F		02	Syringe 1ml / 2ml		
Cautery plate : A / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		3	Cautery pencil —		01	D.water 10ml		2
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			Needle 26x1½		1
Bioxone		2	Ointments			Tropin		1
CASPORST		1	Suction Catheter			LOX JELLY 2%		1
Fentanyl			Cap, Mask			Quick Table Sheet		01
Morphine			Gauze Pack XR-0		2/02	proto Crown		02
Ketamine			Mop Pack		02	protective sheet		01
Propofol			Steristrip			New mom pad		01
Rocuronium			Underpad —		01	New mom Fixator		01
Glycopyrolate			Draw sheet			Baby wipes		01
Myopyrolate			Abgel —		01	Baby Diaper		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					
SYNTO		5	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		01	Plastic ~~Bed Sheet~~ Apron		05			
Tab. Misoprost : 200mg 600 mg		01	Betadine Solution		01			
ANAWIN HEART		1	Microshield					
Bupricas		1	Cotton Balls					
Spinal Needle 25G 90mm (Quincke)		1	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Mathangi Anaesthesiologist Dr. Ashwini Nurse Sudha 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	IP18-00036258	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	CRDL-PVT705-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001719800
Date	30/06/2026 14:18	**Prescription No**	PRIP18-0624069
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:23
UHID	GUC-00093244		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 14:23

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	IP18-00036251	**Ward**	8F-OT COMPLEX
Patient Name	Mrs PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	MICU 805
Age/Sex	33 Y 7 M 5 D / Female	**Order No**	18-0001719796
Date	30/06/2026 14:14	**Prescription No**	PRIP18-0624068
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:23
UHID	GUC-00084512		

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	2	128.00	256.00
						Total :	**128.00**	**256.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 14:23

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	IP18-00036251	**Ward**	8F-OT COMPLEX
Patient Name	Mrs PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	MICU 805
Age/Sex	33 Y 7 M 5 D / Female	**Order No**	18-0001719794
Date	30/06/2026 14:14	**Prescription No**	PRIP18-0624066
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:21
UHID	GUC-00084512		

Total :	**11,186.97**	**16,196.97**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 14:21

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	IP18-00036258	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	CRDL-PVT705-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001719799
Date	30/06/2026 14:18	**Prescription No**	PRIP18-0624067
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:22
UHID	GUC-00093244		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	10062026	12/30	1	255.00	255.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
						Total :	**394.00**	**394.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 14:22

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	IP18-00036251		
Patient Name	Mrs PAMARTHY SRI LAKSHMI SRUJANA	**Ward**	8F-OT COMPLEX
Age/Sex	33 Y 7 M 5 D / Female	**Bed Name**	MICU 805
Date	30/06/2026 14:14	**Order No**	18-0001719794
Payor	SELFPAY	**Prescription No**	PRIP18-0624066
UHID	GUC-00084512	**Dispensed Date**	30/06/2026 14:21

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	5	120.00	600.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	6	128.00	768.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	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	M2642004	12/29	2	949.00	1,898.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
13	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		106693	01/31	1	210.00	210.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
15	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
16	PROTECTIVE SHEET 20X2O	Local		1010626	04/29	1	250.00	250.00
17	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
18	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
19	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	1	103.00	103.00
20	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	2	91.00	182.00
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	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
24	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00

Printed Time : 30-06-2026 14:21

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

VAT TIN : 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	IP18-00036251	**Ward**	8F-OT COMPLEX
Patient Name	Mrs PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	MICU 805
Age/Sex	33 Y 7 M 5 D / Female	**Order No**	18-0001719795
Date	30/06/2026 14:14	**Prescription No**	PRIP18-0624064
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:19
UHID	GUC-00084512		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	2	2.58	5.16
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
10	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010541	01/31	1	525.00	525.00
11	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1766	12/27	1	34.58	34.58
12	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
13	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
14	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	3	69.39	208.17
16	SENSORCAINE INJ AMP 0.5 % 4 ML	ASTRAZENECA PHARMA INDIA LTD	H	FD5002	06/27	1	94.43	94.43
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
18	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**3,001.59**	**3,432.66**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 30-06-2026 14:19

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	IP18-00036258	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O PAMARTHY SRI LAKSHMI SRUJANA	**Bed Name**	CRDL-PVT705-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001719801
Date	30/06/2026 14:18	**Prescription No**	PRIP18-0624065
Payor	SELFPAY	**Dispensed Date**	30/06/2026 14:20
UHID	GUC-00093244		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		8/7/18 @ 9.40 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 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

BED SIDE CHECK LIST FOR NURSES

Date:	30/6	1/7							
Doctor's Orders	Yes	Yes							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	Yes	Yes							
IV Site	Yes	Yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	NA	NA							
Eye Care	NA	NA							
Mouth Care	NA	NA							
Sterillum Bottle, Stethoscope	Yes	Yes							
Suction Bottle (Should be clean & empty)	Yes	Yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Sub	Sinchana							
Signature :									
Date & Time:	30/6 8pm	1/7/26 8AM							
Hand Over Taken By Name :	Abisri	Abisri							
Signature :									
Date & Time:	30/6/26 @8PM	1/7/26 @8PM							

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036251 **Admit Date** : 29-Jun-2026 **Admit Time** : 09:42 PM **UHID** : GUC-00084512

Patient Details :

Patient Name	: Mrs PAMARTHY SRI LAKSHMI SRUJANA	**Age**	: 33 Y 7 M 4 D
Guardian	: Mr RAJASEKAR	**DOB**	: 25-11-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Phone No**	: 9003224385/ 7893987997
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr RAJASEKAR **Relationship** : Husband

Contact Address : NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087 **Phone No** : 9003224385

P. V. Rajasekar
Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 7000.00

Payment Mode : Cash **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 PAMARTHY SRI LAKSHMI SRUJANA**	**Age :**	**33 Y 7 M 4 D**
IP No:	**IP18-00036251**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: S P.V.T Rajasekar

Name: > PAMARTHY VENKATA RAJASEKAR

Relationship: > Wife

Date: 29-06-2026 Time: 9:42

Witness Name: Aswin

Witness Signature:

Patient Address:

NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087

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BILLING POLICY

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

DECLARATION

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

Patient Name : > PAMARTHY SRI LAKSHMI SRUJANA	UHID Number : 84572
Self/Attendant Name : PAMARTHY VENKATA RAJASEKAR	Relation : > Wife
Self/ Attendant Signature :> Phone Number : > 9003224385	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்

Government of India

Aadhaar no. issued: 18/09/2013

பாமர்திஸ்ரீ லட்சுமி சுஜானா

Pamarthy Sri Lakshmi Srujana

பிறந்த நாள்/ DOB: 25/11/1992

பெண்/ FEMALE

ஆதார் எனது அடையாளத்திற்கான சான்றாகும். குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது ஒரு குறிப்பிட்ட ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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

2938 1268 5292

எனது ஆதார், எனது அடையாளம்

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to Pfm well.
Pt came for Elective Rpt LSCS c̄ ST admission.
No c/o pain abdomen.

LMP: 3/10/2025 EDD: 10/7/2026.
Corrected EDD: GA: 38wks + 3days

Obstetric Formula:
G3P1L1A1

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
I - ♀, 7yrs, LSCS, 38/40, 2.9kg, 2018.
Ind - cord around the neck.
@ Sowmiya Hospital, Hyderabad.

Obstetric Examination
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
II - MTP x 1 (D&C done)
III - PP, B&I, Had Regular AN visits @ Rainbow.

RISK FACTORS: NT-Ⓝ (↑ Ⓛ Ut art Dopplers)
77S scan NAD
Anomaly scan - Ⓝ (Pla - Ant low lying covering the os)
At 24+6 → Placenta fundal.
RAADP given at 28wks.
Pt was on T. Ecospirin 75mg HS.
T. Thyronorm 25 mcg (Mon-Thu)
37.5 mcg (Fri-Sun) during preg.

Per Speculum Examination -
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination -
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed ______ Dilated ______
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

Height: 154 cm
Weight: 73 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination:

Consciousness:	Pallor: NO
Icterus:	Edema: No
Temp: Ⓝ	PR: 82/min.
BP: 113/70	DTR:
CVS: S1S2 ⊕	RS NVBS Ⓑ
Liver/Spleen:	Urine Output:
	SpO2 - 99% RA.

DIAGNOSIS
33yrs
G3P1L1A1
Prev LSCS
B -ve
Spouse O +ve
RAADP given
ICT -ve.
Spont.

LMP - 3/10/2025
EDD - 10/7/2026
(LMP)

GA - 38wks + 3days

Hypothyroid / Anaemia Rxed c̄ FCM.

Docu. No. : RCH /FRM / CLINICAL / 087 (P.T.O)

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Nil	D&C done at 2019
Medical History:	**Medication History:**
→ H/c/o Hypothyroid on T-Thyronorm 25mcg (Mon–Thurs) / 37.5mcg (Fri–Sun)	Pt stopped T-Ecospirin 75mg at 36 wks.
→ Anaemia corrected with 7cm 500 at 32wks	
Plan of Care: C/S/P Dr. Mathangi	**Investigations:**
- Admission c/o - Plan Elective Repeat LSCS & Sterilisation - NPO X 12AM - INF @ 8AM @ 125ml/hour - Inj SUPACEF 1.5g IV Stat - Inj PANTOPRAZOLE 40mg IV Stat - Inj EMESET 4mg IV Stat.	

Doctor Name: Dr. Pamarthy
Signature:
Date & Time: 29/6/2026

Consultant Name: Dr. Mathangi
Signature:
Date & Time: 29/6/2026

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Docu. No. : RCH /FRM / CLI

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00084512 IP18-00036251
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RESULT SHEET

Date	17/6/24	01/07/26				
Time						
Hb	10.4	11.5				
PCV		35				
RBC		4.11				
WBC		11.45				
N/L		86/10				
Platelets	2.4	2.24				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Bld (G / T) | B Negative.

HIV
HBsAg | NR.
VDRL

TSH - 2.5.

FBS - 85
PPBS - 128'

ICT - Negative.

Echo - Not done.

ECG - Normal
ECHO - EF - 64%.
Trivial TR

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 12/6/2026 SLZUG. Cephalic

X-Ray : .....

ECHO : Placenta- Posterior.

CT : Liquor-(N). (SDP- 4.9)

MRI : EFW - 2821 gm.

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

MCA falls at 1st from 1-5 MOM.

No e/o fetal anaemia.

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Pat

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9Am		
	Pt reviewed, Nil c/o	Advice
T-(N)	Pt GC fair, Afebrile	- NPO
PR- 80/min	P° / PE°	- vitals Monitoring
BP- 100/70 mm Hg	CVS / RS / NAD	- IVF 1 ORL @ 125ml/hr
		- Pre-op medications
	P/A- ut @ Term cephalic	- Inform OT / NICU
	FHS - good	- Shift to OT after mam's ord
	L/E - CBD insitu	- Catheterisation
	clear urine draining	- Inform (SOS)
	(18221)	
30/06/2026 11:05 AM		
	Pt received in MICU	
DOS	C/S/B Dr. Akshitha / Dr. Shreedevi	Advice
T-(N)	Pt reviewed, Nil c/o	- NPO x 2 hours
PR- 68/min	D/E Pt GC fair, Afebrile	- IVF 1 ORL @ 125ml/hr
BP- 103/91 mmHg	P° / PE°	- vitals Monitoring
Uo- 150ml, clear	CVS / RS / NAD	- Follow drug chart
		- W/F ↑ Bleeding P V
Baby- M/s	P/A- ut well contracted	- CBD / INJ. CLEXANE 40mg SC @ 10pm
B/L- Breast Soft	Soft	
	L/E - BWNL	- CBC C/M 6 AM
	CBD insitu, clear urine draining	- INJ. TRAPIC 1g IV x (3) doses
	(18221)	- Ilochanting
		- Inform (SOS)
		- Follow up Baby's Blood group

UOC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
2:30pm		
POD - 0	Pt reviewed, Nil c/o, Pt tolerating liquids well	
	O/E	
T-(N)	Pt GC fair, Afebrile	Advice
PR - 68/min	P° / PE°	- Liquid diet
BP - 101/73mmHg	CVS /	- IVF 1(D) RL @125ml/hr
SpO_2 - 100% @ RA	RS / NAD	- vitals monitoring
UO - 50ml, clear	P/A - Ut well contracted	- Follow daily chart
Baby - M/S	Soft, BS(+)	- CBD / clexane @ 10pm
B/L - Breast Soft	Dressing (+) & Dry	- CBC c/m 6Am
	L/E - BWNL	- INJ. TRAPIC 1gm IV (3) doses
		- W/F ↑ Bleeding PV
	Dr. 182217	- Kanji @ 6pm
		- Soft diet @ 8pm
	Shift to ward.	
30/6/26		
2:30pm	C/D w Dr. Mathangi	
	Baby's blood group - O - Negative	
	Mother's blood group - B - Negative	
	So, INJ. ANTI-D Not given	
	Dr. 182217	

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	S/B Dr Mohana / Dr: Priyalakshmi	
8:30pm	pt. reviewed. Nil c/o Tolerating liquids	
		Advise
POD - 0	O/E: pt GC fair, afebrile po / pe	- soft diet
T = N		- oral fluids
PR: 90/min		- monitor vitals
BP: 110/70 mmHg	CVS / RS / NAD	- follow drug chart
SpO2: 100% @ RA	P/A: soft, mild gaseous distention	- CBD/Clexane @ 10pm
	ut. contracted	- CBC y'n 6am
U/o 200ml clear	dressing dry	- Inform SOS.
Baby m/s	4E = BWNL	
Breasts soft	10:42	

not passed flatus

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30Am		
POD-1	Pt reviewed, NAD	C/o Advice
	O/E	- ~~Soft diet~~
T-(N)	Pt GC fair,	Afebrile - Plenty of oral fluids
PR-80/min	P°/PE°	- vitals Monitoring
BP-114/68mmHg	CVS/	- follow drug chart
	RS/NAD	- WIF ↑ Bleeding PV
Voiding freely	P/A- ut firm & well contracted	- Inform (SOS)
Flatus Passed once	Soft, BS(+)	Sluggish Abdominal distension (+)
Baby-M/S	Dressing (+)	& Dry - Ambulation
B/L-Breast soft	LE-BWNL	- Liquid diet till orders.
	18227	
01/07/2026	C/S/B Dr. Mathangi	
1:30pm		
POD-1	Pt reviewed; Flatus Passed after dulcolax suppository	
	Voiding freely	
	P/A- ut well contracted	
	Soft, BS(+)	
	Abdominal distension(+)	
	Bleeding within normal limits	Advice
		- INJ. LESURIDE 25mg IV TDS
		- Liquid & kanji till tonight
	18227	- AG 4th hourly Monitoring
		- Ambulation

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	S/B Dr. Vinitha /	Dr Shree Devi
4:00 PM	Pt reviewed; No	c/o
	Pt passed flatus	& minimal stools.
AG: 103	O/E: GC fair;	Afebrile
↓		
(3pm) 102cm	P/A: Ut well	contracted
BP: 110/70	soft; BS	⊕
PR: 80/min	Abdominal	distension ⊕
SpO2: 99%-RA	L/E: BWNL	
		Adv:
		Continue same orders
		Liquid & Kanji till tonight
		AG Q4H
		Ambulation
[signature]		Follow drug chart
121113		Inform SOS
1/7/26	S/B Dr. [illegible]	
8:45pm		
POD#1	pt reviewed	
	passing flatus	
	passed stools	Plan:
	voiding freely.	- monitor vitals
BP 98/57mmHg	O/E: afebrile	- Kanji / liquid diet
PR 100bpm.	GC fair	- ambulate.
SpO2 99% @RA.	P° / PC°.	- AG Q4H.
Temp (N)	P/A: uterus w/c	- follow drug orders.
AG= 100 cms	soft.	- inform (SOS).
	BS ⊕.	[signature]
	dressing dry	121035

L/E: BWNL.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/07/2026	C/S/B Dr. Vinitha/ Dr. Shreedevi	
8:40 pm		
POD - 2	O/E Pt GC fair, Afebrile	Advice
	P° / PE°	- Soft diet
T-(N)	CVS /	- Plenty of oral fluids
PR-	RS / NAD	- Vitals Monitoring
BP-	P/A uterus well contracted	- Ambulation
	Soft, BS(+)	- Follow drug chart
Baby- M/S	Dressing (+) & Dry	- Bath and dressing today
B/L- Breast Soft	LE - BWNL	- Plan (D)
Voiding freely		- Inform (SOS)
Passed stools		
Flatus Passed	18221	
AC- 97 cm		

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... MLU ..... 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	25mcg	PO	1-0-0	29/6	☑ 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. Pamarthy

Date & Time : ..... 29/6/26 at 9.30 pm

Nurse Name & Signature: ..... M. Devi

Date & Time : ..... 29/6/26 at 9.30 pm

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	Iv	Stat	30/6/26 at 9AM	☐C ☐DC
2	INJ. PANTO	40mg	Iv	Stat	30/6/26 at 9AM	☐C ☐DC
3	INJ. EMESET	4mg	Iv	Stat	30/6/26 at 9AM	☐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 : 30/6/26 @ 9 AM

Nurse Name & Signature: SNP aravaneswari 016808

Date & Time : 30/6/2026 @ 9 am

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI (F)
25-11-1992 33 Y 7 M 5 D
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 7th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. MAGNEX FORTE	1.5g	IV	BD	30/6/20 11am/11pm	☑ C ☐ DC
2	INJ. TRAPIC	1g	IV	TDS	30/6/20 8am/2pm/10pm	☑ C ☐ DC
3	T. PARACETAMOL	1g	PO	QID	30/6/20	☑ C ☐ DC
4	T. PAN D	40mg	PO	BD	30/6/20 7am/7pm	☑ C ☐ DC
5	JUSTIN SUPPOSITORY	100mcg	PR	BD	30/6/20 9am/9pm	☑ C ☐ DC
6	INJ. CLEXANE	40mcg	SC	OD	30/6/20 10pm.	☑ 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 [signature] 132217

Date & Time : 30/06/2020 at

Nurse Name & Signature: S. Neetha [signature]

Date & Time : 30/6/20

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

Dr. Shreekant Thakur

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: 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	5U	iv	stat	30/6/26 9:40Am	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	30/6/26 10 AM	☐C ☑DC
3	INJ. EMECET	4mg	iv	stat	30/6/26 10AM	☐C ☑DC
4	INJ. CARBOPROST	0.25mg	im	stat	30/6/26 9:40Am	☐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 : S. Rohini DR. ASHWINI 101218

Date & Time : 30/6/26 9:30 Am

Nurse Name & Signature: G07721 RGNC

Date & Time : 30/6/26 @ 9:30 Am

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Patien

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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 73kg Ward. 102

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
25mcg	PO	1-0-0	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1/2 hr before food

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
8 Am	SM PK	SM VA

DRUG : INJ. MAGNEX FORTE

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	30/6/21

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
11 Am	SP	DP
	SD	SM (2.30 pm)
11 pm	SM VA	S.M V.A (3 Am)

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	30/6/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: X (3) doses

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
6 Am	/	SM VA
2 pm	ES	Stop
10 pm	SM VA	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	30/6/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: Before food

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
7 Am	/	SM VA
7 pm		ES PK

Patient Sticker

Weight. 73 kg. Ward. 2nd

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	8.30am	Inj SUPACEF	0.1ml	iv		SP / SD
30/6/26	9:25am	Inj SUPACEF	1.5g	IV		SP / SD
30/6/26	8.30am	Inj PANTOPRAZOLE	40mg	IV		SP / SD
30/6/26	8.30am	Inj EMESET	4mg	IV		SP / SD
30/6/26	9:40 AM	INJ. SYNTOCIN	5U	iv	S. Vashi 10138	RS / SS
30/6/26	9:45 AM	INJ. TRANEXAMIC ACID	1g	iv	S. Vashi 10138	RS / SS
30/6/26	9:45 AM	INJ. EMESET	4mg	iv	S. Vashi 10138	RS / SS
30/6/26	9:40 AM	INJ. CARBOPROST	0.25mg	im	S. Vashi 10138	RS / SS
30/6/26	11:30am	INJ. MAGNEX FORTE	0.1ml	Id	182217	SP / SD

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 73kg .... 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
30/6	8AM	INF 1 ORL	IV	125ml/hr	124684	SM / PK	30/6/26		SP / SP
30/6/26	9:30 AM	RL-1	iv	unsled	S. sel 101348	Rs / SS	30/6/26	S. sel 101348	Rs / SS
30/6/26	9:50 AM	RL-1	iv	unsled	S. sel 101348	Rs / SS	30/6/26	S. sel 101348	Rs / SS
30/6/26	9:40 AM	RL-1 c̄ Inj: Syntocin 20U	iv	100ml/h	S. sel 101348	Rs / SS	30/6/26	S. sel 101348	Rs / SS

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

GUC-00084512 IP18-00036251
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1-1	30/6/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
6Am	/	SM / VA
12pm	SO / SS	NS / DK
6pm	SS / SJ	ES / PK
12AM	SM / VA	SM / VA

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
60mg	PR	1-0-1	30/6/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
9Am	/	NS / DK; P.K / ES (3:30pm)
9pm	SM / VA	S.M / V.A (3:00am)

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	0-0-1	30/6/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	01/7
10pm	SM / VA	S.M / V.A
	D1	D2

DRUG : INJ. LESURIDE

Dose	Route	Frequency	Start Dt.
25mg	IV	1-1-1	1/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7
6Am	/	SM / VA
2pm	E.S / P.K	
10pm	S.M / V.A	

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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

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

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

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 73 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
30/6/26	12.30PM	T. MISOPROSTOL	600 mcg	PR	[illegible]	SP	SP
30/6/26	12.35PM	JUSTIN SUPPOSITORY	100 mcg	PR	[illegible]	SP	SP
1/7/26	10 05 am	DULCOLEX SUPPOSITORY	2 tabs	PR	[illegible]	NS	KH

Patient Sticke

GUC-00084512 IP18-00036251
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Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																20		22				20			
	0 - 10																									
Saturations	94 - 100 %																100%		99%				99%			
	< 94 %																									
Administered O_2 (L/min.)																	RA		RA				RA			
Temp°C	40																									
	39																									
	38																									
	37																98.2°F		98.1°F				98.1°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																80/m		80bpm							
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																110		110				112			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																70		70				74			
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			
TOTAL ORANGE SCORES																	0		0				0			
Nurse Initial																	SR		SR				SR			

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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ning Observation Score Chart - Obstetrics

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

30/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20	20		20	20	20	20			20				22				22				22		
	0 - 10																							
Saturations	94 - 100 %	99		99	99	99	100			99				99%				99%				98%		
	< 94 %																							
Administered O_2 (L/min.)		RA		RA						RA				RA				RA				RA		
Temp°c	40																							
	39																							
	38																							
	37	98F		98F	98F	98F	98F			98F				98.2F				98.0F				97.5F		
	36																							
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90	80		85	70	68	72	80		90				84				80				80		
	80																							
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110	100		120	100	100	100	110		108				107				112				114		
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60	70		70	70	70	70	70		60				57				66				68		
	50																							
	40																							
NEURO RESPONSE [✓]	Alert	✓		—	✓	✓	✓			✓				✓				✓				✓		
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓		✓	✓	✓	✓			✓				✓				✓				✓		
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	—		—	✓	✓	✓			✓				✓				✓				✓		
	Heavy / Foul																							
Liquor	Clear / Pink	—		—	—	—	—			—				—				✓				✓		
	Green																							
TOTAL YELLOW SCORES		0		0	0	0	0			0				0				0				0		
TOTAL ORANGE SCORES		0		0	0	0	0			0				0				0				0		
Nurse Initial		R								N														

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

GUC-00084512
Mrs PAMARTHY SRI LAKSHMI IP18-00036251
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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(3)

Early ... ning Observation Score Chart - Obstetrics

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

01/7/26

		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	22				20				20				22					22				20			
	0 - 10																									
Saturations	94 - 100 %	99%				100%				99%				99%					99%				98%			
	< 94 %																									
Administered O_2 (L/min.)		RA				RA				RA				4L					RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	98.4F				98F				97.9F				97.3F					98.8F				98.0F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	90				88				80bpm				80bpm					80bpm				80bpm			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110				100				100				98					106				100			
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	62				64				66				57					64				62			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓					✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓				✓				✓				✓					✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓				✓				✓				✓					✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink	✓				✓				✓				✓					✓				✓			
	Green																									
TOTAL YELLOW SCORES		0				0				0				0					0				0			
TOTAL ORANGE SCORES		0				0				0				0					0				0			
Nurse Initial		SK																								

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Patie

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

29/6/26		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	Coconut	100 ml							100 ml	No	Sim
	10:00 pm										IV	Sim
	11:00 pm										line	Sim
	12:00 am	N									No	Sim
	01:00 am	P.O								100	IV line	Sim
Total Intake :						Total Output : 200ml						
	02:00 am	N										Sim
	03:00 am									150	No IV line	Sim
	04:00 am	P										Sim
	05:00 am			100		✓				100	0	Sim
	06:00 am	0		100							0	Sim
	07:00 am			100						150	0	Sim
Total Intake :	300ml					Total Output :	300ml + 100 = 400ml					

Total 24 hrs. Intake	400ml

Total 24 hrs. Output	600ml

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FLUID CHART

Sheet No. : 2

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

30/6/26		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			100ml								
	09:00 am			100ml						150ml	0	[illegible]
	10:00 am			RL 150ml							0	[illegible]
	11:00 am			125ml						200ml	0	[illegible]
	12:00 pm			125ml						150ml	0	[illegible]
	01:00 pm	H2O	100ml	125ml						150ml	0	[illegible]
Total Intake : 2.175ml,										100ml	0	[illegible]
									Total Output :	750ml		
	02:00 pm	CH2O	100ml	[illegible]								
	03:00 pm			125ml						50	0	[illegible]
	04:00 pm	H2O	100ml	[illegible]						100ml	0	[illegible]
	05:00 pm	H2O	100ml	125ml						150ml	0	[illegible]
	06:00 pm	H2O	50ml	125ml						100ml	0	[illegible]
	07:00 pm			DL						150ml	0	[illegible]
Total Intake : 350 + 625ml = 975ml										200ml	0	[illegible]
									Total Output :	750ml		
	08:00 pm	Kanji	100	125								
	09:00 pm			125						200	0	[illegible]
	10:00 pm	H2O	200	IVF stop						250	0	[illegible]
	11:00 pm									CBR	0	[illegible]
	12:00 am	H2O	100								0	[illegible]
	01:00 am	H2O	100								0	[illegible]
Total Intake : 500 + 250 = 750ml											0	[illegible]
									Total Output :	450ml		
	02:00 am											
	03:00 am	H2O	200							500ml	0	[illegible]
	04:00 am	H2O	100								0	[illegible]
	05:00 am										0	[illegible]
	06:00 am	H2O	200								0	[illegible]
	07:00 am										0	[illegible]
Total Intake : 500ml										400	0	[illegible]
									Total Output :	900ml		

Total 24 hrs. Intake	4,400ml

Total 24 hrs. Output	2850ml

GUC-00084512 IP18-00036251
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25-11-1992 33 Y 7 M 6 D (F)
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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.

1/10/26		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	Hn	100							300	0	SN
	09:00 am	Hn	100								0	SN
	10:00 am	Hn	150								0	SN
	11:00 am	Hn	100		103					250	0	SN
	12:00 pm	Hn	150				✓				0	SN
	01:00 pm	Hn	100								0	SN
Total Intake : 800 ml						Total Output : 550						
	02:00 pm										0	
	03:00 pm	H2o	100ml		102 cm						0	
	04:00 pm	H2o	150ml							200ml	0	
	05:00 pm	H2o	50ml								0	
	06:00 pm										0	
	07:00 pm	H2o	100ml		100cm					250ml	0	
Total Intake : 400ml						Total Output : 450ml					0	
	08:00 pm										0	SNM
	09:00 pm	H2o	150ml								0	SNM
	10:00 pm	tanji	200ml							200ml	0	SN
	11:00 pm	H2o	200ml		100cm						0	SN
	12:00 am									250ml	0	SN
	01:00 am	H2o	200ml								0	SN
Total Intake : 550ml + 200ml = 750						Total Output : 450ml						
	02:00 am	H2o	200ml								0	SN
	03:00 am				99cm					200ml	0	SN
	04:00 am	H2o	200ml								0	SN
	05:00 am									200ml	0	SN
	06:00 am	H2o	200ml								0	SN
	07:00 am				97cm						0	SN
Total Intake : 600ml						Total Output : 400ml						

Total 24 hrs. Intake	2,150ml

Total 24 hrs. Output	1,850ml

Mrs PAMARTHY SRI [illegible] (F)
25-11-1992 33 Y 7 M 4 D
Dr. MATHANGI RAJAGOPALAN

Patient Sti[cker]

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1 Pu.LSCS | 38wks 3day.

Any Infection: ☑ Yes ☐ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: El LSCS.

Post OP Day: Day 1

BACKGROUND	Date / Shift	29/6/26 N	30/6/26 Morn	30/6 E	30/6/26 N	01/7/26 M	1/7/26 E
	Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyr	Hypothy	Hypothyroid	Hypothyroid	Hypothyroid
	Diet:	Oral diet	NPO	NPO	NPO	NPO	Clear liquid
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	RA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	96.8	98°F	98°F	98.4F	98.6F	98.1F
	Res:	20	20bpm	24/m	20bpm	20bpm	20 bm
	SpO_2:	100	99%	99%	99%	99%	99%
	Pulse:	80	80bpm	84/m	80bpm	98	78 bm
	BP:	110/70	100/60	100/80	107/57	101/69	100/60
	LOC:	Conscious	Conscious	Cons	Conscious	Conscious	Conscious
	Fall Risk Score:	0/10	20	20	20	20	20
	Pain Score:	0/10	0	0	0	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Oral diet	NPO	NPO	NPO	NPO	Clear liquid
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dep	Dependent	—	Dependent
	Post Operative Procedure Special Orders:	—	—	/	—	—	—
	Handed Over By Name :	Moeni	Sri Pavani	Neeli	V. Abirami	Harini	[illegible]
	Signature / ID :	015760	[signature]	01170	[signature]	[signature]	[signature]
	Date:	29/6/26	30/6/26	30/6	30/6/26	1/7/26	1/7/26
	Time:	7:30am	8am	2pm	7:30pm	1:30pm	7:30
	Taken Over By Name :	Sri Pavani	Neeli	V. Abirami	Harini	[illegible]	[illegible]
	Signature / ID :	[signature]	011746	60998	[signature]	[signature]	[signature]
	Date:	30/6/26	30/6/26	30/6/26	01/7/26	1/7/26	01/7/26
	Time:	8 am	2pm	8 pm	8am	1:30pm	8pm

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/6/26

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							
Afternoon							
Night	10pm	→ Assess the patient Condition → Monitor vital sign → Maintain IO chart → Explain Disease condition	10pm	→ Assessed the patient Condition → Monitored vital sign → Maintained IO chart → Explained Disease Condition	patient & family Education given empowered knowledge	Reassessment was done	Shalini 014072

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NURSING CARE RECORD

Date: 30/6/26

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	8am	Achieve acceptable pain Control & comfort		Assess pain using pain scale regularly provide comfortable positio	Patient feel better	patient pain level reduced	01808
Afternoon	2pm	Achieve Acceptable Pain Control & Comfort	2pm	Assess Pain using Pain Scale regularly. Provide comfortable. Position.	Patient Feel Relie-	Patient Pain level reduced	
Night	8pm	Reduce Risk of hospital-acquired wound infection	9pm	Maintain strict hygiene while aseptic technique during procedure.	Patient feel well	Patient Re-assessment done	60777

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
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Dr. MATHANGI RAJAGOPALAN

Patien

JRSES NOTES

Rainbow Children's Hospital
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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
29/6/26	9.35 am	Admission notes on 29/6/26	
		Pt. got admitted in 8th	
		floor under by Dr mathangi	
		mam Pt consious & oriented	
		Pt com for tmrw EL LSCS with	
		ST for 9.30 am G3P1L1A2/	
		PM. LSCS / Ssustudays / Hypothyroid	
		Pt vital cecual & recorded	
		Admission CTG connecting FHR	
		is good FHR is 140-142 b/min	
		Pt genon condition is good	Deri/018760
	10.20 pm	CTG disconnecting and by	
		Dr. pavithra mam. Pt condition	
		Infomed to Dr mathangi mam only	
		in ECG, Echo not done.	Deri/018760
	11.00 pm	Pt SIB to Dr mohan sir PAC done	
		ECG taken. tmrw morning Echo	
		plan. to be followed at 8.20 am	
		Pt shifted to ward.	Deri/018760
		Pt shifted to ward and by	
		Dr pavithra mam Pt to shifted	
		in LDR at 8.00 am NPO from 12 am	
		to be followed perse pration not done.	
	11.40 pm	Pt handing am to 7th floor staff	Deri/018760
		Receiving notes	
	11.40 pm	Pt's details Hand over taken	
		from LDR staff. vitals are stable.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00084512 IP18-00036251
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26	11:40pm	Pt/s NPO 12AM. tomorrow 9:30AM FL, LSCS plan, Echo done, Echo seen by Dr. Mohan Sir tomorrow tomorrow shifted to LDR 8AM. Pre medication given as per Order. IV line secure 5AM. IVF RL 500ml @ 100ml/hr start, Catheterization insertion, pt/s c/o catheterization procedure OT P/w Dr. Mathangi. mam →	Staff 60738.
30/6/26	12AM	Pt/s Vital Sign checked and recorded, Vitals are Stable. maintained Flo chart. →	Staff 60738.
	2AM	Pt/s NO c/o PV bleeding, pt/s sleeping well. maintained Flo chart. →	Staff 60738.
	4AM	Pt/s parts preparation done, Bath done, maintained Flo chart. →	Staff 60738.
	5AM	Pt/s IV line secure, IVF RL 500ml @ 100ml/hr on flow →	Staff 60738.
	6AM	Due medication given as per order. maintained Flo chart.	
	6:30AM	Dr. pavithra mam phone call A/B, NO need for PRBC reservation catherization procedure in LDR. →	Staff 60738.

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GUC-00084512 IP18-00036251
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25-11-1992 33 Y 7 M 5 D (F)
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(2)

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☒ No Known Drug Allergies
☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	7:30pm	Pt's details Hand over given to Morning Duty staff. →	[signature] 6893
	7:40pm	Pt's ECHO today shifted to LDR at 7:40AM. Pt's details Hand over given to LDR staff. →	[signature] 6893
30/6/26	7:40AM	NICU received Notes: patient received from 7th floor. patient conscious & oriented. vitals are checked & recorded. patient maintaed NPO. Echo done. Echo normal. IVF RL 500ml connected. Surgery consent, Anesthesia consent & preop checklist uptained.	S/N paramesh 016808
	8:30 am	Inj: pan, Inj: Emeset, Inj: Supacef 0.1cc test dose given. Dr. Akshitha / Dr. Shreedevi V/SAP, 14F foley patient catheterized. FHR checked FHR good. There is no allergic history	S/N paramesh 016808
		Inj. Supacef full dose given.	
	9.25am	patient shifted to OT. Patient details, files handed over given to OT staff.	S/N paramesh 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting note	
30/6/26	9:25 Am	Patient received from LDR to OT-III. patient is conscious & oriented. IV line is present. Foley's catheter is present. Patient vital signs are stable.	Gottam
	9:30 Am	SA given. Positioning done IV fluid on flow. vital signs are stable.	Gottam
	9:35 Am	Painting & draping done. Skin incision done. No excessive bleeding is present.	
	9:39 Am	A single alive baby boy delivered with birth weight of 3.207 kg. Baby cried immediately after delivery. Baby vital signs are stable. Baby kept under radiant warmer and shifted to NICU.	Gottam
	9:50 Am	Sterilization done. No excessive bleeding is present. patient vital signs are stable. IV fluids on flow.	Gottam
	10:150 Am	Procedure done. Patient vital signs are stable. fallopian tube sent to lab for biopsy.	Gottam
	11:05 Am	Patient passed stools. all cleared and patient shifted NICU.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00084512 IP18-00036251
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Dr. MATHANGI RAJAGOPALAN

(B)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	11.10am	MICU received Notes: patient received from OT. Elective LSCS done. Baby mother side. patient general condition fair. Vitals are checked & recorded. receiving output 150ml. PV bleeding normal. Direct breast feeding given. Baby sucking well.	S/N parameshwar 01b808
	12pm	post partum assessment done B → Breast soft. Direct breast feeding given. U → Uterus contracted. PV bleeding normal B → Catheter present. P/o clear maintain B → Bowel movement present L → lochia rubra present No evidence of foul smell E → REEDA assessment not applicable H → Homan's sign negative E → patient emotional status good.	S/N parameshwar 01b808
	12.30pm	Dr. Akshitha saw the patient & SAP, catheter changed.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00084512 IP18-00036251
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/20		↓ SAP, T. Misoprostol 600mcg Fustin suppository P/R kept	S/N [illegible] 016808
	1pm	sips of water given. There is no complaints of vomiting.	S/N [illegible] 016808
	1.30pm	patient details, files handed over, given to Evening duty staff	S/N [illegible] 016808
		⇒ Evening duty ⇐	
30/6/20	1:30pm	Patient report & Bowel over taken from morning duty staff. She is conscious & oriented, afebrile. Taking orally & tolerating well. CBD urine drained clear & adequate	[illegible]/01170
	2pm	⇒ Patient vital signs stable, General condition fair	[illegible]/01170
	5pm	⇒ B: Breast soft No engorgement. Breast feeding given.	
		⇒ U: Uterus firm contracted well.	
		⇒ B: Bowel movement present.	
		⇒ B: Patient on CBD.	
		⇒ L: Lochia scanty present	[illegible]/011790

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00084512 IP18-00036251
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Your Right to a Safe Delivery

(H)

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Conf 20/6/18		→ E: Reeda assessment applicable.	
		→ H: Hormones therapy regulation.	
		→ E: Patient emotional	
		stability good	→ Aly/011 Feb
		→ Patient report hand	
		over to 4th floor staff	Aly/011 Feb
		→ Baby blood group "B"	
		Negative mother not Ant-D	
		given	→ Aly/011 Feb
		Receiving Notes	
20/6/18	3pm	patient received from LDR to	
		4th floor, patient details handy	
		Over taken from Sr Niveda.	
		patient conscious and oriented.	
		IV in patent. NF-RL 125ml/hr	
		On flow of the patient. PV	[signature]
		bleeding is normal. Kept @ 6pm	
		Soft diet @ 8pm →	
	4pm	Vital signs checked and	
		Recorded. →	[signature]
	6pm	Maintain Intake and Output	
		chart. Low medication given as	
		per Doctor's order →	[signature]
	7.30pm	patient details handy over	
		On night duty staff →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		NIGHT DUTY	
30/6/26	7:30pm	pt details handing over taken from evening duty staff. pt received at 7pm. pt is conscious and oriented. Doctors order to remove CBD on 10pm, IV line pattern, IVF 125ml/hr on flow, CBC at 6AM, Soft diet start at 8pm. →	Sd 6073
	8pm	pt's vital signs checked and recorded. vitals are stable. maintained the chart. U/P drained well.	
		B - Breast is soft, no engorgement	
		U - Uterus contraction well	
		B - Bowel movement (+)	
		B - Urine voided freely.	
		L - Lochia rubra (+)	
		E - Episiotomy NA	
		H - Homan's sign negative,	
		E - Emotional status good →	Sd 60736
	10pm	pt's due medication given as per order. CBD removed at 10pm. Bleeding is normal →	Sd 6073
01/7/26	12AM	pt's vitals are stable. maintained the chart. Due medication given as per order →	Sd 6073

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UHC 20084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

(5)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/7/26	2AM	pt's sleeping well, pt's 1st voided urine inform to Dr. Divyalakshmi mam same and continue order →	Sd/ 6073
	4AM	pt's vitals are stable. pt's bleeding is (N), sleeping well. Maintained I/O chart →	Sd/ 6073
	6AM	Due medication given as per order, CBC blood collect send to lab. →	Sd/ 6073
	7:30AM	pt's details, Hand over given to morning duty staff. →	Sd/ 6073
		ē morning duty staff →	
	7:30am	patient report handed over ē (N) duty staff —	Sd/
	8am	Seen pt. She was conscious & oriented was talking orally & micturition was there, sitz given, charted & recorded maintained I/O chart, due medication given as per order. general condition is fair —	Sd/
		B - breast soft, no engorgement, nipple partially	
		U - uterus contracted well	
		B - bowel not passed, have not passed flatus	

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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/26		B- Last voiding 300ml voiding	
		freely	
		L- Lochia Rubra present	
		E- REEDA N 1b	
		H- Homans Sign negative	
		E- Emotional status Normal	
	9am	Seen by Dr. Pavitra	
		Mam Advice to stop diet	
		only liquid diet Ah - 103	
		Ambulation to pt	[signature]
	12pm	Seen by Dr Mahangi An change	Onsur
		An Quit Stay Resnide 25 mg	
		liquid diet further order	[signature] Onsur
	1 30 pm	pt Report handing over to	
		(E) duty STAFF	[signature] Onsur
		Evening duty On 1/7/21	
	1.30pm	Patient details handing over	
		taken from SN Rayitha. Patient	
		conscious and Oriented. in Care pattern.	
		patient Urine passed. patient is on	
		clear liquid diet. tomorrow plan	[signature]
		bath & dressing ——→	
	2.30pm	Inj. Resonide 25mg given in Gout.	
		PV bleeding is Normal ——→	[signature]
		B- Breast soft. No Engorgement	
		U- Uterus contracted. involution present	
		B- Bowel movement present flatus pass	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi	Date of Delivery: 30/06/2026
Assistant Surgeon: Dr. Akshitha / Dr Shreedevi	Time of Delivery: 9:39 Am
Anaesthetist's Name: Dr. Priyadharshini	Gender of Baby: Boy
Type of Anaesthesia: Spinal	Weight of Baby: 3.2kg
Neonatologist: Dr. Prasanna	AGPAR Score: 9/10, 9/10
Scrub Nurse: Sundari	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Previous LSCS

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: 3min

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure: ELECTIVE REPEAT LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBAL STERILISATION.

Post Operative Diagnosis: P_2L_2 | POD-0 | POST LSCS | HYPOTHYROID

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

B/L Fallopian tubes identified and sterilisation done by modified Pomeroy's technique.

B/L Tubes sent for HPE

up to higher * Coiling present. Post operatively sDiling noted hence stepping
* antibiotics
* Omental Adhesions Present ~~to~~ Bladder & Uterus

Examination Findings when Appropriate: * Bladder drawn up

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

5th Palpable: 4/5th 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 Incision through Pe scar

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: Normal Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

- Short tubes

Prolene remnants noted in Rectus sheath and same removed.

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 ..... 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 2 hours
- IVF 1 ORL @ 125ml/hr
- Vitals Monitoring
- INJ. MAGNEX FORTE 1.5g IV BD (ATD) 1-0-1
- INJ. TRAPIC 1g IV TDS 1-1-1
- T. PARACETAMOL 1g PO QID 1-1-1-1
- C. PAN D 40mg PO 1-0-1 BD
- JUSTIN SUPPOSITORY 100mcg PR BD 1-0-1
- INJ. CLEXANE 40mg SC @ 10pm
- CBD @ 10pm
- CBC C/M 6AM
- I/O charting

Doctor Name: Dr. Mathangi Doctor Signature: For [illegible]

Date & Time: 30/06/2024

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 29/6/26 Time of Arrival: 9.38 pm. Time Seen by Nurse: 9.40 pm.

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: Dr Consult for FL. LSCS

3) **Vital Signs:** Temperature: 98.2 Pulse: 80 RR: 20 SpO_2: 100 BP: 110/70 Weight: 73kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 3/10/2025 EDD: 10/7/26 Gestational Age: 36 wks 4 days

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

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

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: PM: LSCS in 2018

b) Medical: Hypothroide

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Tab-Thyronorm 25mcg (od)

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 9.40 Pm

Nurse Name : MDevi Nurse Signature: [signature] 8760

Date: 29/6/26 Time: 9.25 Pm

Patient Stick

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 29/6/26

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

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Pa

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 29/6/26	M 30/6/26	E 30/6/26
		Score	0	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 006

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/6/26	1/7/2026	1/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	20		
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

Patient Sticker

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(3)

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	1/7/26 N	2/7/26 M	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	0	0	
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	
	No	0			
Ambulatory Aid	Furniture	30	0	0	
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20	0	0	
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15	0	0	
	Oriented to own ability	0			
Total Morse Fall Scale Score:			0	0	
		Signature	607778		

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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BRADEN 'Q' SCALE

				Date : 29/6/24	30/6	30/6	00/6
				Time :	8pm	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	1	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	22	21	22
				Evaluator's Name	DRW			

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 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

BRADEN 'Q' SCALE

(2)

				Date : 1/7	11/12	1/7/24	2/7
				Time : M	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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	27	27	27	27
				Evaluator's Name	Dony			

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI (F)
25-11-1992 33 Y 7 M 6 D
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

				Date : / Time :				
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				TOTAL SCORE				
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GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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PAIN ASSESSMENT FORM

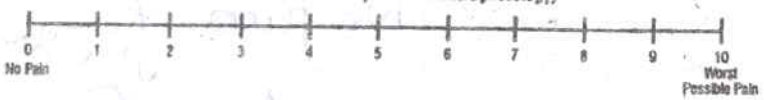
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	9.30 pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	Ben 01960
30/6/26	3 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] 60273
30/6/26	8am	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[illegible] 01680
30/6/26	12pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Provide comfortable position	[illegible] 01680
30/6/26	2pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 01680
30/6/26	8pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 60273
01/7/26	2AM	0/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[illegible] 60273
1/7/26	8am	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[illegible]
1/7/26	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
1/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 60273

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-00084512 IP18-00036251
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25-11-1992 33 Y 7 M 5 D (F)
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(2)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
02/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[signature]
2/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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1. Every eight hours for all hospitalized patients.
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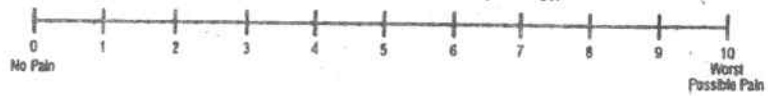
(P.T.O)

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		
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Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:
MRD NO: GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN
Age :
Sex: ☐ M ☐ F
Consulta...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 30/6/26 Time: 5AM
Location : (L) Hand meta carpal
Size : 18G
Cannula inserted by : S/N Madhumitha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/6/26	5AM	☐Yes ☑No	☐Yes ☑No	observe	Sim
	7AM	☐Yes ☑No	☐Yes ☑No	observe	Sim
	9am	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	11am	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	1pm	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	V.A
	10pm	☐Yes ☑No	☐Yes ☑No	observe	Sim
01/7/26	2AM	☐Yes ☑No	☐Yes ☑No	observe	Sim
	6AM	☐Yes ☑No	☐Yes ☑No	observe	Sim
	8AM	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	12N	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
02/7/26	12AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	4AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	8AM	☐Yes ☑No	☐Yes ☑No	obs	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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.

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis G3P1L1A1 Prv. LSCS
2. Treatment and Care
Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
29/6/26	9.30 pm	Informed consent	Pt explain to surgery procedure and consent.	patient	Emotional barriers	oral	Respect values	verbalizes understanding	good	[illegible]
30/6/26	8am	yes	Educate & Inform about breast feeding position	patient	Emotional barrier	oral	None	yes	good	[illegible]
1/7/26	12pm	yes	to Encourage the oral feeds	Patient	[illegible]	oral	none	yes	good	[illegible]

Part - III: CODES

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

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

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

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

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

INTERDISCIPL ...MILY EDUCATION RECORD

(2)

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GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

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

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

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

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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BirthRight BY RAINBOW HOSPITALS
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GUC-00084512 IP18-00036251

Patient Name : ..... Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID No : .....

... Gender: ☐ Male ☐ Female Age : .....

... Date : .....

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

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

..... Elective Repeat LSCS with Sterilization
End Previous LSCS.
..... upon .....
(Name of the Patient)

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

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

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

Bleeding, infection, Blood transfusion, Anaesthesia complication
Bowel & bladder injury, Adhesiolysis.

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 : Srujana

Name : Pamarthy Sri Lakshmi Srujana

Date & Time : 29/6/26 at 11.30 pm

Patient Attendant :

Signature : Raja

Name : D. v. Rajasekar

Relationship with Patient: Husband.

Date & Time : 29/6/26 at 11.30 pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Pavithra

Date & Time : 29/6/2026

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

CONSENT FORM FOR ANAESTHESIA

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

Patient Name : CUC 00084512 IP18-00036251 Mrs PAMARTHY SRI LAKSHMI (F) 33 Y 7 M 4 D 25-11-1992 Dr. MATHANGI RAJAGOPALAN .... Age : .... Gender : Male ☐ Female ☐

UHID NO: .... Surgeon Name: Dr Mathangi

Anaesthesiologi .... Operative procedure planned : Elective repeat lower segment caesarean section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : Hypotension, dehydration, bradycardia, bleeding.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : Srujana

Name : Pamarthy Sri Lakshmi Srujana

Relationship with Patient: Patient.

Date & Time : 29/6/26 at 11.30 p.m

Witness :

Signature : Rajasekar

Name : P.V. Rajasekar Husband

Date & Time : 29/6/26 at 11.30 pm

Doctor (who is taking the consent) :

Signature : .... Name : .... (87114) Date & Time : 29/6/26 10.3 pm,

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

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI (F)
25-11-1992 33 Y 7 M 4 D
Dr. MATHANGI RAJAGOPALAN

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

Date: .... Proposed Operation: Elective apr 15 h / 10.30 am / tomorrow 15 h

Diagnosis: .... Weight: 73 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

B.P / CRT: 110/70 H.R: ....

Laboratory Data:

Hgb: 10.4	Glucose:	Protein:	HIV: NR
PCV:	Urea:	Alb:	HBS Ag: NR
WBC:	Creat:	Total Bill:	HCV: NR
Plate: 2.48	Na:	Dir. Bill:	Blood group: B +ve
PT:	K:	LDH:	T3
PTT:	Ca++:	Alk phos:	T4
INR:	Mg++:	Amylase:	TSH 2.5
	Cl-:	SGOT/SGPT:	

X-Ray: ....
ECG: (N) to do
2D Echo: EF - 60%
Stress/Angio: .... Other: .... (annotation: to do echo tomorrow)

Allergies: — nil —

Medical History: CVS: Diabetes: Gestational hypothyroid on 4 y.

RESP: no other comorbids.

CNS: Physical Activity:

Renal: h/o snoring (+) no signs of OSA.

Hepatic / GE: 2018 LSCS uneventful.

Others: Rainbow 15 h

Past Anaesthetic History:

Physical Exam: Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Airway: MP 1 2 3 4 (2 circled)

Lungs: CVS / RS: LAP

Heart:

CNS: Venous Access Site: Spine Exam for regional:

Pregnant: ☑Yes ☐No ☐NA

Anaesthetic Plan: ☐MAC ☐REGIONAL (circled) ☐GA-ETT ☐LMA

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

CURRENT MEDICATIONS	DOSAGE
Thyronorm.	37.5 mcg.

Pre-Operative Instructions:

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

(annotation: as per Rgoo / NPO 6 hrs for solid / 2 hrs for water)

Signature: .... Name: ....

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

Patient Sticker

ANAESTHESIA CHART

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

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: II ☑ Patient Identified

Fasting Status: > 6 hrs

H.R: 83/min B.P / CRT: 127/67 mmHg ☑ Consent Present

Pre-OP Diagnosis: previous LSCS SpO2: 99–100% ☑ Chart Reviewed

Surgeon: Dr. Mathangi R.R: 16/min

Operation: Elective LSCS c̄ ST Last Feed: 9 PM

Anaesthesiologist: Dr. Ashwini Date: 30/6/26

Technician: Mr. Shyam

TIME: 9:30AM — 10:45AM

N_2O /AIR /O_2 LPM

HALO /ISO /SEVO

Drugs: Inj. syntocin 5U iv

Antibiotic

Suppository

FiO_2 / SaO_2 — 100% — 100%

$ETCO_2$

ECG — NSR

Temperature

Urine Output

Blood Loss

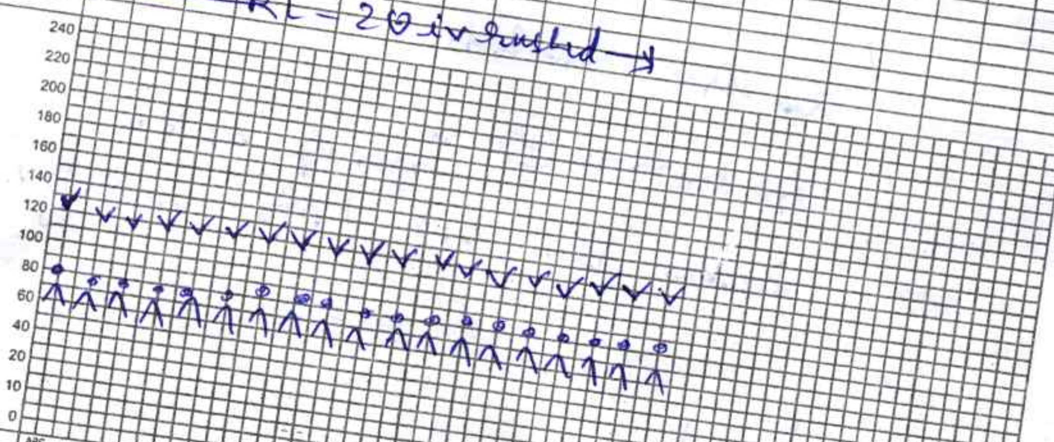
Fluids / Blood — RL – 2 @ iv started

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values — ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site (R) arm
☐ A/ 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
☐ Cling Film
☐ Hugger's
☐ Other
☐ Fluid Warmer
☐ OH Warmer
☐ Cotton Wool

Times:
Anaes Start: 9:30AM
OP Start:
OP End:
Leave OR: 10:45AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☐ IV:
☑ IV: 18G (L) hand

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: sitting
Site: L3-L4
Needle Size: 25G Quincke / Whitacre
Parasthesia ☐ Yes ☑ No
Catheter at skin: NIL cm
Drug Name & Conc: 2.2ml of 0.5% bupivacaine (heavy) + 60 µg fentanyl after free flow of CSF.
Bolus:
Infusion:
Block Level: T6 level
Comments:
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: DR. ASHWINI S
Signature of the Doctor: [signature]
101348

Patient Sticker

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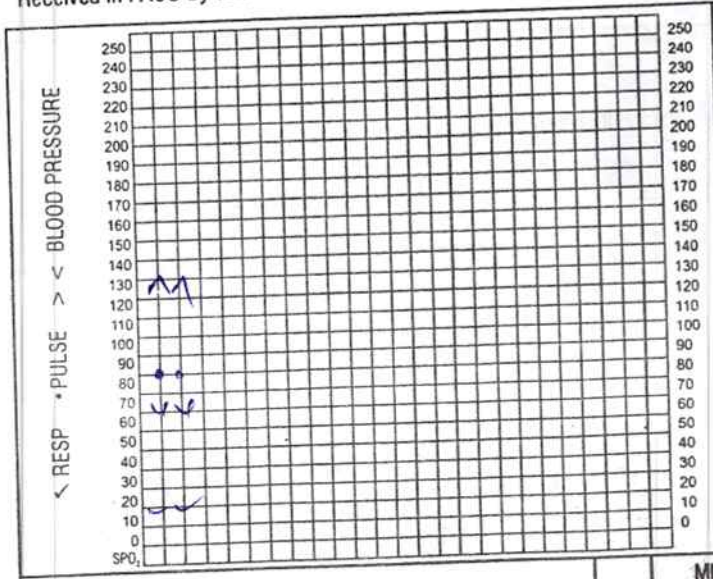
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 11:05 Am Time Discharged : 11:05 Am



IV Cannula Site : .....

- ☐ 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: .....
Oral Feeds: .....

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	1	1		
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2		
	TOTAL	9	9	9		

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
30/6/26	11Am	0/10	NPO till further orders INF @ 100 ml/H iv antibiotics as advised Inj. paracip 1g iv tds Inj. tramadol 50mg iv (SOS) Inj emeset 4mg iv (SOS) before Inj tab tramadol	S. Ashmi 10/13:48

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. ASHWINI.S

Anaesthesiologist Signature: S. Ashmi 10/13:48

Date & Time: 30/6/26 11Am

PACU Nurse Name : Risna

PACU Nurse Signature: RS607721

*Date & Time: 30/6/26 @ 11Am

Transferred to Unit by (PACU): MICU

Date & Time: 30/6/26 @ 11:05 Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

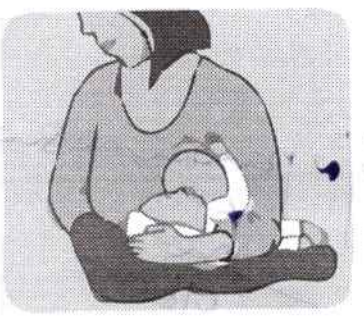
2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☑ a. Yes
- ☐ b. No

7. For Caesarian mothers:

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

8. NICU admission: (N/A)

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

9. Additional notes: ....

Continuity of Care: Date: ....

L – 2
A – 2
T – 2
C – 1
H – 1

8

Handover given by S/N parameswari

Signature [signature] 016808

Date & Time: 30/6/2026

Handover taken by E. Sowmiya

Signature [signature]

Date & Time: 30/6/24 @ 4pm

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PATIENT TRANSFER FORM

GUC-00084512 IP18-00036251 Mrs PAMARTHY SRI LAKSHMI 25-11-1992 33 Y 7 M 4 D (F) Dr. MATHANGI RAJAGOPALAN	Date & Time of Admission 29/6/26 AN	Date & Time of Transfer Order 29/6/26 AN 1149pm
Treating Consultant Name Dr. mathangi	Transfer Ordered by Dr Pavithra	Reason for Transfer Pt shifted to ward.
From Unit NICU	To Unit 7th floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File IP file-①	Number of Imaging Films OTU-①	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt shifted to ward order by Dr Pavithra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Devi 091760	Dr Pavitha

Patient & Clinical Records Received by : S, madhumitha / 60??? at 11:40pm

Date & Time of Patient Received : [illegible] 016808

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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URINARY CATHETER BUNDLE CHECK LIST

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

Parameters / Date / Shift Time	30/6/26 morning	30/6 E					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	S/N [illegible]	S/N [illegible]					
Signature of the Nurse	[illegible] 0168	91170					

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 30/6/26 @ 11:05 AM 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	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	NA	
11	**BIOPSY/HPE SENT**	Yes	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:		
	Receiving Nurse : S/N Parameswari/016808		
	Signature of Incharge: For Risas 60771		

RCH/GDY/FRM/CLINICAL/598

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PATIENT TRANSFER FORM

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
29/6/26 @ 9:42 pm	30/6/26 @ 11:05 Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. mathangi Rajagopalan	Dr. Ashwini	For further management

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
660724	Dr. Ashwini

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

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SURGICAL SAFETY CHECKLIST

Surgeon : Dr. mathangi Rajagopa
Asst. Surgeon : Dr. Akshitha
Anaesthetist : Dr. Ashwini
Scrub Nurse : S/N Sandhavi, S/N Sangeeth.

Age : .... Gender : ....
UHID No. : .... Surgery Name : EL:LSCS
Date : 30/6/26 In-time : 9.25 Am Out-time : 11:00 Am

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:30 Am

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

Signature : S. Ashwini 101348
Name : DR. ASHWINI.S

Before Skin Incision ➤➤

TIME OUT Time: 9:36 Am

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

Signature : ....
Name : ....

Before Patient Leaves Operating Room

SIGN OUT Time: 11:00 Am

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

To Surgeon, Anaesthetist and Nurse:
What are the key concerns for recovery and management of this patient? ☑Yes ☐No

Signature : [signature] G07721
Name : Pesna

Doc. No.: RH/FRM / CLINICAL / 111

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7th Floor LDR 30/6/26 @ TRANSFERRED TO : ~~LDR~~ 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.SpO₂ within safe range	YES	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	Circulation & Hemodynamic Stability		
	a.IV lines secured & infusion running correctly	YES	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	YES	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	NO	
4	Pain Assessment		
	a.Pain score assessed & analgesia given	YES	
	b.Reassessment done	YES	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	NO	
	d.Splints/casts/traction devices stabilized	NO	
6	Medications Pre & Post-Op Orders		
	a.Medications due time noted	NO	
	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	NO	
	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)	NO	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10	REPORTS AND LABS HANDED OVER	NO	
11	BIOPSY/HPE SENT	NO	
12	Documentation		
	a.Documentation completeness	YES	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

PRE - OPERATIVE CHECK LIST

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Patient's Name : MRS. PAMARTHY SRI LAKSHMI Date: 30/6/26

Age : 33 Y Gender : ☐ M ☒ F

Blood Group : B -ve UHID : 84512

Planned Surgery : EL. LSCS Surgeon : DR. NATHANUL

Anesthetist : Date & Time of Operation : 30/6/26 @ 9.30 AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

Date & Time : .....

Nurse In-Charge Name : P. Karimozhi.

Signature of Nurse In-Charge : P. 260726

Date & Time : 30/6/26 @ 4.00 AM

PATIENT TRANSFER FORM

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GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
29/6/26 @ 9.42 Pm	30/6/2026 @ 9.25am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. mathangi	Dr. mathangi	Elective LSCS

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
Caseshoot	CTG	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parangi 016808	Dr. mathangi

Patient & Clinical Records Received by :

607721

Date & Time of Patient Received : @ 30/6/26 9.25A

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 30/6/26 @ 9.25 am to DR

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	SpO_2 : 99%
	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	NA	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	YES	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse: S/N Parameshwari / 016808		
	Receiving Nurse : S/N Rishna		
	Signature of Incharge: S/N Anusya		

J

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

OUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 29/6/18 at 9:42pm	Date & Time of Transfer Order: 30/6/18 at 8pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Vinutha	Reason for Transfer: Further Intervention
From Unit: PICU	To Unit: 7th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1p file	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Amrutha / 30/6/18	Dr. Vinutha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 30/6/18 8pm

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

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

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PATIENT TRANSFER FORM

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
29/6/26 at	30/6/26 at 7:40AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Pavithra	EL. LSCS

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

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Ip files	CT br - (1) ECG - (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name		Quantity
1.	under pad - (2) Foley's catheter - (1)	Povidone - (1) RL 500ml - (1)	
2.	D water - (2) 10ml syr - (3)	S blades - (1)	
3.	Inj. Supacef - (1) Inj. Pan - (1)		
4.	Inf Eneset - (1) D Syringe 2ml - (1)		
5.	D Syringe 1ml - (1) Local gel - (1)		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Madhurita	Dr. Pavithra

Patient & Clinical Records Received by : Sp Paramesh 016808

Date & Time of Patient Received : 30/6/26 @ 7.40a

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

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 01/06/2026 Time: 12:50PM

Origin: — Height: 152 Cm Weight: 73 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE - 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 Mother

Signature: A. Lalitha

Name: Lalitha. AK Pella.

Date & Time: 01/06/26 @ 12:50PM

Dietician's

Signature: A. S. (018336)

Name: A. Sadiqa Farheen

Date & Time: 01/06/26 @ 12:50PM

DIETARY NOTES

Date	Time	Notes	Sign
30/06/26.	9AM.	NPO.	A.M (018336)
	DOS. 11:05AM.	EL-1ccs @ 10:50AM. NPO x 2 hours.	A.M (018336)
	2:30PM.	-Patient is on Liquid diet. - Patient is Stable. Oral intake is Better. - Advised to take plenty of Oral fluids like water, Tender Coconut water, fruit Juices (etc) Fluids- 2.5-3l/d.	A.M (018336)
01/6/26.	8:30AM.	- Patient had Breakfast. - Patient is Stable. Oral is Better. - Advised to take plenty of fluids, easy- digest foods and Curd (etc) - Consume Small- frequent meals. RDA. Values- Energy - +600Kcal Protein - +17 - 1g/d. -Stools not passed.	A.M (018336).
	9AM-	Liquid Diet - Tc water, Fruit Juice, Buttermilk, Rice Kanji (etc)	A.M (018336)