409

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 38 Y 3 M 14 D (F)
Dr. PADMASHRI PARIMALAM

Name of the Patient: .....

Date: .....

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 01/5/26	Date: 15/7/26
Time:	Time: 1/5/26 @ 9am	Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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		15/2/26 @					
Activity Sheet update by Pharmacy		9a					

GUC-00093797
Mrs MANJULA .A
31-03-1990
Dr. PADMASHRI PARIMALAM
IP18-00036443
36 Y 3 M 13 D (F)

ACTIVITY RECORD FOR BILLING

Name: Mrs. Manjula

UHID No: 93797 IP No: ..... Consultant: Dr: padmashree parimalam Dept: .....

Date of Admission: 13/7/26 Time: 1'30Am Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	2:30Am	LDR	OT	Abalya 01808
13/7/26	3.50 am	OT	MICU	S/N Sujatha 01757
13/7/26	7AM	MICU	4th floor	S/N Abalya 01808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAE	13/7/26	17260220	Abalya 01808
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/7/26	RBS ✓	26022454	
14/7/26	RBS ✓	2576	
14/7/26	RBS ✓	9606	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	CTG (+)			009381	[illegible]
13/7/26	Infusion pump	3:30 Am	13/7/26 [illegible]	1726240	[illegible] 01800

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/7/26	IV placement	1	1726221	[illegible]
13/7/26	catheterization	1		[illegible]
13/7/26.	Diet Counselling	1	7280	[illegible] (018336)

ANY OTHER INFORMATION: OT

In TIME : 2:35 am OUT TIME : 3:50 am

procedure : Emergency LSCS

Surgeon : Dr: Padmashri Parimala.

Assist Surgeon : Dr: Anantheswari

Anasthesia : Dr: Senthil.

Date: 13/7/26 Time: 9am. Prepared By: S/N [illegible] 019507

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] 015480			

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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SURGERY DETAILS

Date : 13/7/26

Patient Name: Mrs. Manjula Date of Birth: 13/7/26 Age: 36y

Gender: F Ward : O.T UHID No.: 93797/36443

Date of Surgery: 13/7/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Cscs

Time In : 2.45am Time Out : 3.55pm.

		NAME	AMOUNT
1.	Surgeon	Dr. padmashri Parimalam	
2.	Anaesthetist	Dr. Senthil	
3.	Assistant Surgeon	Dr. ~~Anandheswari~~ Anandhaeswari	
4.	OT Technician	Mr. Raja	
5.	Circulating Nurse	C/n Suganthi	
6.	Assistant Nurse	S/n Siva	

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

Signature of the Surgeon

1957
Signature of Circulating Nurse

Record Finalised Day Survey,

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

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

Incision: 2:40 am

Est. Supply 1:54 @ 2:30 am

Patient Sticker

Rainbow® Children's Hospital
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CONSUMABLES OF OT

Circulating staff : .... Technician : Mkg. Raja Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Ma~~jor Pack LSCS		01	Inj Vit.K		1
LMA			Sutures ~~2347~~ 2328		01	Cord Clamp		2
ECG leads : (A) / P / N		3	~~4042~~			Suction Catheter		
HME filter : A / P / N			1326			Feeding Tube 6F		1
Syringes : 10 cc			S.C 6½		01	Vaccum Suction Set		
05 cc		2+1	Gloves 6½ P.F		02	Surgical Gloves		
02 cc		2	P.F 7		05	Gauze Pack		1
01 cc			~~7½~~		~~01~~	Syringe (1ml) / ~~2ml~~ 5mL		1/1
Cautery plate : (A) / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		2+1	Cautery pencil		01	Spinal needle 25G Whitacare (90mm)		1
NS : 10ml / 100ml / (500ml) / 1000ml		1/2	Koochies					
			Ointments					
			Suction Catheter			Needle 26 1½		1
Fentanyl			Cap, Mask			Anawin (H)		1
Morphine			Gauze Pack 1RO		01	Bupivigesic		1
Ketamine			Mop Pack		01	Epipress		1
Propofol			Steristrip			Evatocin		5
Rocuronium			Underpad		01	Bioxamic		2
Glycopyrolate			Draw sheet			5mL Emerald Syringe		1
Myopyrolate			~~Abgel~~ 2347		02			
Ondansetron		1	Foleys catheter			D water 10ml		1
Pencan 25g/ Spinal Needle 22			Urobag			[illegible]		01
Bupivacaine 0.25%			Chest Drainage Catheter			~~[illegible]~~		~~01~~
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		02	Plastic ~~Bed Sheet~~ Apron		~~02~~			
Tab. Misoprost : 200mg		~~01~~	Betadine Solution		01			
MISO - 600mg		01	Microshield					
[illegible]		01	Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036443		
Patient Name	Mrs MANJULA .A	**Ward**	8F-OT COMPLEX
Age/Sex	36 Y 3 M 13 D / Female	**Bed Name**	MICU 801
Date	13/07/2026 05:10	**Order No**	18-0001726244
Payor	SELFPAY	**Prescription No**	PRIP18-0626771
UHID	GUC-00093797	**Dispensed Date**	13/07/2026 05:17

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	5	128.00	640.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	1	123.00	123.00
4	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	1	949.00	949.00
5	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	1	103.00	103.00
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
7	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
8	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
9	VACCUME SUCTION SET	ROMSONS	GENERAL	G26C010430	02/31	1	543.00	543.00
						Total :	**3,452.67**	**3,964.67**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:17

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	IP18-00036444		
Patient Name	Baby B/O MANJULA .A	**Ward**	3F-NICU 2
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Bed Name**	NICU 314
Date	13/07/2026 05:03	**Order No**	18-0001726241
Payor	SELFPAY	**Prescription No**	PRIP18-0626770
UHID	GUC-00093799	**Dispensed Date**	13/07/2026 05:17

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	2	42.00	84.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**392.00**	**434.00**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:17

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	IP18-00036443	**Ward**	8F-OT COMPLEX
Patient Name	Mrs MANJULA .A	**Bed Name**	MICU 801
Age/Sex	36 Y 3 M 13 D / Female	**Order No**	18-0001726236
Date	13/07/2026 04:53	**Prescription No**	PRIP18-0626769
Payor	SELFPAY	**Dispensed Date**	13/07/2026 05:17
UHID	GUC-00093797		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	2603019005	03/29	3	128.00	384.00
2	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	2	18.74	37.48
3	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
4	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
5	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
6	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
7	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	2	94.55	189.10
8	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
9	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
10	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
11	VICRYL PLUS 3-0 VP 2328	ETHICON SUTURES-J&J		T5001	01/30	1	939.38	939.375
						Total :	**6,502.80**	**7,823.09**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:17

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	IP18-00036443	**Ward**	8F-OT COMPLEX
Patient Name	Mrs MANJULA .A	**Bed Name**	MICU 801
Age/Sex	36 Y 3 M 13 D / Female	**Order No**	18-0001726237
Date	13/07/2026 04:53	**Prescription No**	PRIP18-0626766
Payor	SELFPAY	**Dispensed Date**	13/07/2026 05:11
UHID	GUC-00093797		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
2	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
3	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
4	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
5	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
6	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
7	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
						Total :	**1,947.71**	**2,206.44**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:16

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	IP18-00036443		
Patient Name	Mrs MANJULA .A	**Ward**	8F-OT COMPLEX
Age/Sex	36 Y 3 M 13 D / Female	**Bed Name**	MICU 801
Date	13/07/2026 05:10	**Order No**	18-0001726243
Payor	SELFPAY	**Prescription No**	PRIP18-0626768
UHID	GUC-00093797	**Dispensed Date**	13/07/2026 05:15

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	1	2.58	2.58
6	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231080	09/26	1	44.60	44.60
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
8	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
9	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**665.76**	**741.36**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:15

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	IP18-00036444		
Patient Name	Baby B/O MANJULA .A	**Ward**	3F-NICU 2
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Bed Name**	NICU 314
Date	13/07/2026 05:03	**Order No**	18-0001726242
Payor	SELFPAY	**Prescription No**	PRIP18-0626767
UHID	GUC-00093799	**Dispensed Date**	13/07/2026 05:15

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D01O693	03/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**142.48**	**142.48**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 13-07-2026 05:15

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 14 D (F)
Dr. PADMASHRI PARIMALAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		15/8/25 @ 9am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

Birthright by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036443 **Admit Date** : 13-Jul-2026 **Admit Time** : 02:04 AM **UHID** : GUC-00093797

Patient Details :

Patient Name	: Mrs MANJULA .A	Age	: 36 Y 3 M 13 D
Guardian	: Mr DIVYA KUMAR	DOB	: 31-03-1990
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: KADAMBARI B-22, SHANTHANI KETAN APARTMENT, CITY LINK ROAD, ADAMBAKKAM Adambakkam Chennai Tamil Nadu INDIA 600088	Phone No	: 7401258200/ 9042727469
		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 DIVYA KUMAR	Relationship	: Husband
Contact Address	: KADAMBARI B-22, SHANTHANI KETAN APARTMENT, CITY LINK ROAD, ADAMBAKKAM Adambakkam Chennai Tamil Nadu INDIA 600088	Phone No	:

Signature

Doctor Details :

Doctor Name	: Dr. PADMASHRI PARIMALAM	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: DR PADMASHRI PARIMALAM	Phone No	:
Co-Consultant	:		

Payment Details :

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

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MANJULA .A**	**Age :**	**36 Y 3 M 13 D**
IP No:	**IP18-00036443**	**Sex:**	**Female**
Consultant:	**Dr. PADMASHRI PARIMALAM**	**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: K.D.Sij.C

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: K.D.Sij.C
(Husband)

Name: K

Relationship: H

Date: 13/7/2026 Time: 02:09 AM

Witness Name: K.V.Naveen Antony

Witness Signature: K

Patient Address:

KADAMBARI B-22, SHANTHANI KETAN APARTMENT, CITY LINK ROAD, ADAMBAKKAM Adambakkam Chennai Tamil Nadu INDIA 600088

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BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Manjula A	UHID Number : 93797
Self/Attendant Name : ∝	Relation : ∝ Husband.
Self/ Attendant Signature : ∝ D. by C Phone Number : L 7401258200	Name & Signature of Financial Counselor

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. padmashri parimalan	Date of Delivery: 13/1/26
Assistant Surgeon: Dr. Anaadhaaswari. P	Time of Delivery: 2.47 am
Anaesthetist's Name: Dr. Santhil	Gender of Baby: Boy
Type of Anaesthesia: LSA	Weight of Baby: 2.603 kg
Neonatologist: Dr. Pojitha	AGPAR Score:
Scrub Nurse: S/N Siva.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L1

☐ Elective ☑ Emergency Indication: prev LSCS | PPROM

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: 1 hour Knief to rectus: 2 mins

CTG Description: Non-reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency Repeat lower segment caesarean section

Post Operative Diagnosis: P2L2

Peri-Operative Complications: nil

Amount of Blood Loss: 300 ml Blood Transfused (in ML): nil

Name and Number of Surgical Specimen sent for examination: Nil

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 1 ..... cm

5th Palpable: 5/5 ..... 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 ..Adhesions b/w omental

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

Previous Scar: ☐ Intact ☑ Thinnedout ☐ Ruptured ☐ No Scar rectus sheath

Incision Through Placenta: ☐ Yes ☑ No Ascitic fluid noted (+)

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

could not be visualised due to adhesions

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

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None Rectus muscle o catgut Suture

Sheath Closure: 1-vicryl ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

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

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 5 AM-14/7 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 hrs

- ½ hrly PTR/BP charting
- CBD/I/O chart
- IVF 2 RL 2 NS, 1 Isolyte M @ 75ml/hr
- Inj. SUPACEF 1.5g IV 12H x (5) doses
- Inj. PANTOPRAZOLE 40mg IV OD
- Inj. NEOMOL 1g IV tds
- JUSTIN SUPPOSITORY tds
- Tab. MONTEK LC OD - FBS, PPBS tomorrow @ CBG (14/7/26)

for

Doctor Name: Dr. Anandhaeman Doctor Signature: 15002

Date & Time: 13/7/26 @ 3:30 AM

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. padmashri
Asst. Surgeon : Dr. Ananthaswari
Anaesthetist : Dr. Senthil
Scrub Nurse : S/N Siva

Age : 36y Gender : F
...y Name : Emerg. C.S.
Date : 13/1/26 In-time : 2:35 am Out-time : 3:50 pm

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 2:36 am

Patient Has Confirmed

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

Signature : Thm
Name : Dr. T. Sowmya...

Before Skin Incision ➢ ➢

TIME OUT Time: 2:38 am

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

Signature : for 15800
Name : Dr. Anandhaeswari

Before Patient Leaves Operating Room

SIGN OUT Time:

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 : 01959
Name : Sathi

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

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Mrs MANJULA .A
3-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o leaking PV since 20 mins

LMP: 15/11/25 EDD: 22/8/26
Corrected EDD: GA: 34W+2days

Obstetric Formula: G2P1L1 | previous LCB - 1yr 4months

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History:
1 preterm LSCS - 14/3/2025, Girl, B.wt - 1.1kg, preterm labour ind: FGR, A&H, 1yr 4months, Anti D given @ delivery

Obstetric Examination

Fundal Height: ut ~ 34 weeks.

Present Pregnancy Record: Booked & immunised @ Bhutan
Regular intake of T. IFA & T. Ca

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:
→ GDM on OHA diagnosed @ 30 weeks. (22/5 - F-90, PP-210) was on T. Metformin 500mg 1 tds
→ Rh Negative

Per Speculum Examination

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1-2 cm

Membranes: ☐ Present ☑ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 152 cm
Weight: 62 kg
Allergies: nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: (+)
Icterus: No
Temp: N
BP: 120/82 mHg
CVS: S1S2 (+)
Liver/Spleen:

Pallor: no
Edema: yes (+)
PR: 62 bpm
DTR: (+)
RS - NVBS (+)
Urine Output: clear

DIAGNOSIS

36y | G2P1L1 | previous preterm LSCS | LCB - 1yr 4months | AB negative | 34W+2days | GDM on OHA | PPROM.

(P.T.O)

GUC-00093797 IP18-00036443
**. ANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

Family History:	Surgical History:
Nil significant	No H/o any surgeries except for LSCS
Medical History: K/C/O GDM on OHA. Not a k/c/o HTN/BA/Thyroid/ TB/ Jaundice/ Heart disease/ renal disease	**Medication History:** T. Metformin 500mg 1Tds
Plan of Care: - Plan - Emergency repeat LSCS. - prepare parts - secure IV line - Bladder catheterisation - Blood for cross matching - Informed written consent for Emergency repeat LSCS - Anaesthetist, OT staff & Paediatrician NICU to be informed - Inj. SUPACEF 1.5g IV stat (ATD) - Inj. PANTOPRAZOLE 40mg IV stat - Inj. ONDANSETRON 4mg IV stat	**Investigations:** - CTG - ~~ECG~~ - CBG - 150mg/dl

Doctor Name: Dr. Anandhaswari
Signature: 156007
Date & Time: 13/7/26 @ 1.50AM

Consultant Name: Dr Padmashri Parimalam
Signature: for 156007
Date & Time: 13/7/26 @ 1.50AM

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RESULT SHEET

Date	02/7/26					
Time						
Hb	12.6					
PCV	36.6					
RBC	4.21					
WBC	8300					
N/L	65/28					
Platelets	2.24					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	10					
Creatinine	0.5					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Nil					
CUE - PUS Cells	1-2 cells					
CUE - RBC Cells	nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group -	AB negative					
ICT - negative (26/04/26)						
serology - HIV I & II	Negative					
Anti HCV						
	VDRL					
	HbsAg					

Culture and Sensitivities : HbA1c - 5.2 % (26/4)

Radiology :

USG : 01/7/26 - SLIUG ~ 32W+4day, EFW - 2.3kg, Doppler - (N)

X-Ray : Annual scan → SLIUG ~ 23W+4days

ECHO : not done (22/4) no anomalies

CT :

MRI

Others (ECG, Contrast Studies etc.,) : not done - ECG

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

D

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

		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-00093797 IP18-00036443
Mrs MANJULA .A 36 Y 3 M 13 D (F)
31-03-1990
Dr. PADMASHRI PARIMALAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B - Dr	Anandhaemari
4 AM		
	36yrs / P2L2 / post	emergency repeat LSCS /
Day of	GDM	avas MOHTA / (Ind: PPROM)
surgery		AB negative
T(N)		
BP - 114/70 mmHg	no complaints	
PR - 54/min		
SpO2 - 100% / RA	O/E - GC fair, afebrile	
	no pallor / B/L pedal edema	
Baby - NICU	CVS - S1S2 (+)	
B/L Bm+soft	RS - NVBS (+)	
	P/A soft, ut firm &	
U/O - 100ml		contracted
clear in urobag		dressing intact
emptied in OT		no soakage
	P/V - no undue bleeding	
To collect		R/
		Advice
Cord blood grouping &		- Follow post op
typing (+).		orders
		- Careful BP monitoring
		Dr 15600

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

GUC-00093797 IP18-00036443
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B - Dr : Anandhaemari	
6AM	pt reviewed	
DOS	no complaints	
	O/E - ac fair, afebrile	Advice
T (N)	no pallor / B/L PE (+)	- sips of water
BP - 110/70 mmHg	CVS / RS NAD	↓
PR 86/m		liquid diet
	P/A - soft, BS (+)	
U/o - 100 ml/hr	ut firm & contracted	- Following
	dressing intact	chart
Baby - NICU	no soakage	
B/L Breast soft	P/V - no undue bleeding	
		(signature)
		1560

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

GUC-00093797 IP18-00036443
Mrs MANJULA .A
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/2026 9AM	C/S/B Dr. Vinitha / Dr. Shreedevi	
DOS	Pt reviewed, Nil c/o	Advice - liquid diet
	O/E Pt GC fair, Afebrile	- Kanji @ 10pm
T-(N)	P° / PE°	- Soft diet @ 12pm
PR- 64/min	CVS	- Vitals Monitoring
BP- 118/68 mmHg	RS / NAD	- Follow drug chart
	P/A- ut firm & wellcontracted	- CBD c/m 5Am
UO- 100ml, clear.	Dressing (+) & Dry	- I/O charting
Baby-NICU	Soft, BS (+)	- Inform (SOS)
B/L- Breast soft	L/E- BWNL	- FBS/PPBS tomorrow
Flatus passed		c/s CBG (14/7/26)
	[signature] 182217	
13/07/2026 9AM	C/I/T Dr. Padmashri Parimalam	
	Mother's Blood group- AB Negative	
	Baby's Blood group- B Positive	
	To give INJ ANTI-D 300mcg IM.	
	[signature] 182217	

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
13/7/26.	S/B Dr. [illegible]	
3:20pm	pt reviewed	
POD#0	passed flatus	
	O/E afebrile	
	GC fair	
BP 113/65 mm Hg	P°/PE°	Plan
PR 65bpm	P/A wound c/c	- soft solid diet
SpO2	soft	- hydration
Temp Ⓝ	BS⊕	- in bed ambulate
	dressing dry	- CBD C/M 5AM
B/L breast soft LTC	BWNL	- I/O charting
secretion⊕	CBD ⊕	- FBS/PPBS (CBG) 14/7/26.
Baby NICU.	clear urine	
1	MLO-100ml.	[signature] 128435
13/07/2026	C/C/B Dr. Panitha.	
9.20PM		
POD-0	Pt reviewed	
	O/e	Advice
T-Ⓝ	Pt GC fair	- Soft solid diet.
BP-110/65	afebrile	- Plenty of orals
PR-80/min.	P/PG	- Vitals monitoring
Baby NICU	CVS	- Follow drug chart.
B/L Breast soft.	RS NAD	- CBD C/m 5Am
Passed flatus	P/A- UT firm & cont well	- FBS / PPBS on 14/7/26
	soft, BS⊕	(CBG)
	Dressing Dry.	[signature]

MG- BWNL

[signature] 114682

GUC-00093797 IP18-00036443
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31-03-1990 36 Y 3 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9AM	S/B Dr. Ahalita	
	pt reviewed.	
POD#1	not voided yet	
	passed flatus	Plan
[illegible]	o/c afebrile	- monitor vitals
CBG = 71 (FBS)	GC fair	- measure & inform 1st void
	P° / PE°	- soft solid diet
BP 108/68 mmHg	P/A: Wound wc	- hydrate
PR 68bpm.	soft	- ambulate
	BS⊕	- PPBS (CBG) & inform
B/L breast soft	dressing dry	
secretions⊕	L/E: BWNL	[signature]
Baby NICU.		128135
14/7/26 2.30 pm	S/B Dr. PP	
		Need Catheter
	O/E.	chool.
		Stop Inj. Para, Syngur.
	P/A: soft	Adv - T. Zerodol P (1-1-)
Kelly NICU		from here T. Pan 40 1-0-) x 5 days
		T. Cefixim 500 1-0-1 (x 7 days)
		Glacitic 2-2-2
		T. Glycomet 500 1-0-1 (x 10 weeks)
		[signature]

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Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/20 2:30 pm	S/B Dr. Divyalakshmi	
	pt reviewed	
	Nil c/o	
POD-1	O/E: pt GC fair, afebrile	
vitals stable	P/A:	Advice
	soft, BS+	Continue same order
Passed stools	wt-WC	- Bath & dressing tomm.
	dressing dry	
	L/E: BWNL	
voiding freely		
Baby NICU	164288	
14/7/26. 10:15PM POD 1	S/B Dr. Vinitha	
	Pt reviewed; No c/o; Passed stools; Voided	
	O/E: GC fair; Afebrile	
BP: 113/69	P°/PE°	
PR: 80 bpm	P/A: St WC	
SpO2: 98-1 RA	Soft; BS+	Adv:
	Dressing dry	· Continue same orders
Baby NICU	L/E: BW NL	· Inform SOS
V 121113		

Docu. No. : RCH /FRM / CLINICAL / 086

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. METFORMIN	500mg	P/O	1-1-1	12/7/26 2pm	☐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 Nandhaeswari

Date & Time : 13/7/26 @ 1AM

Nurse Name & Signature: S. Pooja Sparks

Date & Time : 13/7/26 @ 1.30AM

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

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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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: 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	EMESET	4mg	IV	BD	13/7/20	☑ C ☐ DC
2	TRAMIC	1g	IV		13/7/20	☐ 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 : [signature] (Dr T. Saravanakumar)

Date & Time : 13/7/20 @

Nurse Name & Signature: S/N Sugath. 3.0 pm

Date & Time : [signature] 13/7/20 @ am

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

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

(2)

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: IDR 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 (0.1 Vial)	IV	Stat	13/7/26 1:50 AM	☐C ☑DC
2	Inj. SUPACEF	1.5g	IV	1-0-1	2 AM 13/7/26	☐C ☐DC
3	Inj PANTOPRAZOLE	40mg	IV	OD	13/7/26 1:30 AM	☐C ☐DC
4	Inj. EMESET	4mg	IV	Stat	13/7/26 1:50 AM	☐C ☑DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Anandhaemani 15604

Date & Time : 13/7/26 @ 2:30 AM

Nurse Name & Signature: S/N Abdulla 018080 SA 0.1800

Date & Time : 13/7/26 at 2:30 AM

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

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Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

4

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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: MICU Shifted to: 4th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SUPACEF	1.5g	IV	1-0-1	13/7/26 at 2:30AM	☐C ☐DC
2	Inj. PANTOPRAZOLE	40mg	IV	1-0-0	—	☐C ☐DC
3	Inj. NEOMOL	1g	IV	1-1-1	—	☐C ☐DC
4	JUSTIN SUPPOSITORY	1tab	P/R	1-1-1	13/7/26 4AM	☐C ☐DC
5	Tab MONTEK LC	1tab	P/O	0-0-1	—	☐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 Anandhamani

Date & Time : 13/7/26 - 7AM

Nurse Name & Signature: SN Akalya

Date & Time : 13/7/26 7AM

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Mrs MANJULA .A (F)
31-03-1990 36 Y 3 M 13 D
Dr. PADMASHRI PARIMALAM

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DRUG CHART

Date of Admission: 13/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 35 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

REGULAR PRESCRIPTIONS

Weight. 60kg Ward. LDR

DRUG: Inj. SUPACEF				Date/Time	13/7	14/7	15/7
Dose	Route	Frequency	Start Date	6am			
1.5g	IV	BD	13/7				
Name & Signature of the Doctor Starting the Drugs: 156007				6pm			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Inj PANTOPRAZOLE				Date/Time	13/7	14/7	STOP
Dose	Route	Frequency	Start Date	7am			
40mg	IV	BD	13/7				
Name & Signature of the Doctor Starting the Drugs: 156007							
Additional Instructions:				7pm			
Daily Doctor's Endorsement by a Sign							

DRUG: Inj. NEOMOL				Date/Time	13/7	14/7	STOP
Dose	Route	Frequency	Start Date	6am	9am		
1g	IV	TDS	13/7				
Name & Signature of the Doctor Starting the Drugs: 156007					5pm		
Additional Instructions:				8pm			
				10pm			
Daily Doctor's Endorsement by a Sign							

DRUG: JUSTIN SUPPOSITORY				Date/Time	13/7	14/7	15/7
Dose	Route	Frequency	Start Date	8am			
1g	P/R	BD	13/7				
Name & Signature of the Doctor Starting the Drugs: 156007							
Additional Instructions:				8pm			
Daily Doctor's Endorsement by a Sign							

Patient Sticker

Weight. 62 Ward. LDR

VARIABLE DOSE	Date► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : T MONTEK LC		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route P/O — Start Date 001		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor 156007		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
13/7/26	1.50AM	Inj SUPACEF	0.1ml	ID	[signature]	SP SA
13/7/26	2AM	Inj PAN	40mg	IV	[signature]	SP SA
13/7/26	2AM	Inj Emeset	4mg	IV	[signature]	SP SA.
13/7/26	2:30AM	Inj SUPACET	1.5g	IV	[signature]	SA SP
13/7/26	2:50am	R-Synto	5U	IV	[signature]	PS SM
13/7/26	2:50 am	R. Synto	20U (500ml NS)	IV	[signature]	not given PS
13/7/26	2:50 am	R. TRAPIC	1g	IV	[signature]	SM PS
13/7/26	3.0am	EMESET	4mg	IV	[signature]	SM PS
13/7/26	4Am	T MISOPROSTOL	800mcg	Intra uterine	[signature]	SM

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Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

I.V. FLUIDS CHART

Weight. 62 Ward. LDR

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7/26	2AM	IVF 1ORL	IV	On Flow	[signature]	SP / SA	13/7/26	[signature]	SA / SP
13/7/26	2:55am.	IVF 1ONS c̄	IV		[signature]	PS / SM		[signature]	PS / SM
13/7/26	3.0PM	IVF 1ORL 1ORL c̄ SYNTO 20U	IV		[signature]	PS / SM		[signature]	PS

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

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 62 Ward GDR

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

DRUG : T. MONTEK LC

Dose	Route	Frequency	Start Dt.
1tab	P/O	OD	13/7/17

Name & Signature of the Doctor Starting the Drugs: D 15607

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/7	14/7	15/7
		9pm MA VR	

DRUG : Tab. PAN

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-0	14/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	14/7	15/7
	7pm MA VR	
	7PM RJ VB	

DRUG : Tab. ZERODOL P

Dose	Route	Frequency	Start Dt.
1tab	PO	1-1-1	14/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	14/7	15/7
	8pm SA PRD	
	2pm	
	10pm MA VR	

DRUG : Cap. LAEVARE

Dose	Route	Frequency	Start Dt.
2cap	PO	1-1-1	14/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/7	14/7	15/7
	8pm SA PRD	SA CC	SA PRD
	2pm RJ VB	RJ VB	
	10pm VR LD	MA VR	

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Mrs MANJULA .A
31-03-1990 36 Y 3 M 14 D (F)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Tab - GLYCOMET

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

after food.

Daily Doctor's Endorsement by a Sign

Date / Time: 14/7 1537

DRUG : Tab CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0	15/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 15/7

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

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

GUC-00093797
Mrs ANJULA .A
IP18-00036443
31-03-1990
36 Y 3 M 13 D (F)
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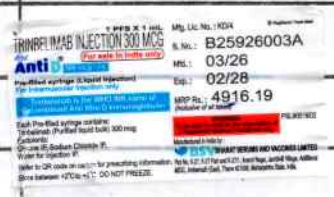
TAT / ONCE ONLY DRUGS

Name: .....

Weight: ~~62~~ 62 kgs

Sheet No: ...1.....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
13/1/26	3.40am	JUSTIN SUPPOSITORY	1tab	P/R		RS · SM	
13/1/26	9.30am	INJ. ANTI -D	300mcg	IM	18221	RA	LL
							

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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

13/4/26	Date																		1	2	3	4	5	6	7
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																			18	18	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %																			100	100	100	100	100	100
	< 94 %																								
Administered O_2 (L/min.)																				RA	RA	RA	RA	RA	RA
Temp°C	40																								
	39																								
	38																								
	37																			98°	98°	98°	98°	98°	98°
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																			66	66	68	60	78	77
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																			120	128	114	118	120	114
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																			82	58	60	60	78	69
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																			✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																			✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																			–	–	–	–	–	–
	Heavy / Foul																								
Liquor	Clear / Pink																			–	–	–	–	–	–
	Green																								
TOTAL YELLOW SCORES																				0	0	0	0	0	0
TOTAL ORANGE SCORES																				0	0	0	0	0	0
Nurse Initial																				PD	RS				

On admission

GUC-00093797
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM
IP18-00036443

(2)

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Early Warning Observation Score Chart - Obstetrics

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

13/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20				20		20		18				20bpm				18bpm				16bpm			
	0 - 10																									
Saturations	94 - 100 %		97%				98%		99		98				99%				99%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA				RA		RA		RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98.6F				99F		98F																	
	36																									
	35										97F				98.4F				98.6F				98.4F			
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		64bpm				70bpm		62bpm																	
	60										60bpm				80bpm				76bpm				80bpm			
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		118				106		113		122				110				112				110			
	120																									
	110																									
	100																									
	90																									
	80																									
	70								70		76				(115)				(69)				(77)			
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40		66				69		55		68				65				66				69			
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			
TOTAL ORANGE SCORES			0				0		0		0				0				0				0			
Nurse Initial																										

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

Rainbow® Children's Hospital
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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

14/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20				18				18				18				18			
	0 - 10																								
Saturations	94 - 100 %	97%				99%				98%				98%				98				98			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98F				97F				98F				98F				97.6				98			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	68bt				76bt				76bt				80bt				79bt				84bt			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	103				118				110				113				110				108			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80													(78)				(70)				(67)			
	70	62				75				64				69				65				59			
	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										JB															

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

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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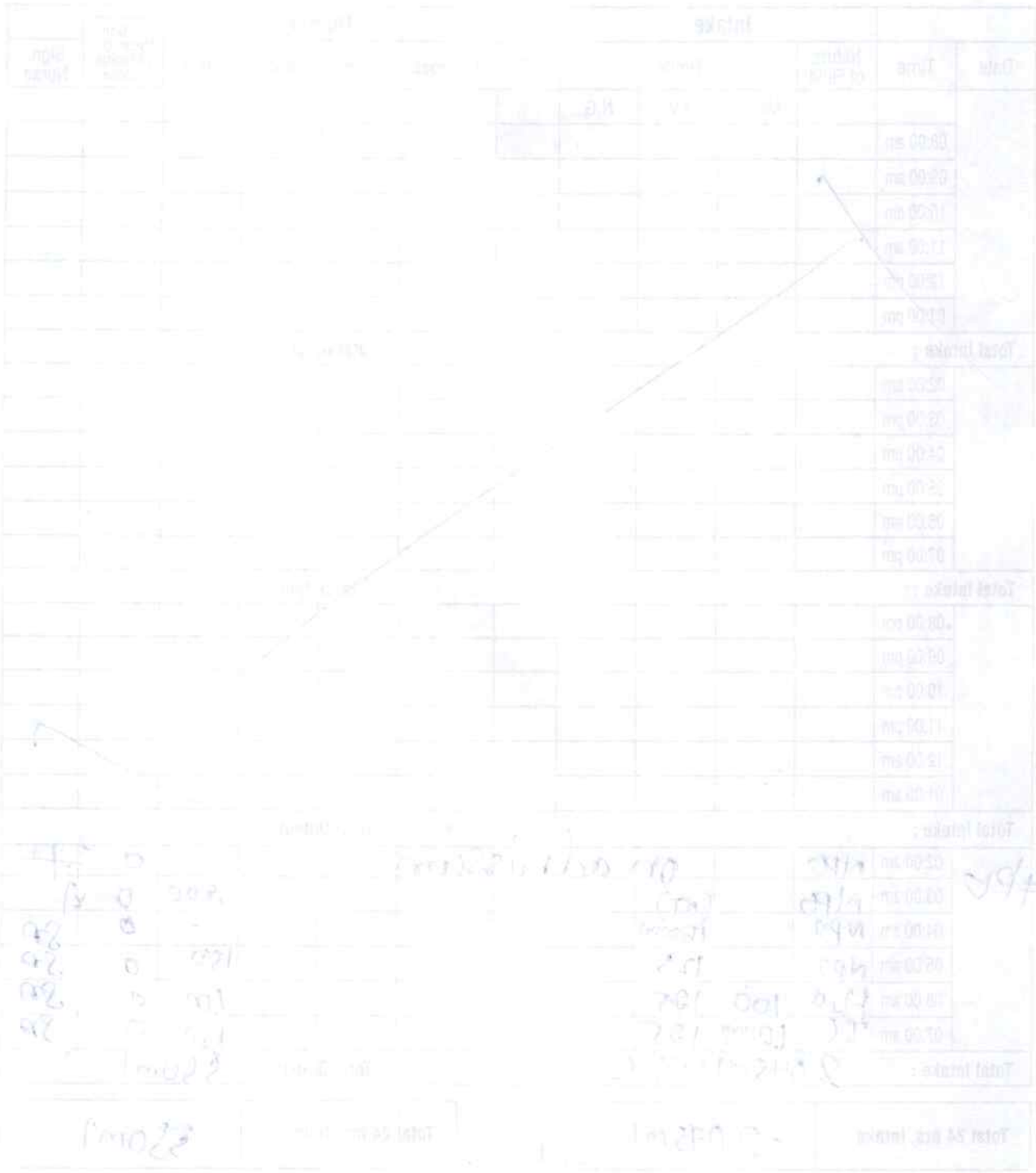
FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
	10:00 pm											
	11:00 am											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
13/7/20	02:00 am	NPO		On admission							0	SA
	03:00 am	NPO		(OT)						200	0	SA
	04:00 am	NPO		150ml						-	0	SA
	05:00 am	NPO		125						150	0	SA
	06:00 am	H20	100	125						100	0	SA
	07:00 am	TC	100ml	125						100	0	SA
Total Intake :		2075ml				Total Output :				550ml		

Total 24 hrs. Intake	2075ml	Total 24 hrs. Output	550ml



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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am									60ml	0	
	09:00 am	water	50ml							100ml	0	
	10:00 am	Tea/w	200ml							50ml	0	
	11:00 am	Icecuff	60ml							100ml	0	
	12:00 pm	water	100ml							50ml	0	
	01:00 pm	wood	50ml							50ml	0	
Total Intake :		460ml				**Total Output :**				410 ml		
	02:00 pm	H20	100ml							100ml	0	RF
	03:00 pm	Tea	200ml							100ml	0	RF
	04:00 pm									100ml	0	RF
	05:00 pm	Milk	200ml							100ml	0	RF
	06:00 pm									150ml	0	RF
	07:00 pm	H20	100ml							150ml	0	RF
Total Intake :		650ml				**Total Output :**				700ml		
	08:00 pm	water	100ml							100ml	0	NB
	09:00 pm									90ml	0	NB
	10:00 pm	water	200ml							110ml	0	NB
	11:00 pm									100ml	0	NB
	12:00 am	water	100ml							120ml	0	NB
	01:00 am									80ml	0	NB
Total Intake :		400ml				**Total Output :**				600ml		
	02:00 am									80ml	0	NB
	03:00 am	water	100ml							80ml	0	NB
	04:00 am									100ml	0	NB
	05:00 am	water	100ml							150ml	0	NB
	06:00 am									CBD removed		NB
	07:00 am										0	NB
Total Intake :		200ml				**Total Output :**				410ml		

Total 24 hrs. Intake	1710ml	Total 24 hrs. Output	2190ml

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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.

14/7/20

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	water	150ml								0	
	09:00 am	Soup	200ml								0	
	10:00 am	T.C water	200ml							250ml	0	
	11:00 am	water	150ml								0	
	12:00 pm	water	200ml								0	
	01:00 pm	water	250ml				motion passed			✓	0	
Total Intake : 1150ml										Total Output : 250ml + 1 time urine passed.		
	02:00 pm	H2O	150ml								0	Baby Passed.
	03:00 pm									✓	0	Babu
	04:00 pm	H2O	100ml								0	Babu
	05:00 pm	H2O	200ml								0	RS
	06:00 pm									✓	0	RS
	07:00 pm	H2O	100ml								0	RS
Total Intake : 550ml							motion passed			Total Output : 2 times urine passed		
	08:00 pm	coconut	200ml								0	dry
	09:00 pm											dry
	10:00 pm	milk	250ml							✓	No	dry
	11:00 pm										Pv	dry
	12:00 am	water	200ml								line	dry
	01:00 am									✓		dry
Total Intake : 650ml										Total Output :	2 times urine passed	
	02:00 am										No	dry
	03:00 am	water	100ml							✓		dry
	04:00 am										Pv	dry
	05:00 am										line	dry
	06:00 am	water	100ml									dry
	07:00 am									✓		dry
Total Intake : 200ml										Total Output :	2 times urine passed	

Total 24 hrs. Intake	2,550ml

Total 24 hrs. Output	4 times urine passed + 250ml

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(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1 L1 prev LSCS PPROM 34+2 day

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

Surgery / Procedure: EmLSCS

Post OP Day:

	Date / Shift	13/7/26 N	13/7/26 M	13/7/26 E	13/7/26 N	14/7/26 M	14/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	GDM	GDM	GDM	GDM	GDM	GDM
	Diet:	NPO	1 pm middiet	soft solid diet	soft diet	soft diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	N/A	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98°F	97.8F	98.F	98F	98F
	Res:	20b/m	20b/m	20b/mt	18b/m	20b/m	18b/mt
	SpO_2:	100%	100%	100%	99%	97%	98%
	Pulse:	81b/m	80b/m	60b/mt	80b/m	68b/m	78b/mt
	BP:	100/60	114/69	122/68	110/62	108/62	110/64
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	20	20	20	20	20	20
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Normal	(N)	Normal	Normal	(N)	Normal
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Special Diet:	NPO	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name:	Sr. Nivedha	Arittra	Sreeja	Dalhpria	Arittra	Baby
	Signature / ID:	01809	[illegible]	[illegible]	[illegible]	[illegible]	Baby/[illegible]
	Date:	13/7/26	13/7/26	13/7/26	14/7/26	14/7/26	14/7.
	Time:	7:30Am	@ 2.30 pm	@ 7.30 pm	8am	@ 2.30 pm	7.30 pm
	Taken Over By Name:	Arittra	Anup	Vaishnavi	Arittra	Baby	Vaishnavi
	Signature / ID:	[illegible]	[illegible]	[illegible]	[illegible]	Baby [illegible]	[illegible]
	Date:	13/7/26	13/7/26	13/7/26	14/7/26	14/7/26	14/7/26
	Time:	@ 2.30 pm	1.30 pm	7.30 pm	@ 7.30 am	1.30 pm	7.30 pm

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Patient Sticker

NURSING CARE RECORD

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BirthRight
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Date: 13/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	3Am	Ensure Adequate Hydration & Electrolyte balance	3:30 Am	Monitor Intake & Output chart Assess for dehydration Monitor IV fluids & Infusion rate	patient was stable	Reassessment was Done	S/N Akalya 01809

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 13/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Relieve pain & discomfort	1pm	Assess patient condition monitor vitals Administer medication as per order	Pain was reducing	Reassessment done	[signature] 015700
Afternoon	1:30 pm	→ To maintain adequate fluid balance of the patient		→ Assessed the fluid balance of the patient → monitored vital signs → maintained I/O chart → Encouraged to take more amount of oral fluids	Improving and maintaining fluid balance	Patient was stable. Reassessment was done	[signature] 02745
Night	8pm	To promote Health Hygiene		→ Assessed patient condition → vitals monitoring → encourage oral & Hand hygiene	Maintained personal Hygiene	Reassessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093797 IP18-00036443
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1

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
13/7/26	1:30 Am	⇒ mrs: manjula. compliants of Leaking she is G2P1L1 previous preterm LSCS 34+2days PPROM under Dr. padamashree parimalam know case of GDM on OHA AB negative Blood grouping checked for vital signs recorded pt vital are stable conscious & oriented CTG was connected FHR is good ⊕ parts preparation was done, provided proto gown, Em LSCS preparation a clear liquor, pt general condition fair ⟶	Sd/- Akalya 018052
	1:50Am	⇒ IV placement was done IV fluids RL 500ml connected on flow, Inj: supalef 1.5 gram after dilution 0.1ml ID given. Inj pan 40mg & Inj: Emeset 4mg IV given to pt catheterization was done by Dr: Annandhashwari a clear output ⟶	Sd/- Akalya 018052
	2:30 Am	⇒ CBG 150mg/dl Informed Dr: Annandhashwari NO Allergic reaction Inj: supalef 1.5gram IV given Anesthetic fitness done ⟶	Sd/- Akalya 018052

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	Continue Notes	⇒ Patient care hand over given to OT staff Nurse patient shifted to OT	[signature] 018052
		OT Notes on 13/7/26	
13/7/26	2.35a.	Patient detail's handover taken from LDR Staff nurse while receiving patient conscious & orienty v/s are monitored. IVF receiv. Consent obtained. Billing cleared. Patient catherized shift to OT-3 at 2.35am on the OT table to connect the cardiac monitor. v/s are monitored. LSA was given IVF connected. Pt o. painting draping done procedure. Started at 2.40am Emergency LSCS was done during the surgery there is no any complication minimal blood loss. Sponge count checked & correct. After the procedure was done dressing done. clean dr. patient shift to LDR after hand over to LDR S/N	[signature] 0175
			[signature] 0175

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

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(2)

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Relieving Notes	
13/1/26	4AM	patient is relieving from OT to MICU patient care hand over taken from OT staff Nurse patient was stable conscious & oriented IV line present & pattern Bleeding Normal, IV fluids connected 185ml/hr pt is NPO 2 hr: pt general condition fair → S/N Akalya 01808	
	5AM	B - Breast is soft & NO Enlargement U - Uterus was contracted & well B - Bowel movent present B - CBD present a clear output L - Lochia Rubra present E - REEDA Not Applicable H - Homan signs negative E - pt Emotional good → S/N Akalya 01808	
	6AM	⇒ Count the bowls 100ml of water given to patient NO Vomiting Complicants → S/N Akalya 01808	
	7AM 15	⇒ Dr: Anmadhashwar Advised to pt shifted to ward Bleeding Normal, Bowel sounds (+) pt case hand over given to 2nd floor staff Nurse → S/N Akalya 01808	

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26		Rechived Notes :-	
	7:20 Am	patient rechived from IDR to 4th floor. patient conscious and oriented. patient activity are good Rt the ⊕ no swelling, pain IVF. RL continue. CBD ⊕. vitals checked, Handing over given to morning duty S/N.	Jeel 13/7/26
	7.30 am	Morning duty Notes on 13/7/26 The patient details handovers taken from the night duty staff The patient Rs conscious and oriented CBD ⊕	Anu 13/7/26
	8am	vitals are checked and recorded temp is normal Administers the medication as per doctors order Iv fluid RL @125ml/hr on flow Iv line patency and good	Anu 13/7/26
	9am	Dr. Sreedevi mam rounds was done adv! to give Kanji & soft diet & to give Inj. Ant'D 300mg	
	9.30 am	Inj. Ant'D Given @ 9.30 am.	
	10 am	Kanji Given @10am	Anu 13/7/26

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☐ No Known Drug Allergies NOT KNOWN

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		contd (13/7/26)	
	12 pm	vitals are checked and recorded	
		temp is normal	
		tomorrow CBD removal ~~10am~~.	
		& FBS & PPBS.	
		Administer the medications as	
		prescribed	
		soft diet given	
	1.30 pm	The patient details handovers	
		given to evening duty staffs.	
13/7/26	1.30 pm	Evening duty notes on 13/7/26	
		patient details taken over from	
		morning duty staff nurse using	
		ISBAR method, on Assessment	
		patient is conscious, oriented and	
		cooperative, vitals - stable. Skin assessment	
		done. IV line is present and patent	
		no pain or redness	
	2pm	vitals cleared and recorded. All	
		are stable	
	2pm	due medication given as per the	
		drug chart	
		B - Breast is soft and no engorgement	
		U - Uterus is well contracted	
		L - on CBD (+)	
		B - Bowel movement was normal	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26		← continue notes →	
		L - Lochia Rubra is present	
		E - REEDA not applicable	
		H - Homan sign is negative	
		E - Emotional Response was good	
	4PM	vitals checked and recorded, all	
		are hemodynamically stable	R... 020749
	6PM	due medication given as per the drug	
	7PM	chart	
	7PM	Strict I/O chart maintained	R... 020749
	7:30 PM	Patient details handed over to	
		night duty staff nurse using	R... 020749
		ISBAR method	
		NIGHT DUTY NOTES:-	
13/7/26	7.30 pm	patient details	
		handing over taken from	
		evening duty s/n. patient	
		conscious & oriented. patient	
		activity are good. IV	
		line ⊕ no swelling & pain	
	9.00 pm	vital signs checked &	
		recorded vitals are stable	
		now. Due medication	
		are given as per drug	
		chart order.	J... 0004

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	10pm	P.BD. ⊕. Urine drained	
		patient consious / oriented	
		no special complaints.	
		I/O chart maintained	Jay 02006
	12AM	Vital signs checked & recorded	
		vitals are stable now	
	2AM	patient sleeping was good	
	8/4	no special complaints	
		I/O chart maintained.	
	4AM	vital signs checked & recorded	
		vitals are stable now	
		CBD removed, as per	
		dr. order.	
	6AM	Due medication are given.	
		B – Breast soft no engorgement	
		U – Uterus contraction good	Jay 02007
		B – CBD removed self voided.	
		B – Bowel movement ⊕.	
		L – Lochia rubra ⊕.	
		E – REEDA NA.	
		H – Homans sign (–)	
		E – Emotional response is good.	
		I/O chart maintained	
	7-30AM	Pt. handing are given to	
		morning duty staff	N8 00780

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		morning duty Notes on 19/9/26	
	7.30am	The patient details handover taken	
		from the night duty staffs	Afw 015010
		The patient is conscious and oriented	
	8am	Administer the medication as per	
		doctor's order	
		vitals are checked and recorded	
		temp is normal	
		The patient had soft diet	
		& vline pattern and good	Afw 015010
	10.30	Patient voided urine	
	Am	250ml. no any other	
		complaints. Patient is stable	
	12pm	vitals are checked and recorded	
		temp is normal	
	1.30pm	The patient details handover	
		given to Evening duty staffs.	Afw 015010
		Evening duty Notes.	
19/7	1.30pm	The patient details handing	
		over taken from morning duty staff	
		patient is conscious. IV line present	
		and pattency →	Baliey/020685
	2pm	Due to medications are given as	
		per drug chart →	Baliey 020685
	2.30pm	Dr. Padmasri mam seen the	
		patient. Advised to stop Inj. Pan,	
		Inj. Paracetamol & T/m morning	

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 13/07/26 Time of Arrival: 1:30Am Time Seen by Nurse: 1:35Am

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: ....

3) **Vital Signs:** Temperature: 98°F Pulse: 62 RR: 18 SpO_2: 100 BP: 120/80 Weight: 62

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 15/11/25 EDD: 22/8/26 Gestational Age: 34w+2d

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☑ Yes	☐ No	☐ NA	Onset 13/7/26	Time 1:20Am	Fluid Color: clear.
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 (marked) 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: Prev LSCS

b) Medical: GDM on OHA

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(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: 1. mat farmin

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: 1:45AM

Nurse Name : S: pooja   Nurse Signature: [signature]

Date: 13/7/20 Time: 1:40AM

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 13/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others: specify ....

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to Attenders

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

If yes, identify ....

Chief Complaints: Pt come for PPROM (leaking)

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Amadleshwari

Time Notified: 1:30 A.m

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on OHA.	Nil	—

Blood Group: A.B negative LMP: 15/11/25 EDD: 22/8/26 Gestational age during admission: 34+2 day

Contractions: NO Vaginal Discharge: PPROM (leaking)

Obstetric History: G 2 P 1 L 1 A — Previous LSCS yes

Height: 152 Weight: 62 BMI: 26.7

Temp: 98F HR: 87 b/m RR: 20 b/m BP: 100/60 SpO_2 100%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ......—......

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

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

Name of Person Orientation was given to: ....Mrs :- Manjula....

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

Nurse Signature: [signature]

Nurse Name: S/N Akalya D1808

Date & Time: 13/06 at 2Am

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Morse Fall Risk Assessment Form

(1)

Choose Highest Applicable Score from each Category		Date / Time	N 13/7/26 1:30AM	M 13/7/26	G 13/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	10
		Signature	Akela 01809	[illegible]	[illegible]

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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(2)

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	18/7/20 (N)	14/7/20 (M)	14/7 (E)
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	10
		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

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BRADEN 'Q' SCALE

Date :	13/7/18	13/7/18	13/7/18	13/7/18
Time :	1:30Am	M	E	N
Mobility	**mmobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					27	27	27	27
Evaluator's Name					018080			

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	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ 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	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ 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	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ 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	⓫ Use same protocol as for **"High Risk"** Patients ⓫ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

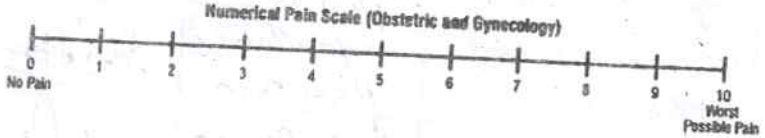
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/26	1:30AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	Abdulla 0280
13/7/26	4AM	4/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Abdulla 0280
13/7/26	8am	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
13/7/26	9am	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj. Paracip given	
13/7/26	12pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
13/7/26	2pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provided comfortable position	Ref 02049
13/7/26	4pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj. para given	
14/7	4am	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
14/7	6AM	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj. para given	No anybove
14/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	

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

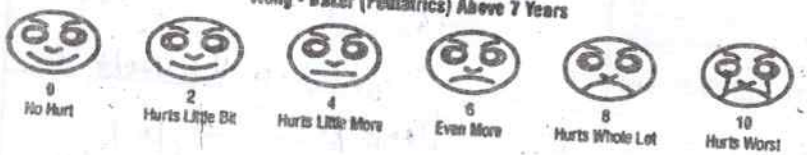
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

CUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 13/7/26

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
Parity ≥ 3	✓	1 or 2
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		4
Signature of the Nurse	Shakeela 01808	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Mrs MANJULA .A
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Dr. PADMASHRI PARIMALAM

PRE - OPERATIVE CHECK LIST

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Date: 13/7/26

Patient's Name : Mrs. Manjula Age : 36y Gender : ☐ M ☑ F

Blood Group : AB neg UHID :

Planned Surgery : Emergency repeat LSCS Surgeon : Dr Padmashri Parimalam

Anesthetist : Dr Senthil Date & Time of Operation : 13/7/26

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 : Nurse In-Charge Name : S. Poola

Billing Executive Signature : Signature of Nurse In-Charge : [signature]

Date & Time : Date & Time : 13/7/26 2AM

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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IP18-00036443
GUC-00093797
Mrs MANJULA.A
-1-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

Patient Name : Mrs

Gender: ☐ Male ☐ Female

Age : 36y/F

UHID No : .....

Date : 13/7/26

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)

Emeyency repeat lower segment Caesarean section

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
Bowel & bladder injury

My signature on this form indicates that

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

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

Consentee :

Signature : A. Manjula

Name : A. MANJULA

Date & Time : 13/07/2026 @2.20 AM

Patient Attendant :

Signature : D. Jay L

Name : D. Divya kumar

Relationship with Patient:

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr 156007

Name : Dr Anandhaeswari

Date & Time : 13/7/26 @ 1 AM

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

CONSENT FORM FOR ANAESTHESIA

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GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

Patient Name : M. ..... Age : 36y Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: Dr Padmashri Parimalam

Anaesthesiologist : ..... Operative procedure planned : Emergency repairs

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 : .....

- 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 : A. Manjula

Name : A. MANJULA

Relationship with Patient: patient

Date & Time : 13/7/2026

Witness :

Signature : D. Divya Kesava

Name : D. Divya Kesava

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. T. Sowmya M.S Date & Time : 13/7/26,

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

GUC-00093797 IP18-00036443
Mrs MANJULA.A 36 Y 3 M 13 D (F)
31-03-1990
Dr. PADMASHRI PARIMALAM

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

Date: .... Time: .... Proposed Operation: ....

Diagnosis: G2P1 / prev LSCS

B.P / CRT: 120/80 H.R: 66 / min Weight: 62kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5 II E

Laboratory Data:

Hgb: 12.6	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bili:	HCV:	2D Echo:
Plate:	Na:	Dir. Bili:	Blood group: AB -ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: —

Medical History: CVS: S1S2 (+)

RESP: BAE (+) Diabetes: Oral Diabetic.

CNS: NAD

Renal:

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: Prev. LSCS ↓ SAB

Physical Exam:

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

Lungs : Normal

Heart:

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : 18G (L) Hand Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: last food taken NPO 2½ hrs back.

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

Signature: [signature] Name: Dr T Sivannakumar MD

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No | Fasting Status: last meal taken 2½ hr back

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

H.R: 68/min | B.P / CRT: 112/68 | SpO_2: 98% | R.R: | Last Feed:

Pre-OP Diagnosis: G2P1 /prev-LSCS / | Operation: Emergency LSCS | Date: 13/7/26

Surgeon: | Anaesthesiologist: Dr T.Jenmalkumar | Technician:

TIME	2:35	2:45	2:55	3:05	3:15	3:25	3:35
N_2O /AIR /O_2 LPM							
HALO /ISO /SEVO							
Drugs:							
FIO_2 / SaO_2 SpO2	99	98	97	98	99	98	98
$ETCO_2$							
ECG							
Temperature							
Urine Output							
Fluids / Blood							

Antibiotic

Suppository

Blood Loss

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240)

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site:
☐ Art Site:
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☑ Awake

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

Times:
Anaes Start: 2:35 Am
OP Start: 2:40 Am
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting / midline
Site: L3-L4 (4-5)
Needle Size: 25 G Depth: Quincke needle
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: Bupivacaine (H) - 2 ml
Bolus:
Infusion:
Block Level: T6 adequate
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr T.Jenmalkumar MD
Signature of the Doctor: [signature]

Patient Sticker

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Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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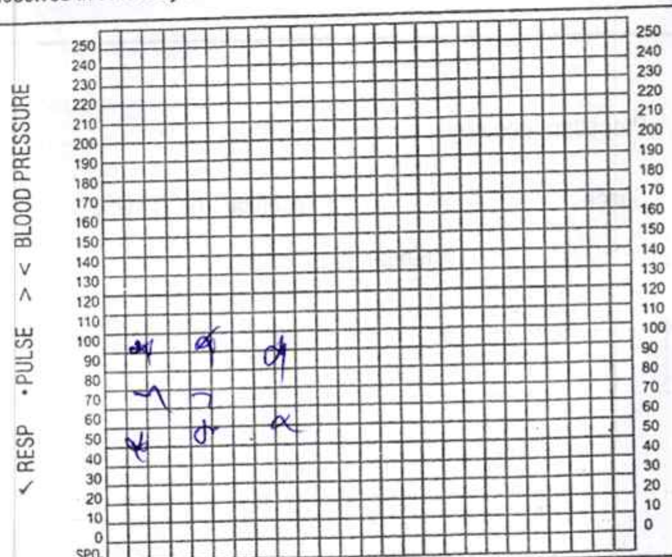
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : .... Time Received : [illegible] Time Discharged : ....



IV Cannula Site : ....

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

Vomiting : ☐ Yes ☐ No Drug: ....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: IVF @ 75ml/hr
Oral Feeds: NPO x 4 hrs
Vomit Q 4Hr (SOS)

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : Dr T.SENTHILKUMAR MD
Anaesthesiologist Signature: [signature]
Date & Time: 13/7/2026, 3:15 AM

PACU Nurse Name : ....
PACU Nurse Signature: [signature]
Date & Time: ....

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

Transferred to Unit by (PACU): ....

Date & Time: ....

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 : .....

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INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY

CUC-00093797 IP18-00036443
Mrs MANJULA.A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

Name: ..... Age: 36Y Gender: ☐ Male ☑ Female

UHID.No : ..... Date: 13/7/26

I / We Mrs Manjula have been explained by Dr. Anandhaemani about the medical condition and the proposed procedure.

I / We have been told that our patient Mrs Manjula has the following Medical Conditions / Diagnosis:

G2P1L1 | Prev LSCS | 34W+2d | GDM on OHA | PPROM

Proposed Treatment / Procedure / Operation: Emergency repeat LSCS

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay

Aspiration risk (last food intake 12/7/26 @ 11:30pm) Bleeding / infection / Bowel & Bladder Adhesion injury

I / We have been explained risk, benefits and alternatives of the procedure.

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results, complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above – mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

Patient (Or Patient Relative / Guardian):

Signature: A. Manjula

Name: A. MANJULA

Date & Time 13/07/26 @ 2:20 AM

Doctor (Who is talking the consent)

Signature: Dr. Anandhaemani

Name: M 15604

Date & Time 13/7/26 @ 2.20 AM

Witness

Signature: D. Dilip

Name: D. Diya Kumar

Relative / Legal Guardian: (Relationship with Patient) Husband

Address:

Date & Time 13/7/26 @ 2.20 AM

GUC-00093797 IP18-00036443
Mrs MANJULA .A
31-03-1990 36 Y 3 M 13 D (F)
Dr. PADMASHRI PARIMALAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
13/7/26	2Am	150mg/dl	Dr. Annalakshmi	[illegible] 01808
14/7/26	7AM	71mg/dl	Dr. pavithra	[illegible]
14/7/26	10.40Am	172mg/dl.	Dr. Akshitha	[illegible] 021893

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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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 13/6/2026 Date of Removal: 14/7/26 6 AM

Parameters	Date / Shift Time	13/6/26 N		13/ 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 Obsiruction (Free of Kinking)		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Sowmya						
Signature of the Nurse		01805						

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason ..... Baby NICU .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 13/7/26

Baby NICU

Handover given by 018088

Signature 018088

Date & Time: 13/7/26

Handover taken by .....

Signature .....

Date & Time: .....

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 13/7/26 at LDR **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	yes	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	No	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	yes	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	No	
	e.Dressing Intact	No	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	No	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	No	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	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: S/n Akalya 018087		
	Receiving Nurse :		
	Signature of Incharge: S/N Pooja 017176		

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 13/1/26

OT **TRANSFERRED TO :** MIW

		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	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	yes	
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	No	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilizat n) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	No	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	No	
	c.Pressure areas protected (heels/elbows)	yes	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse: S/N Sujatha 61957		
	Receiving Nurse : S/N Abalya 61805		
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

PATIENT TRANSFER FORM

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Mrs MANJULA .A
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Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 at 9 Am	13/7/26 at
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr padmashree	Dr. Anradhashree	~~Observation~~ EMLSCS
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP files	CT4 (1)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Pt Shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/r Akalya 01808	Dr. Anradhashree

Patient & Clinical Records Received by : S/r Sujatha 01757

Date & Time of Patient Received : 13/7/26 @ 2.30pm

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

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

PATIENT TRANSFER FORM

(2)

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Date & Time of Admission	Date & Time of Transfer Order
13/7/26 @ 1.30pm	13/7/26 @ 4 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmashri	Dr. Santhil	Further Managent
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**
IP file-1	–	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/w Sruthi 1950	Dr. Santhil

Patient & Clinical Records Received by : S/w Akalya 1800

Date & Time of Patient Received : 13/7/2026 @ 4 AM

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

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

PATIENT TRANSFER FORM

(3)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 at 1:30 Am	13/7/26 at 7Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmashree	Dr:- Anndhashwari	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	4th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP File	CTU → ①	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Aboolya 018080	Dr: Annadlashwari

Patient & Clinical Records Received by : Jathiga Reddy

Date & Time of Patient Received : 13/7/26 @ 7.15Am

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/07/2026 Time: 1:30 PM

Origin: — Height: 152 Cm Weight: 62 Kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

Type of Diet: ☑ Liquid ☑ Soft ☐ Normal ☒ Diabetic K/C/O GDM on OHA, HTN.
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband.

Signature: M

Name: Dinesh Kumar

Date & Time: 13/07/26 @ 1PM

Dietician's

Signature: A.M. (018336)

Name: A. Sadiqa Farheen

Date & Time: 13/07/26 @ 1:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
13/07/26.	9AM.	- EMERGENCY LSCS done @ 4AM.	
	DOS.	- Patient tolerated liquid diet.	A.N (018336)
		- Rice Ganji is given.	
		- Advised to take plenty of Oral fluids - water, Tender Coconut water, fruit Juices (etc)	
		Fluids - 2.5-3l/d	
	12PM.	Patient is on ~~Soft~~ Diet.	
		- Patient is Stable. Oral intake is Better.	
		- Advised to take easy-digest foods.	A.N (018336)
		- Consume small-frequent meals.	
		- Include galactogogue foods for milk secretion - garlic, fennel and Oats (etc)	
		RDA Values - Energy - 1800 Kcl	
		Protein - 17-19 g/d.	
		Flatus Passed.	