GUC-00086326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 14/7/26

Patient Name: Mrs. Steffina fernandez Date of Birth: 2/3/1993 Age: 33y

Gender: F Ward : OT UHID No.: 86326

Date of Surgery: 14/7/26 ☐ OT-1 ☐ OT-2 ☑ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective lscs

Time In : 9:45Am Time Out : 10:40Am

	NAME	AMOUNT
1. Surgeon	: Dr. mathangi Rajagopalan	
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	: Dr. Akshitha, Dr. Sridevi	
4. OT Technician	: Mr. Sudarshan	
5. Circulating Nurse	: S/N Rinsi	
6. Assistant Nurse	: S/N Grace, S/N Sangeetha	

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

Record finalized dom
Dhanaraj 607721

Signature of the Surgeon Signature of Circulating Nurse

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

CH /FRM / GENERAL / 114

GUC-00085326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

2 Secs.

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Ms. Rishna Technician : MR. Sudharsan Date : 14/7/18 Time : 11:30 A.M.

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack of 2 Sets		1	Inj Vit K		1
LMA			Sutures 1-vicryl 2/0		2/	Cord Clamp		1
ECG leads (A) P / N		3.	3-0 vicryl 1326		1.	Suction Catheter 8F		1
HME filter : A / P / N						~~Feeding~~ Tube 6Fr		1
Syringes : 10 cc		1				Vaccum Suction Set		1
~~05 cc~~		1	Gloves 6½ (PF)		5+1	Surgical Gloves 6.5		1
~~02 cc~~		1	P.F 7		1	Gauze Pack plain		2/
01 cc			S.C 6½		1.	Syringe 1ml / 2ml		1
Cautery plate (A) P / N		1	Surgical blade 22		1	Surgical Blade # 20		
~~IV set~~		1	NG tube			~~Koochies (S)~~ putogum		1.
RL			Cautery pencil		1	OXITOCIN		5
NS : 10ml / ~~100ml~~ / 500ml / 1000ml		1/1	Koochies			Anawin heavy		1
			Ointments			Bupsigesic		1
			Suction Catheter			Needle 26x 1½		1
Fentanyl			Cap, Mask			Ephidrine		1
Morphine			~~Gauze~~ Pack		1+1	Bioxamic		2
Ketamine			Mop Pack		2/	CABOPROST		1
Propofol			Steristrip ~~Gauze pack Pla~~		~~1~~	D.water		1
Rocuronium			Underpad		1.	Spinal needle 25(W) 120mm		
Glycopyrolate			~~Draw sheet~~ Quin sheet		1.			1
Myopyrolate			~~Abgel~~ protective sheet		1.	Spinal Needle 22G		1
~~Ondansetron~~		1	Foleys catheter			ATROPIN		3
Pencan 25g/ Spinal Needle 22			Urobag			~~Vaccum Suction~~		~~2~~
Bupivacaine 0.25%			Chest Drainage Catheter			Baby wipes		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Baby diapes		1
Antibiotics			Bandage					
			Tegaderm 8591		1.			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			~~Vaccum~~ Suction set		1			
Justin : 12.5 mg / 25mg / ~~100mg~~		1	Plastic ~~Bed Sheet~~ Apron		3			
Tab. Misoprost : ~~200mg~~ 600mg		1.	Betadine Solution		2/			
Mom pad		1	Microshield					
Mom fixator		1.	Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon DR. Mathangi Anaesthesiologist DR. Ashwini Nurse SIN. Grace OT Technician Mr. Sudharsan

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	IP18-00036459	**Ward**	7F-PVT/SUITE
Patient Name	Mrs STEFFINA FERNANDEZ	**Bed Name**	PVT 704
Age/Sex	33 Y 4 M 12 D / Female	**Order No**	18-0001726935
Date	14/07/2026 12:02	**Prescription No**	PRIP18-0627026
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:02
UHID	GUC-00085325		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300831T	03/29	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:02

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	IP18-00036459	**Ward**	7F-PVT/SUITE
Patient Name	Mrs STEFFINA FERNANDEZ	**Bed Name**	PVT 704
Age/Sex	33 Y 4 M 12 D / Female	**Order No**	18-0001726934
Date	14/07/2026 12:02	**Prescription No**	PRIP18-0627027
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:03
UHID	GUC-00085325		

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	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
3	Encore Microptic gloves-6.5		H	2603019005	03/29	6	128.00	768.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
8	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	2	949.00	1,898.00
10	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
11	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
15	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	1	250.00	250.00
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
19	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
20	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**10,351.59**	**13,832.59**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:03

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	IP18-00036459	**Ward**	7F-PVT/SUITE
Patient Name	Mrs STEFFINA FERNANDEZ	**Bed Name**	PVT 704
Age/Sex	33 Y 4 M 12 D / Female	**Order No**	18-0001726933
Date	14/07/2026 12:02	**Prescription No**	PRIP18-0627028
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:04
UHID	GUC-00085325		

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	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	1	28.13	28.13
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	1	2.58	2.58
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	1	32.34	32.34
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	ETSN10411	10/28	2	28.00	56.00
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
15	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
17	SPINAL NEEDLE 22	BECTON DICKINSON (BD)	GENERAL	02405004	04/30	1	236.50	236.50
18	SPINAL NEEDLE 25 G WITACARE(120MM)	VYGON		250725AI	07/30	1	1,427.00	1,427.00
19	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	3	7.30	21.90
						Total :	**4,129.86**	**4,321.29**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:04

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	IP18-00036465	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O STEFFINA FERNANDEZ	**Bed Name**	CRDL-PVT704-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001726940
Date	14/07/2026 12:12	**Prescription No**	PRIP18-0627035
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:15
UHID	GUC-00093847		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:16

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	IP18-00036465	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O STEFFINA FERNANDEZ	**Bed Name**	CRDL-PVT704-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001726939
Date	14/07/2026 12:12	**Prescription No**	PRIP18-0627033
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:15
UHID	GUC-00093847		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
2	Encore Microptic gloves-6.5		H	2603019005	03/29	1	128.00	128.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
4	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
5	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
6	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
						Total :	**1,586.00**	**1,686.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:15

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	IP18-00036465	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O STEFFINA FERNANDEZ	**Bed Name**	CRDL-PVT704-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001726941
Date	14/07/2026 12:12	**Prescription No**	PRIP18-0627032
Payor	SELFPAY	**Dispensed Date**	14/07/2026 12:12
UHID	GUC-00093847		

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	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D01O693	03/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
4	SUCTION CATHETER 8	ROMSONS	GENERAL	K26B010741	01/31	1	91.00	91.00
						Total :	**211.92**	**211.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 14-07-2026 12:13

Rainbow® Children's Hospital
It takes a lot to treat 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-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Date: 16/7/18

Name of the Patient: .....

UHID No: .....

Gender: .....

Ward: .....

Room No: 704

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: 16/7/18	Date: .....
Time:	Time: 6am	Time: .....

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

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	16/7/18 @ 6am						
Activity Sheet update by Pharmacy							

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

Name: Mrs. Steffina 33y/F

UHID No: 85325 IP No: ..... Consultant: Dr. Mathangi Dept: OBG

Date of Admission: 13/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	10.30pm	LDR	704	
14/7/26	8.30 AM	7th floor	LDR	P. 607261
14/7/26	9.30 am	MCW	OT	
14/7/26	10.45 Am	OT	MCW	607721
14/7/26	6pm	LDR	704	616808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PR	13/7/26	I726720	
2.	Dr. Rekha (Lactation)	15/7/26	I727782	P. 607261
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/4/26	CBC	26022722	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	(1) CTG			009428	[illegible] 1 pm
14/7	Infusionpump	6am	10.30 pm	1726828	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/7/26	IV Placement	(1)	1726794	[illegible]
14/7/26	Catheterization	(1)	1727329.	P. [illegible] (07726)
15/7/26	Diet Counselling	(1)	1727346	A. [illegible] (02336)
15/7/26	Physiotherapy	(1)	1727785	P. [illegible] (07726)

ANY OTHER INFORMATION:

14/7/26 Procedure: Elective LSCS

Surgeon: Dr. Mathangi Rajagopalan

Assit. Surgeon: Dr. Akshitha, Dr. Sridevi

Anesthetist: Dr. Ashwini

Intime: 9:45 Am

out time: 10:45 Am

Date: 16/7/26 Time: 6am Prepared By: [signature]

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital | BirthRight

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		18/7/18 @ 9.40am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Patient Name: Mrs STEFFINA UHID No: 83528 Bed Category: 704

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

Signature of ~~patient/ patient Attendance~~ Introducer

Signature of the ~~Introducer~~ patient

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	14/7/26	15/7/26	16/7/26						
Doctor's Orders	Yes	yes							
Carried out or not	Yes	yes							
Bed Side									
Structured Handover done	Yes	yes							
IV Site	Yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	Yes	NA							
Skin Care	Yes	yes							
Eye Care	Yes	yes							
Mouth Care	Yes	yes							
Sterillum Bottle, Stethoscope	Yes	yes							
Suction Bottle (Should be clean & empty)	Yes	yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :		Mathi							
Signature :									
Date & Time:	14/7/26 8PM	15/7/26 8AM							
Hand Over Taken By Name :	Mathi								
Signature :									
Date & Time:	15/7/26 8AM								

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 : IP18-00036459 **Admit Date** : 13-Jul-2026 **Admit Time** : 09:46 PM **UHID** : GUC-00085325

Patient Details :

Patient Name	: Mrs STEFFINA FERNANDEZ	**Age**	: 33 Y 4 M 11 D
Guardian	: Mr MERGO FErNANDO	**DOB**	: 02-03-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5094, T5, PRESTIGE VISTA Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056	**Phone No**	: 9916477913/ 9940211705
		E-mail	: STEFFINAFERNANDEZ@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 MERGO FErNANDO **Relationship** : Husband

Contact Address : 5094, T5, PRESTIGE VISTA Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056 **Phone No** : 9940211705

Signature

tor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

Rainbow Children's Hospital

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Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs STEFFINA FERNANDEZ**	**Age :**	**33 Y 4 M 11 D**
IP No:	**IP18-00036459**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: M. Cein Ml[illegible]

Name: M. MIERGO FERNANDO.

Relationship: HUSBAND

Date: 13-07-2026

Time: 9:46

Wittness Name: ASWIN

Wittness Signature: [signature]

Patient Address:
5094, T5, PRESTIGE VISTA
Iyyappanthangal Kanchipuram Tamil
Nadu INDIA 600056

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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 :> STEFFINA FERNANDEZ	UHID Number : 85525
Self/Attendant Name :> M. MERGO FERNANDO.	Relation :> HUSBAND
Self/ Attendant Signature :> M. Cerqueira Phone Number : > 9940211705	Name & Signature of Financial Counselor

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Able to pfm well.
No c/o pain abdomen / Bleeding P/V.

Obstetric Formula:

G2P1L1

Obstetric History:

I - 7, 64ms, LSCS @ padma clinic, kilpauk
3.6 kg, 40+2
2nd - mobile head / Big baby
hypothyroid.

Present Pregnancy Record:

II - PP, Spont. conception.
B&J.
NT - (N) / (N) UA art Doppler.

RISK FACTORS: TTS Screen - Negative.
Anomaly Scan (N).
Growth Scan (N).

→ K/c/o Hypothyroid on
T. Thyronorm 100mcg PO 1-0-0.

LMP: 7/10/2025 EDD: 14/7/2026.

Corrected EDD: 21/07/2026 GA: 38 weeks + 6 days.

Menstrual History: Regular: ☑ Yes ☐ No LMP-9/10/25
IDMP, 30-40

Obstetric Examination

Fundal Height:

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination –

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination –

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 162 cm
Weight: 108 kg
Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:	Pallor: No
Icterus:	Edema: No.
Temp: (N)	PR: 80/min.
BP: 110/70	DTR:
CVS: $S_1 S_2$ (+)	RS NVBS (+)
Liver/Spleen:	Urine Output:

DIAGNOSIS

38 yrs
G2P1L1
Prev LSCS
LCB 6 yrs
O +ve

Lmp - 7/10/2026
EDD - 21/7/2026
(IDMP)

GA - 38 weeks + 6 days

Hypothyroid.

Patient Sticker

Family History:	Surgical History:
Both parents DM Father - HTN.	LSCS x 1
Medical History:	**Medication History:**
→ K/C/O Hypothyroid on T. Thyronorm 100mcg od x 6 yrs	
Plan of Care:	**Investigations:**
- Admission c/o. - Plan → Elective Repeat LSCS on 14/7/26 @ 9:30 Am - NPO x 12 Am - IVF 1 Ⓒ RL @ 5 Am - Catheterisation c/m 8 Am - Inj Cupacy 1.5 g IV Stat - Inj Pantoprazole 40mg IV Stat. - Inj Emeset 4mg IV Stat.	

Doctor Name: Dr. Panithra

Signature: [signature]

Date & Time: 13/7/2026

Consultant Name: Dr. Mathangi

Signature: [signature] for

Date & Time: 13/7/26

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
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RESULT SHEET

Date	25/6/26					
Time						
Hb	10.6					
PCV	35.5					
RBC	3.75					
WBC	10,180				Blood G+/O+ve	
N/L						
Platelets	1,71,000					
CRP					HIV	
ESR					HBsAg / NR	
PCT					VDRL	
RBS						
Na						
K						
Cl						
Ca/Mg					25/6/26 FNS - 75	
Phosphate					PPNS - 88	
Urea						
Creatinine					TSH - 1.51	
ALP						
SGPT					13/4/26 ECG / Echo - (N)	
SGOT					EF - 64%	
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	12/40					

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

Culture and Sensitivities : .....

.....

.....

21/08/2016 SLZVG

Cephalic

Radiology : USG : Placenta - Anterior

X-Ray : Liquor - (N)

ECHO : EFW - 3219 gm (64%).

CT : (N) fetal Doppler.

MRI .....

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

GUC-00085325 IP18-00036459
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9AM	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- NPO
T-(N)	P° / PE°	- IVF 1 ⓞ RL @ 100ml/hr
PR- 84/min	CVS / RS NAD	- Vitals Monitoring
BP- 112/70mmHg		- Inform OT / NICU
	P/A - ut @ Term	- Inform Anesthetist
Bed side USG	Relaxed	- Shift to OT after Mam's order
SLIUG	cephalic	- Inform (SOS).
cephalic	FHS- good	
FHR -152bpm	L/E - CBD insitu clear urine draining	
	(signature) 182217	
	Patient received in MICU	
	C/S/B Dr. Akshitha / Dr. Dhivyalakshmi / Dr. Shreedevi	
14/07/2026 11AM	Pt reviewed, Nil c/o	Advice
POS	O/E Pt GC fair, Afebrile	- NPO x 2 hrs
T-(N)	P° / PE°	- Vitals Monitoring
PR- 75/min	CVS / RS NAD	- Follow drug chart
BP- 110/60mmHg		- IVF 1 ⓞ RL @ 125ml/hr
UO- 50ml, clear	P/A ut wellcontracted	- INJ. CLEXANE / OD @ 10pm
Baby - M/S	Soft	- CBC c/m 6AM
B/L- Breast soft	Dressing ⊕ & Dry	- I/O charting
	L/E - BWNL	- Inform (SOS)
(signature) 182217	LBD insitu, clear urine draining	

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026	C/S/B Dr. Dhivyalakshmi / Dr. Shreedevi	
2pm		
POD	Pt reviewed, N/V/C/O	Advice
	O/E Pt GC fair, Afebrile	- Liquid diet
T-(N)	P° /PE°	- IVF 1 ORL @ 125ml/hr
PR- 66/min	CVS/	- Kanji @ bpm
BP- 100/80mmHg	RS/NAD	- Soft diet @ 8pm
UO- 100ml, clear	P/A - Ut well contracted	- vitals Monitoring
Baby - M/S	Soft, BS(+)	- CBD/Clexane 60mg Sc@ 10pm
B/L - Breast soft	Dressing(+) & Dry	- CBC c/m 6AM
	4E - BWNL	- I/O charting
		- Inform (SOS)
	S182217	
	Shift to ward	
14/7/26	S/B Dr. Vinitha	
10PM	Pt reviewed; No 4o	
	O/E: GC fair; Afebrile	
T- Normal	P° /PE°	
PR: 68/min	PA: Ut contracted well	
SpO_2: 100% RA	Soft; BS(+)	Adv:
BP: 100/60	Dressing intact	· Soft diet; Plenty of fluids
U/O - Clear Hood	C/E: BWNL	· Ambulation
		· CBD removal STAT / Clexane (10pm) 60mg S/C
Baby M/S		
B/L Breast soft		· CBC 4M 6am
		· I/O chart
		· Inform 1st void

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2024	C/S/B Dr. Vaithna / Dr. Shreedevi	
9AM		
POD-1	Pt reviewed, Nil c/o	Advice
T-(N)	D/E Pt GC fair, Afebrile	- Soft diet
PR- 88/min	P° / PE°	- Plenty of oral fluids
BP- 100/70mmHg.	CVS /	- Vitals Monitoring
	RS / NAD	- Follow drug chart
Baby-M/S	P/A- Ut well contracted	- Inform(SOS)
B/L- Breast soft	Soft, BS(+)	- Measure next wid & Inform
voiding freely	Dressing (+) & Dry	- Inform(SOS)
Flatus Passed	L/E - BWNL	
Stool's passed		
	182217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26. 5.30pm.	S/B Dr. Abslute	
POD#1	pt reviewed.	passed stools
othe	no sp. c/o.	voiding freely
	o/E afebrile	
	GC fair	
BP 110/60mmHg	P°/PE°	Plan
PR 76bpm	P/A uterus WC	- monitor vitals.
SpO2 99%@RA	soft	- soft solid diet
temp (N)	BS ⊕	- hydrate
B/L breast soft	dressing dry	- ambulate
secretion ⊕	L/E BUNL	
Baby M/S		128635
DBF		
	S/B Dr. Manana / Dr. Divyalakshmi	
15/7/26 9 PM	pt reviewed Nil c/o	
		Advice
POD-1	o/E: pt GC fair, afebrile P°/PE°	- Continue same orders.
vitals stable		- Bath + dressing tmrw
passed stools	P/A: soft, BS⊕ wt WC dressing dry	
Baby M/S Breasts soft	L/E: BWNL	
	160288	

GUC-00085325 IP18-00036459
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02-03-1993 33 Y 4 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9:15 Am		
POD-2	Pt reviewed,	Nil c/o
	O/E Pt GC-fair, Afebrile	Advice
T-(N)	P° / PF°	- Normal diet
PR- 72/min	CVS /	- Plenty of oral fluids
BP- 110/62 mmHg	RS / NAD	- vitals monitoring
	P/A - ut well contracted	- Follow drug chart
Baby - M/S	soft, BS(+)	- Bath & dressing today
B/L - Breast soft	Dressing (+) & Dry	- Process discharge.
voiding freely	L/E - BWNL	- Inform SO)
Stools Passed		
	(18221)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Mrs. Steffina fernandez postnatal Exs / Advices

Signature:

Findings and Recommendations :

S/B physiotherapist Notes Dr. Mohanapriya. S (PT)
OBG & Gynec.

Do's and don'ts advised

- Lifting weights should be avoided
- Lying down over sides encouraged.
- Diaper change position.
- Postural advices
- Stairs climbing
- Coughing and Sneezing mechanism.

Consultant :

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

- Breathing Ex.
- posterior pelvic tilt
- pelvic bridging
- Ankle mobilisation
- Knee mobilisation.
- Kegels.

Review after 2 weeks

15/7/26.

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

D ... / 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

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-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sti

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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: LPR Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	100mcg	PO	1—0—0	13/7 6 Am	☑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 : 124682 Dr. Pavithra.

Date & Time : 13/07/2026 @ 10pm.

Nurse Name & Signature: S. pooja [signature]

Date & Time : 13/7/26 at 9.20 pm

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: 7th Floor Shifted to: LDR

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: P. Kanimozhi

Date & Time : 14/7/26 @ 8:30 AM

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

Nurse Name & Signature: S.W. Parameshwari 016808

Date & Time : 14/7/2026 @ 3.10 pm

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

GUC-00086326 IP18-00036459
Mrs STEFFINA FERNANDEZ

GUC-00085325 IP18-00036459
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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

15/7/26	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				22				22				20				22		
	0 - 10																							
Saturations	94 - 100 %	95%				98%				99%				97%				98%				97%		
	< 94 %																							
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA		
Temp°c	40																							
	39																							
	38																							
	37	98.6°F				98.2°F								97.2°C				96.8°F				97.2°C		
	36	①				①				①				①				①				②		
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100	74bpm				76bpm				80bpm				74bpm				84bpm				72bpm		
	90	①				①				①				②				②				②		
	80																							
	70																							
	60																							
	50																							
	40																							
↑ Systolic Blood Pressue	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120	105				110				117				104				116				110		
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50	(68)												(76)				(60)				(68)		
↓ Diastolic Blood Pressure	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60	64				60				74				70				74				82		
	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		PK				PK				SR				SR				SR				SR		

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

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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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
3+4=20	08:00 pm											
	09:00 pm	L		On admission								
	10:00 pm											
	11:00 pm									L	NO	
	12:00 am	N										
	01:00 am	PO										
Total Intake :						**Total Output :**						
	02:00 am	N									NO	
	03:00 am									L	IV	
	04:00 am	P										
	05:00 am											
	06:00 am	O		125ml						L	P	
	07:00 am			125ml								
Total Intake :				+250ml		**Total Output :**						

Total 24 hrs. Intake	250ml.	Total 24 hrs. Output	

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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.

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	NO		125ml						~~150~~		
	09:00 am	P		100ml						150.	0	
	10:00 am	O		RL 500ml						100	0	
	11:00 am			125ml						75ml	0	
	12:00 pm			125ml						150	0	
	01:00 pm	H20	100ml	125ml						100ml	0	
Total Intake : 800ml										Total Output : 650ml		
	02:00 pm	~~H20~~	150ml	125ml						100ml	0	
	03:00 pm	Juice	200	200ml						150	0	
	04:00 pm	H20	100	125						100	0	
	05:00 pm	Juice	100	125						150	0	
	06:00 pm			125						200	0	
	07:00 pm	1+00	100	125						200	0	
Total Intake :		500 + 750ml = 1250ml								Total Output :	800 ml	
	08:00 pm	H20	150ml	125						200ml	0	AA
	09:00 pm	H20	150ml	125						150ml	0	AA
	10:00 pm	Milk	100ml	125						250ml CBD Reading	0	AA
	11:00 pm	H20	150ml	DC							0	AA
	12:00 am	H20	100ml							to void	0	AA
	01:00 am	H20	100ml							100ml	0	AA
Total Intake :		750ml + 375ml = 1125								Total Output :	700ml.	
	02:00 am	~~H20~~	100ml								0	AA
	03:00 am	~~H20~~	150ml								0	AA
	04:00 am	H20	50ml								0	AA
	05:00 am										0	AA
	06:00 am	Milk	100ml								0	AA
	07:00 am	H2o	150ml								0	AA
Total Intake :		550ml.								300ml	0.	AA
										Total Output :		

2,150ml

Total 24 hrs. Intake	3725ml.

Total 24 hrs. Output	2,1450ml

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FLUID CHART

(3)

Sheet No. : .....

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

15/7/20		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2O	200								0	P.K
	09:00 am										0	P.K
	10:00 am	SOUP	150ml				✓				0	P.K
	11:00 am									500	0	P.K
	12:00 pm	H2O	200								0	P.K
	01:00 pm	H2O	100							200	0	P.K
Total Intake : 650 ml						Total Output : 700 ml.						
	02:00 pm	H2O	100ml								0	AA
	03:00 pm	Juice	200ml							250	0	AA
	04:00 pm	H2O	100ml								0	AA
	05:00 pm	H2O	200ml								0	AA
	06:00 pm	H2O	100ml							200	0	AA
	07:00 pm										0	AA
Total Intake : H2O – 650ml						Total Output : 450 ml						
	08:00 pm	H2O	150ml								NO	AA
	09:00 pm	H2O	100ml							200ml	IV	AA
	10:00 pm	H2O	150ml									AA
	11:00 pm	Milk	100ml							300ml	line	AA
	12:00 am	H2O	50ml									AA
	01:00 am									150ml		AA
Total Intake : 550ml						Total Output : 650 ml						
	02:00 am	H2O	150ml								NO	AA
	03:00 am										IV	AA
	04:00 am	H2O	100ml									AA
	05:00 am										line	AA
	06:00 am	Milk	100ml							300ml		AA
	07:00 am	H2O	150ml									AA
Total Intake : 500ml						Total Output : 300 ml						

Total 24 hrs. Intake	2,350ml

Total 24 hrs. Output	2,100ml

GUC-00085325 IP18-00036459
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Patient St

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 / Prev LSCS / 38 wks 6d / Hypo / El. LSCS

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

Surgery / Procedure: El. LSCS

Post OP Day: –

Section	Date / Shift	13/7/26 Night	14/7/26 M	14/7/26 Evening	14/7/26 N	15/7/26 M	15/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Hypothy	Hypothy	Hypothyro	Hypothyroid	Hypothyroid	Hypothyroid
	Diet:		NPO	liquids	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):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98 F	98.0 F	98° F	97.8°C	98.2°F	98.6 F
	Res:	18	18 b/m	20 bpm	20 br	20 b/m	22 b/m
	SpO_2:	100	98%	99%	98%	98%	99%
	Pulse:	100	84 b/m	76 bpm	77 bpm	74 b/m	82 bm
	BP:	117/74	112/70	100/60	110/70	105/64	117/67
	LOC:	Conscio	Consciou	Conscious	Conscious	Consciou	Conscious
	Fall Risk Score:	10	0 / 10	20	20	20	20
	Pain Score:	0	0	1/10	1/10	1/10	1/10
	Skin Integrity	Normal	Normal	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	–	–	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:		NPO	liquids	Soft diet	Soft diet	Soft diet
	Critical Lab Test / Values:	–	–	–	–		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Depend	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	–	–	–	–	–	–
	Handed Over By Name :	Yogi	P. Kerz	Sriparan	[illegible]	P. Kez	[illegible]
	Signature / ID :	[illegible]	P. L	[illegible]	[illegible]	P.K	[illegible]
	Date:	13/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
	Time:	8.00 PM	8.30 AM	2 PM	7.30 AM	1.30 PM	2 PM
	Taken Over By Name :	P. Kerz	Sriparan	[illegible]	P. Kez	[illegible]	[illegible]
	Signature / ID :	P. Ke	[illegible]	[illegible]	P. Ke	[illegible] 021815	[illegible]
	Date:	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
	Time:	8 AM	2 PM	8 PM	8 AM	1.30 PM	1.30 PM

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NURSING CARE RECORD

Date: 13/11/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		maintain personal hygiene		- monitor vital signs - teach personal hygiene - change linens regularly	maintained personal hygiene	Reassessment is done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
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NURSING CARE RECORD

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Date: 14/7/16

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	7.30 AM	- Assess the patient condition Monitor vitals Maintain ILO provide psychological support	8.30 AM	Assessed the patient Monitored vitals Maintained ILO provided psychological support	Monitor vitals	patient feel better	
Afternoon	2 pm	Achieve acceptable pain control & comfort	2.30 pm	Assess pain using pain scale regularly. Position patient comfortably.	Patient feel better	Patient Pain level reduced	
Night	8 pm	Achieve acceptable pain control & comfort.	10 pm.	Assess Pain using Pain Scale regularly Position patient comfortably	Patient Feel better.	Patient Reassessment done.	

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①

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
13/7/26	9:10pm	pt mrs. steffina, 33y/F	
		she is G2 P1 L1 / prev LSCS /	
		38wks + 6d / LCB 6yrs / Hypothyroid	
		on T. thyronorm 100mcg. pt	
		came for admission got	
		admitted under Dr. mathangi.	
		Admitted for Elective LSCS	
		posted on 14/7/26 at 9.20AM.	
		vital signs checked & recorded.	
		BP- 118/74 P/R - 100b/m R/R - 18b/m.	
		temp- 98°F. CTG connected	
		FHR ⊕. Dr. Jeyamol Dr. pavithra	
		seen the pt history collected.	
		Advice to NPO from 12AM.	
		Surgery & anesthesia concent done.	
		DVT Braden Q, morse fall,	
		Pain assessment done.	S/N [illegible]
	10:10pm	CTG disconnected as	
		per doctor order. advice to	
		shift ward. shift back to LDR	
		at 8.30Am. Follow drug chart	
		order carried out	S/N [illegible]
	10:40pm	Anesthetist Dr. mohan seen	
		the pt. pt shifted to ward	
		as per doctor order. pt	
		care hand over given to 6th floor staff.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
13/7/96	11.40pm	Handover Received from CDR staff. patient active and alert. NO IV line. Patient NPO from 12am. need to put IV line 5am. catheter @ 5am. posted @ 9.30am. Tomorrow	[signature]
	12am	Checked vital sign and Recorded. patient is NPO.	[signature]
	2am	patient sleeping well. there is no other complaints	
	4am	Checked vital sign and Recorded.	
	4:30am	patient part preparation done.	
	6am	put new IV line IV line patent	[signature]
	7am	monitored I/O chart and recorded.	
	7:30am	Handover given to Morning duty staffs	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty	
14/7/26	7.30 AM	patent details handover taken over from Night to morning patent is NPO 12 AM, catheterized 7.40 AM, shift to 8.30 AM	→ P.[illegible]
	8.20 AM	patent pre-op medication given and vitals checked and Recorded.	→ P.[illegible]
	8.30 AM	patent details handover given to [illegible] R staff	→ P.[illegible]
	8.30 am	receiving notes on 14/7/26 pt received ward to MLW pt conscious & oriented to live present CBD present pt in NPO pt general condition is good pt plan for EL. LSCS at 9.30 am pt general condition is good	[illegible]
	9.00 am	pt vital counted & recorded pt general condition is good Mtr is running FHR is good by Dr. Akshita mam.	[illegible]
	9.35 am.	pt shifted to OT pt handling over to OT staff Inj. Supont 1-Fcm. first dose given. no allergy. as per doctor order. pt shifted to OT order by Dr Akshita mam.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting Note	
14/7/26	9:45 Am	Patient received in to OT-III. Patient is conscious & oriented. vital signs are stable. IV line and foley's catheter is present.	607721
	9:47 Am	SA given. Positioning done. IV fluid connected. vital signs are stable.	
	9:50 Am	Painting & draping done. skin incision given. NAD excessive blood loss is present. vital signs are stable.	607721
	9:53 Am	A single alive baby girl delivered. baby cried immediately after delivery. Immediate cord clamping done. Baby shifted for routine care.	607721
	10:15 Am	Nb active bleeding is present	
	10:30 Am	skin suturing done. Nb bleeding from the site of surgery. dressing done. Surgical dressing is intact.	607721
	10:45 Am	Patient shifted to NICU. Hand over given to NICU staff.	607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	10.50 am	MICU received Notes:	
		Patient received from	
		OT. patient conscious &	
		oriented. Vitals are checked &	
		recorded. Patient PV bleeding	
		normal. patient receiving	
		output 50ml. Baby mother	
		side. Direct breast feeding	
		given.	S/n paramesm 016808
	11.45AM	Post partum assessment done.	
		B → Breast soft. Direct breast	
		feeding given. No breast	
		engorgement	
		U → Uterus contracted. PV	
		bleeding normal.	
		B → catheter present.	
		Urine output clear	
		B → Bowel movement present	
		L → lochia rubra present.	
		No evidence of foul	
		smelling	
		E → REEDA assessment not	
		applicable	
		H → Homan's sign negative	
		E → patient emotional	
		status good.	S/n paramesm 016808
	12.30pm	patient general condition fair.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26		Vitals are checked & recorded.	
		PV bleeding normal.	S/N paramedical 016808
	1.30pm	Orals given. There is no complaints of vomiting.	
		Direct breast feeding given.	
		Baby sucking well.	S/N paramedical 016808
		Dr. Divyalakshmi saw the	
	2pm	patient checked bleeding,	
		vitals advised to patient	
		shift to ward.	S/N paramedical 016808
	2.30pm	orals encouraged, kanji	
		@ 6pm, soft diet 8pm,	
		CBC c/m 6am, CBD / clexane	
		@ 10pm.	S/N paramedical 016808
		patient shifted ward.	
		patient details, files handed	
		over given to 7th floor staff	S/N paramedical 016808
		RECEIVING NOTES	
	3:30pm	Pt received from LDR to 7th	
		floor. Pt details taken over	
		from LDR staff. pt on	
		Conscious and oriented, IV clns	
		in present IVF @ 85ml/hr	
		CBD, clexane 60mg on 10pm.	
		CBC on 6AM follow drug chart	
		tab PCM @ 6pm and soft diet	
		at 8pm no other complaints	S/N paramedical

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085325 IP18-00036459
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(4)

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	4:00pm	Vitals was checked and recorded maintain I/o Chart no other Complaints	
	6:00pm	Kanji was given pt taken well no other complaints	
	8:00pm	Maintain I/o chart and recorded	
	11:30pm	pt details handing over given by night duty staff	
		Night duty Notes.	
14/7/26	7.30pm.	Patient details handing Over taken from Evening duty staff. Bed side Assessment done. Conscious and Oriented. IV line (+) Patten IV fluids RL 500ml 125ml/hr On flow. Patient Not passed stools. CBD (+) Urine clear & culture No any other complaints.	
	8pm.	patient taken soft diet. vitals sig checked & recorded. vitals are stable. I/O chart Monitored. P/V bleeding is Normal.	
	9pm.	patient due medication & drug given as per drug Chart Orders IV line patten. No any Other Complaints Provide Comfortable position.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	9.30pm	Seen by the Dr. Nihitha mam Adviced Soft diet. plenty of fluids, Ambulation, CBD Removal @ 10pm, Rx clexane 40mg Sc today, T/m c/m CBC @ 6AM, Inform 1st voide	[signature]
	10pm.	Patient Ambulation done. Not passed Flatus; CBD Removal @ 10pm, Rx clexane 40mg S/c given. self void No: W/F the Urine.	[signature]
15/7/26.	12Am	patient vitals dig checked & Recorded vitals are stable. I/o chart monitored. P/V Bleeding is Normal. No any other complaints Provide comfortable position. Patient Side Encouraged Oral Intake.	[signature]
	4AM	patient sleeping pattern is Normal. vitals dig checked & Recorded. vitals are stable I/o chart monitored. P/v bleeding is Normal. B - Breast soft. No engorgement. U - Uterus contracted pv bleeding is Normal B - Urine voiced freely. B - Bowel movement present. L - Lochia rubra present E - Episiotomy assessment not applicable. H - Homan's Sign Negative. E - Patient Emotional status good.	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
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NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ..... N.K.A .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	6AM.	Patient Morning Care done. Today Morning Cbc done. Send the lab. report due. Patient Flatus passed. Urine voided. No any other complaints. IV due medication given as per drug Chart order. →	
	7.30AM.	Vitals Sign Checked & Recorded. Vitals are Stable. P/V Bleeding is Normal. patient details handing over to Morning duty staff. → Morning duty on 15/7/26	
	7.30 AM	Patient details handy over taken from Night duty staff. Patient Conscious and Oriented in time Pattern. patient is on soft diet. Patient urine voided freely. Patient PV bleedy is Normal. Tomorrow pedi bath and dressing →	
	8 AM	Vital Signs checked and Recorded →	
		B- Breast soft. No Engorgement U - Uterus Contracted. Involution present B Bowel movement present. motion passed B - Urine voided freely	

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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
15/7/24		L - Lochia Rubra present. No foul smell	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	
		E - Emotional status good →	[illegible]
	9 Am	Dr. Partha mam seen the patient	
		advised by soft diet, plenty of	
		oral fluids, vitals monitoring, follow	
		drug chart, I-foam (SOS), Measure	[illegible]
		next void & I-foam (SOS) →	
	10 Am	Due medication given as	
		per Doctor's order →	[illegible]
	12 Am	patient vitals checked and	
		recorded. patient due medication	
		given, intake output chart	
		maintained	→ P. Kum 60720
	1.30pm	patient due medication given	
		details handover given	
		to Evening duty staff	→ P. Ku 60726
		Evening Duty	
	1:30pm	pt report taken from (M)	
		duty staff	[illegible]
	2pm	patient was conscious &	
		oriented, temp stable &	
		bleeding was maintained [illegible]	
		chart has normal colour	
		breast soft voided urine -	
		breast soft no engorgement	[illegible]

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PHLEBITIS ASSESSMENT

Patient: GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

MRD No.:......

Age :...... Weight :......Sex: ☐ M ☐ F

Consultant :......

CANNULA 1

Date : 14/7/18 Time: 6am

Location : (L) meta carpal

Size : 18G

Cannula inserted by : S/N Soumya -S.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
17/7/18	6am	☐Yes ☐No	☐Yes ☐No	Obsn	[illegible]
	8 Am	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	Observ	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obsv	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obsv	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	patten	AA
	10pm	☐Yes ☐No	☐Yes ☐No	patten	AA
18/7/18	2AM	☐Yes ☐No	☐Yes ☐No	patten	AA
	6AM	☐Yes ☐No	☐Yes ☐No	patten	AA
	10AM	☐Yes ☐No	☐Yes ☐No	Obsv	P.G
	12PM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	2PM	☐Yes ☐No	☐Yes ☐No	paths	[illegible]
	4PM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	6PM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify- [illegible]
Phlebitis score: 0

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

(1)

Morse Fall Risk Assessment Form

Rainbow® Children's Hospital
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Choose Highest Applicable Score from each Category		Date / Time	13/7/26	14/7/26 M	14/7/26 E
		Score	10pm	8Am	3~~0~~ 30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	6	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	6	0
IV / Heparin Lock or Saline	Yes	20			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	30
		Signature	[signature]	[signature]	[signature] 0160

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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Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 14/7/26	M 15/7/26	E 15/7/26
		Score	8PM	8AM	2PM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

GUC-00085325
Mrs STEFFINA FERNANDEZ
02-03-1993
Dr. MATHANGI RAJAGOPALAN
IP18-00036459
33 Y 4 M 13 D
(F)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 15/7/26	N 16/7/26	
		Score	2PM	8AM	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0		0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	30	0	
Total Morse Fall Scale Score:				0	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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BRADEN 'Q' SCALE

					Date : 13/7	14/7	14/7	14/7
					Time : 10pm	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	22	22
				Evaluator's Name				

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

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

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ (F)
02-03-1993 33 Y 4 M 12 D
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

				Date : 15/7/1	15/7/2	15/7/3	16/7/1
				Time : 8AM	2PM	8PM	8AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
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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	24	28	28	28
				Evaluator's Name				

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

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

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

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PAIN ASSESSMENT FORM

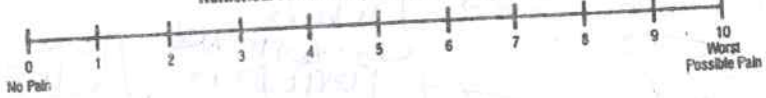
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/26	10pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
14/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
14/7/26	12pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	
14/7/26	2pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	provide comfortable position	
14/7/26	8PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab- Para 1gm Oral given.	
15/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

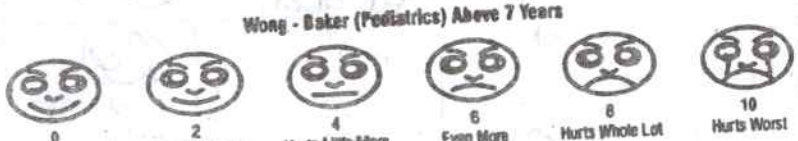
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/20	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	[signature]
16/7/21	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

(P.T.O)

Reassessment Frequency:

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PAIN ASSESSMENT TOOLS

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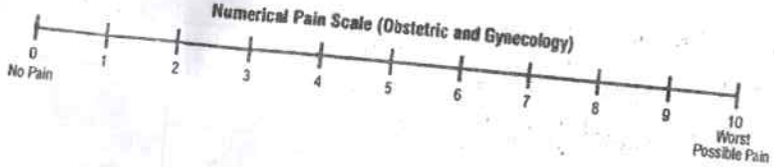
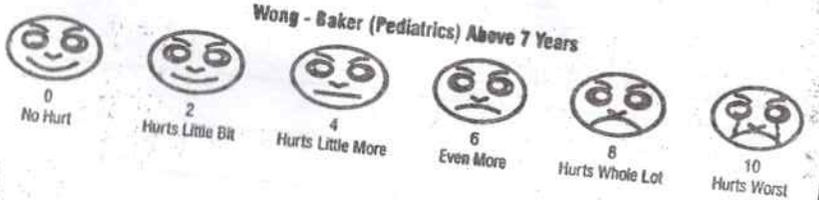


Wong - Baker (Pediatrics) Above 7 Years



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
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Assessment Criteria	Sedation		Normal	Pain / Agitation	
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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 14/7/26 Date of Removal: 14/7/26 @ 10pm

Parameters	Date / Shift Time: 14/7/26 M	14/7/26 Evening	14/7/26 N.				
Need for the Catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse	S/N Sowmiya	S/N [illegible]	S/N [illegible]				
Signature of the Nurse	[illegible]	[illegible]	[illegible]				

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

6 Type ISO 11140 | STEAM | Green = Sterilized | Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 | SV: 121°C - 15 min. 134°C - 3,5 min. | Sterintech

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Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. MATHANGI. R.	Date of Delivery: 14/7/26.
Assistant Surgeon: DR AKSHATA; DR. SHREEDEVI	Time of Delivery: 9:53 AM
Anaesthetist's Name: DR. ASHWINI.	Gender of Baby: Girl
Type of Anaesthesia: SPINAL.	Weight of Baby: 3.752kg
Neonatologist: Dr. Poojitha	AGPAR Score: 8/10, 9/10
Scrub Nurse: SIN GRACE.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L1|39W|prev LSCS|LCB 6yrs|hypothyroid.

☑ Elective ☐ Emergency Indication: Previous LSCS.

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

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

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

Surgical Procedure: POD#0|P2L2|hypothyroid|Elective LSCS.

Post Operative Diagnosis: Elective lower segment Caesarean section.

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

Endometriosis noted in posterior lower surface of uterus

Examination Findings when Appropriate:

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

5th Palpable: ....5/5th.... Fetal Position: ....-....

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

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

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

Bladder drawn up.

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps meconium stain over cord/placenta.

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

Sterilization deferred due to MSL.

Prolene remnants noted from previous LSCS, same removed.

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

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

Sheath Closure: ....1 vicryl).... Suture

Fat Closure: ☐ Yes ☑ No .... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12 pm today days ☐ Await instructions

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

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

Post-Operative Notes: monitor vitals

NPO x 3 hours

CBD/clexane 60mcg 10pm today

I/O charting.

CBC c/m 6 AM.

w/t ↑ bleeding P/V.

in bed mobilisation.

INJ SUPACEF 1.5gm IV 1-1-1

CAP PAND P/O 1-0-1

TAB PARA 1gm P/O 1-1-1

JUSTIN SUPPOSITORY 100mg PR 1-0-

INJ CLEXANE 60mcg S/C OD 10pm too

Doctor Name: ....Dr. Mathangi R.... Doctor Signature: ....(signature) (For).... 128435

Date & Time: ....14/7/24....

GUC-00086326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr.
Anaesthetist : Dr.
Scrub Nurse : S/N Grace

Age : .... Gender : ....
UHID No. : .... Surgery Name : EL-LSCS
Date : 14/7/26 In-time : 9:45Am Out-time : 10:45Am

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Before Induction of Anaesthesia ➢➢

SIGN IN Time: 9:47Am

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

Site Marked ☐Yes ☑No ☐NA
Anaesthesia Safety Check Completed ☑Yes ☐No
Pulse Oximeter on Patient & Functioning ☑Yes ☐No
Does Patient have a:
- Known Allergy? ☐Yes ☑No

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

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

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

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

Before Skin Incision ➢➢

TIME OUT Time: 9:49 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 : ....
Name : ....

Before Patient Leaves Operating Room

SIGN OUT Time: 10:40Am

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 : 607921
Name : Disne.

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

PATIENT TRANSFER FORM

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GUC-00086326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
13/7/26 @ 9:46 pm	14/7/26 @ 10:45 Am

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

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607724	Dr. Ashwini

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

GUC-00085326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 14/7/26 @ 10:45 am OT TRANSFERRED TO: MICU

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

RCH/GDY/FRM/CLINICAL/598

INFORMED CONSENT FOR SURGERY OR SPECI

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

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

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

ELECTIVE REPEAT LOWER SEGMENT CAESAREAN SECTION
IND - PREVIOUS LSCS. upon MRS. STEFFINA
(Name of the Patient)

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

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

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

Bleeding, Infection, Blood transfusion, Anaesthesia complication, Bowel & Bladder injury, MICU Stay, Adhesiolysis

My signature on this form indicates that

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

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

Consentee :
Signature : .....
Name : STEFFINA
Date & Time : 13/7/21

Patient Attendant :
Signature : .....
Name : .....
Relationship with Patient: Husband
Date & Time : 13/7/21

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Pavithra
Date & Time : 13/07/2021

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Time: .... Proposed Operation: [illegible]

Diagnosis: ....

B.P / CRT: 110/70 H.R: 100/min Weight: [illegible] kgs , ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5 [illegible] 42

Laboratory Data:

Hgb: 10.6	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.Ao L.	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	TSH - 1.57
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:	Allergies: - Nil -	

[illegible]

Medical History: CVS :

RESP : Diabetes :

CNS : Hypothyroid [illegible]

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: [illegible] 1sh [illegible]

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: ✓ Mentohyoid Distance: ✓ Neck: ✓ Teeth: ✓

Lungs : [illegible]

Heart: [illegible]

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site : | Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE
[illegible]	[illegible]

Pre-Operative Instructions:

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

[illegible]

Signature: ✓ Name: [illegible]

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 123/min | B.P / CRT: 110/74 mm Hg | SpO2: 99-100% | R.R: 16/min | Last Feed: 9pm

Pre-OP Diagnosis: Perianal LSCS | Operation: Elective repeat LSCS | Date: 14/7/26

Surgeon: Dr. Mathangi / Dr. Shilpa | Anaesthesiologist: Dr. Mohan / Dr. Velumani | Technician: Mr. Sudarshan

TIME: 9:45AM — 11AM

N2O /AIR /O2 LPM
HALO /SO /SEVO
Drugs: Inj. phenylephrine 100µg slow iv

FIO2 / SaO2: ← 100% — 100% →
ETCO2:
ECG: ← NSR, sinus tachycardia →
Temperature
Urine Output

Fluids / Blood: ← RL - 20 iv includ f/b 100ml/hr →

Antibiotic
Suppository
Blood Loss
NOTES

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

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG, GRBS, Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: R arm
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FIO2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9:45AM
OP Start:
OP End:
Leave OR: 11AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

Induction
☐ IV ☐ Inhal
☐ Pre O2 ☐ 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
Site: L2-L3
Needle Size: 25G Depth: Whitacre
Parasthesia ☐ Yes ☑ No
Catheter at skin NIL cm
Drug Name & Conc: 2.4 ml of 0.5%
Bolus: bupivacaine (heavy)
Infusion: 60 µg fentanyl after free flow of CSF
Block Level: T6 level
Comments:
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: DR. ASHWINI S
Signature of the Doctor:

10/348

Patient Sticker

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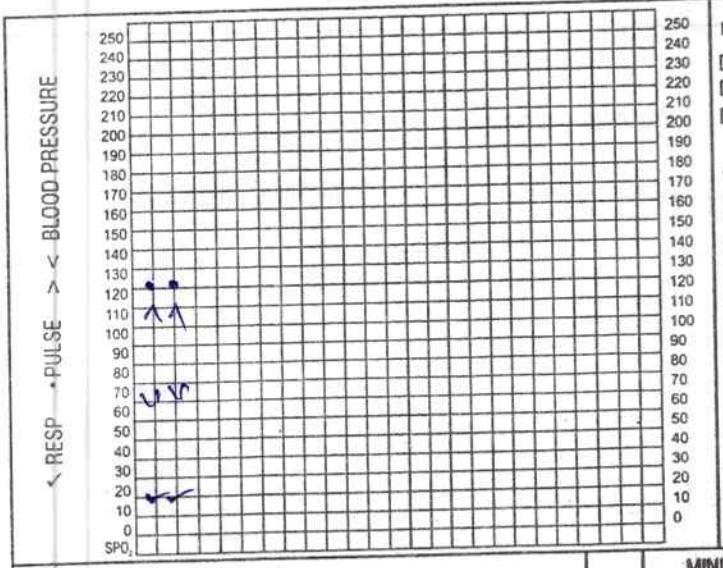
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 10:45 Am Time Discharged : 10:45 Am



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	MINUTES 60	MINUTES 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 Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2			
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2			
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2			
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2			
		TOTAL	9	9	9			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
14/7/26	11AM	0/10	NPO till further orders iv fluids @ 100ml/hr iv antibiotics as advised Inj. paracip 1g iv tds Inj. tramadol 50mg iv (SOS) Inj. emeset 4mg iv (SOS) TED stocking / SCD pump.	S. Ashwini 101348

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

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

Anaesthesiologist Name : Dr. Ashwini S
Anaesthesiologist Signature: S. Ashwini 101348
Date & Time: 14/7/26 11AM
PACU Nurse Name : Risna
PACU Nurse Signature: [signature]
*Date & Time: 14/7/26

Transferred to Unit by (PACU): MICU
Date & Time: 14/7/26 @ 10:45 Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR ANAESTHESIA

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

UHID NO: ..... Surgeon Name: .....

Anaesthesiologist : ..... Operative procedure planned : Elective op. lower segment caesarean section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : Hypertension, Desaturation, Bradycardia, Bleeding.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : STEFFINA

Relationship with Patient: Patient

Date & Time : 13/2/26

Witness :

Signature : .....

Name : .....

Date & Time : 13/2/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr MRam

Date & Time : 13/2/26

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

10 Pages.

PRE - OPERATIVE CHECK LIST

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Patient's Name : MRS. STEFFI NA. Date: 17/7/26.

Blood Group : O+ve UHID : Age : 33yrs Gender : ☐ M ☐ F

Planned Surgery : Elective LSCS Surgeon : Dr. NATHANIAL

Anesthetist : Date & Time of Operation : 17/7/26 @ 9.30am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name :

Billing Executive Signature :

Date & Time :

Nurse In-Charge Name : Soumya

Signature of Nurse In-Charge :

Date & Time : 17/7/26.

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

PATIENT TRANSFER FORM

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 at 9.46 pm	14/7/26 at 9.35 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Mathangi	Dr Akshita	Pt. Shifted to OT.
From Unit	**To Unit**	**Information to Attendant**
NICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP file-①	CT-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 Order by Dr Akshita.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sign N. Devi 01/8760	Dr Akshita.

Patient & Clinical Records Received by : Risna 607721

Date & Time of Patient Received : 14/7/26 @ 9:45 Am

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

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 14/7/26 @ 8.30AM MICU **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated		
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	NA	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	NA	
	b.Reassessment done	NA	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	✓	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**		
10	**REPORTS AND LABS HANDED OVER**		
11	**BIOPSY/HPE SENT**		
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: _____	P.Kavitha	
	Receiving Nurse : _____	607721	
	Signature of Incharge:		

PATIENT TRANSFER FORM

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Mrs STEFFNA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
DR. MATHNGIT RAJAGOPALAN	13/7/26 @ 9.46 PM	14/7/2026 at 8.30 AM
Transfer Ordered by	**Reason for Transfer**	
DR. MATHNGIT RAJAGOPALAN	ELECTIVE LSCS	
From Unit	**To Unit**	**Information to Attendant**
70A	8th FLOOR LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files		Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj supacef	1
2.	D-syringe 10ml	1
3.	Ted stocking	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Poonam 021875	Dr. Mathangi Rajagopalan

Patient & Clinical Records Received by : SINI M Das

Date & Time of Patient Received : 14/7/26

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

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

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PATIENT TRANSFER FORM

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission 13/7/26 @ 9.46p	Date & Time of Transfer Order 14/7/2026 @ 3.15p
Treating Consultant Name Dr. Mathangi	Transfer Ordered by Dr. Divyalakshmi	Reason for Transfer Further mgt
From Unit LDR	To Unit 704	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Casesheet	Number of Imaging Films CTG	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Cevistat	2
2.	T. para	9
3.	C. pan	10
4.	Justin suppository	5
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Parameswari 016808	Dr. Divyalakshmi

Patient & Clinical Records Received by : V. Abirami 607798 [signature] 607798

Date & Time of Patient Received : 14/7/26 @ 3:30p

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

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

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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

PATIENT TRANSFER FORM

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GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 13/7/26 @	Date & Time of Transfer Order: 13/7/26 @ 16.30pm.
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. pavithra	Reason for Transfer: pt care
From Unit: ICR	To Unit:	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: pt DP file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. priya [signature]	Dr. pavithra.

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 13/7/26 @ 10.40 pm

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

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNAND[illegible]
02-03-1993 33 Y 4 [illegible] D (F)
Dr. MATHANGI RAJAGOPALAN

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
13/7/20	10pm	Yes	Educate about fall risk safety needs (pull side rails)	patient	No learning barriers	Oral	None	Yes	Good	[illegible]
14/7/20	8am	yes	Explain about epilepsy	Patient	NO	Oral	None	yes	Good	[illegible]

Part - III: CODES

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

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

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

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

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

GUC-85395

ANTENATAL RECORD

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Antenatal No:

Reg.No:

DR. Mathangi

PERSONAL DETAILS

Name: Mrs. Steffina Fernandez Age 32 Date of Birth 2/3/1993 Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address: Iyyapanthangal Kanchipuram Tamil Nadu

Mobile: 9940211705 E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G_2 P_1 L_1 Prevs. LSCS Hypothyroid T. Thyronorm 100µg	LMP – 7/10/2025 EDD - 14/7/26

HISTORY

Year of Marriage: 8 years Menstrual History: Previous Periods Irregular (30-40)

Consanguinity: Contraception:

LMP 7/10/25 EDD 21/7/26 Corrected EDD

OBSTETRIC FORMULA: G_2 P_1 L_1

Gravida 2 Para 1 Live 1 Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G_1			Girl, 6yrs, LSCS Padma clinic, 3.6kg 40+2 Ind: Mobile head/Big baby Hypothyroid				

Medical History: PCOS
Hypothyroid 75 mg

Surgical History: LSCS x 1 6yrs back

Family History: Both parents DM
Father - HTN

Allergies: Nil

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife | Husband | ICT

VDRL | HIV | HbsAg | TSH 3.06 | GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
		Hb electrophoresis - Normal FBS - 79 ; TSH - 1.4	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT - (N) ; (N) Uterine (A) Dopplers ; FTS - Negative								
TIFFA	Anomaly Scan - (N) ; Placenta - Anterior ; (N) Uterine (A) Dopplers								
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	2/5/1	20	AC - 62nd centile				EFW - 1.4 kg (68th centile) (N) Liq / Doppler CL - 3.8 cm			
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: Mrs. Steffina Fernandes Corrected EDD: 21/7/26 Parity G2 P1 L1

SYSTEMIC EXAMINATION

Height _____ CVS S1 S2 (+)

Weight: _____ Respiratoy System: B/L NVBS (+)

BMI: _____ Breasts: B/L (N) Thyroid: (N)

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
26/11/25	95.6	119/75	7			(+)			Review with viability Scan
3/12/25	96.2	108/65	7+1			(+)			Review with NT Scan / TFT
9/1/26	98.30	129/80	12+2			(+)			
20/1/26	97.9	103/88	14			(+)			Review 4 wks
20/2/26	99.4	98/61	18+1	Tallies		(+)			Review with Anomaly Scan / TFT
16/3/26	100.5	107/62	21+6			(+)			
2/5/26	102.6	105/64							
30/5/26	105.5	111/64							
29/6/26	106.9	104/60							
7/7/26	108.1	118/74							
11/7/26	108.8	108/71							

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEl ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____ Apgar score:_____

Postpartum Period:_____

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: (M/A)
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: .....

L - 2
A - 2
T - 2
C - 1
H - 1
8

Handover given by ..... Signature ..... Date & Time: 14/7/26 @ 12pm

Handover taken by ..... Signature ..... Date & Time: 14/7/26 @ 2pm

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 13/7/26 Time of Arrival: 9:10pm Time Seen by Nurse: 9:15pm

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: Pl. LSCS

3) **Vital Signs:** Temperature: 98F Pulse: 100 RR: 18 SpO_2: 100 BP: 118/76 Weight: 108.80

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 07/10/2025 EDD: 14/7/2026 Gestational Age: 38wt6d

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: Prev LSCS

b) Medical: Hypothyroid

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: ....T. Thyronorm 100mcg....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....9:20AM....

Nurse Name : ....S. Pooja.... Nurse Signature: ....[signature]....

Date: ...13/7/20... Time: ....9:20pm....

Patient

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 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 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	02	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/07/2026 Time: 12:10PM.

Origin: — Height: 162 cm Weight: 108 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS.

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

K/C/O – Hypothyroid

Diet Advised:

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

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

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

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

Patient's / Attendant's Mother.

Signature: Shiela

Name: SHEELA FERNANDEZ

Date & Time: 15/07/26 12:10PM

Dietician's

Signature: A. Fathima (018336)

Name: A. Sandiya Fathima

Date & Time: 15/07/26 12:10PM

DIETARY NOTES

Date	Time	Notes	Sign
14/07/26	9 AM	NPO.	A.B (018336)
	11 AM.	ELECTIVE-LSCS done	A.B (018336)
	DoS.	NPO x 2 hrs.	
	2 PM.	- Patient is on Liquid diet. - Patient is stable. Oral intake is Better. Advised to take plenty of Oral fluids like water, tender-coconut water, fruit Juices (etc) Fluids - 2.5l-3l/d.	A.B (018336)
15/07/26.	08:15 AM	- Patient is on Soft Diet. - Patient is stable. Oral intake is Adequate - Advised to take easy-digest foods. - Consume small-frequent meals. - Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc). RDA values - Energy - +600 kcal Protein - +17-19 g/d.	A.B (018336)
16/7/26	8:40 AM	Patient is on Soft Diet. - Patient is stable. Oral is good. - Advised to take protein-Iron rich foods. Stools passed Yesterday.	A.B (018336)