SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 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 : 16/7/26

Patient Name: Mrs. Sapna Shree Date of Birth: 17-11-1999 Age: 26yrs

Gender: F Ward : OT UHID No.: 26019/36482

Date of Surgery: 16/7/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 12-25pm Time Out : 1:30pm

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. Sathish	
3. Assistant Surgeon	: Dr. Parithi/Dr. Sridevi	
4. OT Technician	: Mr. Shyam	
5. Circulating Nurse	: C/N Sujatha	
6. Assistant Nurse	: S/N Chitra	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: Record finalized done Order by: .....

Inter : 12.30 p~

Int. Sup. @ 1.59 ~ @ 12.10 p~

BMB LSCS

Patient Sticker

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

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CONSUMABLES OF OT

Circulating staff : Sagadi Technician : Shyam Date : 16/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj Vit.K		1
LMA			Sutures 2 3 4 7		3	Cord Clamp		1
ECG leads : A / P / N		3	1 3 2 6		1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6FR		1
Syringes : 10 cc		2	G.S.B.C		2	Vaccum Suction Set		
05 cc		3	Gloves		4	Surgical Gloves		
02 cc		2			2	Gauze Pack		1
01 cc			T.O P+			Syringe 1ml / 2ml		1
Cautery plate : A / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S) PROTO CROWN		1
RL		4	Cautery pencil		1	Duster 10ML		2
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies		4	EELPROSS		1
SYNTO		5	Ointments			5ML EMBEROLD		1
BIOXOMIX		2	Suction Catheter			VENTON 200ML		1
Fentanyl			Cap, Mask			MBZOLM 5ML 5MG		1
Morphine			Gauze Pack 1 PKT		1/3	QUICK TABLE SLAB		1
Ketamine			Mop Pack		2	SPINAL NEEDLE 22G LONG NEEDLE		1
Propofol			Steristrip					
Rocuronium			Underpad		1	LOX 2% 10ML		1
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron ONDOLIND		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
CABOPREST		1	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		1			
Tab. Misoprost : 200mg 600mg		1	Betadine Solution		2			
ANAWIN HEAVY		1	Microshield					
RUPTURICES		1	Cotton Balls					
SPINAL NEEDLE 27G 90mm (LUER)		1	Latex Gloves		10P			
NEEDLE 26X1½		1	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036482	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SAPNASHREE S	**Bed Name**	MICU 802
Age/Sex	26 Y 7 M 29 D / Female	**Order No**	18-0001728461
Date	16/07/2026 17:29	**Prescription No**	PRIP18-0627510
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	**Dispensed Date**	16/07/2026 17:34
UHID	SNC-00026019		

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	1	120.00	120.00
3	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	2	128.00	256.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
13	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
14	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
15	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	2	91.00	182.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
17	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	894.00	894.00
18	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
19	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
20	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**10,051.08**	**13,945.08**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 16-07-2026 17:34

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	IP18-00036494	**Ward**	6F-PRIVATE
Patient Name	Baby B/O SAPNASHREE S	**Bed Name**	CRDL-PVT609-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	**Order No**	18-0001728462
Date	16/07/2026 17:32	**Prescription No**	PRIP18-0627512
Payor	SELFPAY	**Dispensed Date**	16/07/2026 17:34
UHID	GUC-00093953		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	1	123.00	123.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**415.00**	**415.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 16-07-2026 17:34

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	IP18-00036482	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SAPNASHREE S	**Bed Name**	MICU 802
Age/Sex	26 Y 7 M 29 D / Female	**Order No**	18-0001728460
Date	16/07/2026 17:29	**Prescription No**	PRIP18-0627508
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	**Dispensed Date**	16/07/2026 17:32
UHID	SNC-00026019		

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	2	28.13	56.26
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	2	2.58	5.16
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
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	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144328	11/27	1	33.30	33.30
14	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
15	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
16	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
18	SPINAL NEEDLE 22 G (LONG NEEDLE)	suretech		08062402	06/29	1	1,687.50	1,687.50
19	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
20	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26E010512	04/31	1	460.00	460.00
						Total :	**3,562.28**	**4,070.39**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 16-07-2026 17:32

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	IP18-00036494		
Patient Name	Baby B/O SAPNASHREE S	**Ward**	6F-PRIVATE
Age/Sex	0 Y 0 M 0 D 4 H / Female	**Bed Name**	CRDL-PVT609-1
Date	16/07/2026 17:32	**Order No**	18-0001728463
Payor	SELFPAY	**Prescription No**	PRIP18-0627509
UHID	GUC-00093953	**Dispensed Date**	16/07/2026 17:33

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		0076	03/28	1	30.00	30.00
						Total :	**122.00**	**122.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 16-07-2026 17:33

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	8/7/26 @ 8 AM						
Activity Sheet update by Pharmacy							

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

nbow® ldren's spital
...lot to treat the little.

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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLIN

Name: MRS. SAPNASHREE

UHID No: SNC-26019 IP No: 36422 Consultant: DR. MATHANGI Dept: LDR

Date of Admission: 15/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	12.20pm	LDR	OT	S/N shalini
16/7/26	1.30pm	OT	MICU	S/N sugantha
16/7/26	8.50pm	LDR	6th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC.	16/7/26	172837	
2.	DR. Rekha Sudhakrishnan	17/7/26	28804	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
17/1/26 6am	CBC	2602298	Jeq Oluwas

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	CTG - (1)			009565	
	CTG - (2)			009565	
	CTG - (3)			009565	
	CTH (4)			009569	
	CTH (5)			009569	
	CTH (6)			009569	
	CTH (7)			009569.	
	CTH (8)			009577	
	CTH (9)			009577	
	CTH (10).			009577.	
16/7/26	Infusion Pump	8am.	15/7/26 @10pm	1423338	
	CTU - 11			009608	
	CTU - 12.			009608	
	CTU - 13			009608	
	CTU - 14			009608	
	CTU - 15			009608	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	Dv placement	1	1727982	
16/7/26	Dr placemt	1	OT	
16/7/26	Catheterisation	1	1728879	(2470)
17/7/26	Diet Counselling	(1)	1729039	A.A (18336)
17/7/26	physio	(1)	1729088	

ANY OTHER INFORMATION:

OT

IN TIME: 12.20pm OUT TIME: 1.30pm

Procedure: Emergency LSCS

Surgeon: Dr. Mathathi

Assisted Surgeon: Dr. Pavithra / Dr. Shanthi

Anesthetist: Dr. Sathya

Date: 17/7/26 Time: 8Am

S/N Supr 01981

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Jeyantha 01/09/13			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	18/7/26 @ 9.30 am	18/7/26 @ 9.30 am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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 : IP18-00036482 **Admit Date** : 15-Jul-2026 **Admit Time** : 12:42 PM **UHID** : SNC-00026019

Patient Details :

Patient Name	: Mrs SAPNASHREE S	**Age**	: 26 Y 7 M 28 D
Guardian	: Mr RAMKUMAR T	**DOB**	: 17-11-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Plot No 1EIF, PLAZA PHASE-2, PRISTINE ALVES, ROSE GARDEN STREET, PERUMBAKKAM, Medavakkam Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 7397312982/ 7397312982
		E-mail	: sapnashreesureshd@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr RAMKUMAR T **Relationship** : W/O

Contact Address : **Phone No** : 7397312982

Tha.Ram...
Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Patient Name: SAPNASHREE UHID No: 25019 Bed Category: 609

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

Thakam..

Signature of patient/ patient Attendance

Signature of the Introducer

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SAPNASHREE S**	**Age :**	**26 Y 7 M 28 D**
IP No:	**IP18-00036482**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: Y.Tha.Ram..

Name: Ramkumar. T
Relationship: Husband
Date: 15/07/2026 Time: 12.52 Pm
Witness Name: Panthy
Witness Signature:

Patient Address:

Plot No 1EIF, PLAZA PHASE-2, PRISTINE ALVES, ROSE GARDEN STREET, PERUMBAKKAM, Medavakkam Kanchipuram Tamil Nadu INDIA 600100

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Sapnashree - S	UHID Number : GRKE-000 26019
Self/Attendant Name : Y Tha Ram...	Relation : Husband
Self/ Attendant Signature : Y Tha Ram... Phone Number : 7397312982	Name & Signature of Financial Counselor

आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

பதிவு எண் / Enrollment No.: 0000/00282/66265

To
உபாஸ்ரீ
SAPNASHREE
D/o Suresh
Plot No 1, Kunnis Ambrosia
Manohar Nagar, 2nd Street, Block A, Flat No C,
VTC: Pallikaranai,
PO: Pallikaranai,
District: Chennai,
State: Tamil Nadu,
PIN Code: 600100
Mobile: 9940095496

MC9116594 39FL

உங்கள் ஆதார் எண் / Your Aadhaar No. :

5042 8078 5736

எனது ஆதார் எனது அடையாளம்

Government of India

ஆதார்

உபாஸ்ரீ
SAPNASHREE
பிறந்த நாள் / DOB: 17/11/1998
பெண்மை / Female

Issue Date: 15/10/2015

5042 8078 5736

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளச் சான்று ஆவணமாக்கான சான்று அல்ல
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது
- பாதுகாப்பான QR குறியீடு/ஆஃப்லைன் XML/ஆன்லைன் அங்கீகாரத்தை பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்
- ஆதார் கடிதம், பிவிசி கார்டுகள், இ ஆதார் மற்றும் எம் ஆதார் போன்ற அனைத்து வகையான ஆதார்களும் சமமாக செல்லுபடியாகும் 12 இலக்க ஆதார் எண்ணுக்கு பதிலாக மெய்நிகர் ஆதார் அடையாளத்தை (VID) பயன்படுத்தலாம்
- 10 ஆண்டுகளுக்கு ஒரு முறையாவது ஆதாரை புதுப்பிக்கவும்
- பலவேறு அரசு மற்றும் அரசு சாரா நன்மைகள் / சேவைகளை பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
- ஆதார் சேவைகளை பெற உங்கள் ஸ்மார்ட் போனில் எம் ஆதார் செயலியை பதிவிறக்கவும்
- பாதுகாப்பை உறுதிப்படுத்த ஆதார் / பயோமெட்ரிக்ஸ் லாக் / அன்லாக் அம்சத்தை பயன்படுத்தவும்
- ஆதார் கோரும் நிறுவனங்கள் உரிய ஒப்புதலை பெற வேண்டும்

- Aadhaar is a proof of identity, not of citizenship
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

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Unique Identification Authority of India

முகவரி: த/பெ சுரேஷ், பிளாட் எண்.1, குறிஞ்சிலை அம்பரோசியா மனோஹர் நகர், இரண்டாவது தெரு, பிளாக் ஏ, பிளாட் எண்.சி, பள்ளிக்கரணை, சென்னை, தமிழ் நாடு, 600100

Address: D/o Suresh, Plot No.1, Kunnis Ambrosia, Manohar Nagar, 2nd Street, Block A, Flat No.C, Pallikaranai, Chennai, Tamil Nadu, 600100

Print Date: 11/10/2023

5042 8078 5736

1947 help@uidai.gov.in www.uidai.gov.in

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
* Able to PFm well
* Admitted for IOL
* No c/o Lower Abdominal Pain, Bleeding or Leaking PV

Obstetric Formula:
Primi

Obstetric Hostory:
G_1 - PP, Spontaneous conception.

Present Pregnancy Record:
Booked and Immunised,
Had Regular ANC visits @ Rainbow.
NT- (N) | 1TS Screen - Low risk.
Anomaly Scan (N) | ↑ (PI) UA art Doppler.
Growth Scan (N)

RISK FACTORS:
→ lactose intolerance
→ K/C/O Hypothyroid since conception on T. Thyronorm 75mcg 1od
→ Pt took T. Ecosprin 150mg (12W-36WKS)
→ Pt had ↓ UO at 32wks (evaluated) No urine microalbuminuria/uma/cr (N)
→ One recording BP - 150/90 at home in 30wks, further all BP values (N)

Height: 157.5 cm
Weight: 80.6 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: Edema: No
Temp: PR: 83/min.
BP: 110/70 DTR:
CVS: S1S2 (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 07/10/2025 EDD:
Corrected EDD: 20/07/2026 GA: 39 weeks + 2 days
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
M/S - 11 months, NCM
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 (2cm) ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated Os admits tip of finger
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primi M/S - 11 months NCM AB +ve Spont. conc.	LMP - 07/10/2025 C/O EDD - 20/07/2026	GA - 39 weeks + 2 days Hypothyroid

Patient Sticker

Family History:	Surgical History:
Father- T_2DM, HTN	Nil
Medical History:	**Medication History:**
Hypothyroid since conception →	T. Thyronorm 75mcg 1od. Pt took T. Ecosprin 150mcg (stopped at 36 weeks).
Plan of Care:	**Investigations:**
C/I/V Dr. Mathangi - Admission CTG - CTG 4th hourly. - Informed consent for IOL 4pm ↓SAP, Induction of Labour done with 22 F Foley's inserted intracervically and bulb inflated with 65ml of distilled water. - Post Foley's CTG @ 5pm - W/F Foley's expulsion - CTG 4th hourly - INJ. SUPALEF 1.5g IV TDS (ATD) - Shift to ward - Reshift to LDR @ 9pm	CTG - Reactive

Doctor Name: Dr. Panitha

Signature: [signature]

Date & Time: 15/07/2026

Consultant Name: Dr. Mathangi

Signature: for [signature]

Date & Time: 15/07/2026.

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RESULT SHEET

Date	22/6					
Time						
Hb	12.1					
PCV					Bld Gp / AB (+).	
RBC						
WBC						
N/L					Rubella- Immune.	
Platelets	2.08				DCT- Negative	
CRP					Hb Electrophoresis - (N)	
ESR						
PCT					HIV	
RBS					HBsAg / NR.	
Na					HCV	
K					VDRL	
Cl						
Ca/Mg						
Phosphate				22/6	FBS- 74	
Urea					PPBS- 80	
Creatinine					TSH - 4.5	
ALP						
SGPT					ECG / Echo - (N) Study.	
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : ....

....

....

.... 19/6/2016

SLIUG

Radiology : USG : .... cephalic

X-Ray : .... Placenta - Anterior

ECHO : .... Liquor - (N) (SDP - 6.6).

CT : .... FHS good.

MRI .... EFW - 2349gm
(N) Doppler.

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

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Patient Sticker

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	U/S/B - Dr. Mohana / Dr. Divya	
	pt reviewed. Able to pee well.	
CTG-Reactive	O/E: Hydration fair, Afebrile no pallor, no PE	
	S/E CNS / NAD RS /	
	P/A Ut ~ term 24/10-15"/10' FH @ good.	
	UE BWNL.	Advice - WIT Contractions - WIT progression of labours - CTG 4th hrly
	13/7/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9pm	S/B Dr. Mohana pt. reviewed. Foley's expelled p/v: Cx 2cm long. Os 2cm dilated. membranes (+) V_x @ brim pelvis gynaecoid 16428	GD/w Dr. Mathy Advice: - CTG STAT - Reassess at 4Am for Gel induction - CTG Q4H - W/F contraction - Inform SOS
16/7/26 2AM 39+3 weeks T = N PR = 82/min BP = 118/70 mmHg CTG - Reactive	S/B Dr. Mohana pt. reviewed p/A: ut term 1c/ 20sec/ 10 min cephalic FHS good p/v: Cx 2cm long, posterior Os 2cm dilated membranes (+) V_x at brim pelvis to be reassessed in labour ↓ASP, PGE2 gel kept intracervically	Advice - post Gel CTG at 6 Am - W/F contractions - Inform SOS. 16428

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

SNC-00025019
Mrs SAPNASHREE S IP18-00036482
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 6:30pm	post gel CTG - Reactive c/D/w Dr. Mathangi Advice - Inj: SYNTO 5 units in 500ml @ 24 ml/hr at 8am & titrate - Continuous CTG - Inform SOS. 16428	
16/07/2026 8:30Am	C/S/B Dr. Pavithra / Dr. Shreedevi	
T-(N) PR- 98/min BP- 116/64mmHg INJ. SYNTO @ 24ml/hr CTG+ Reactive	Pt reviewed, NiC/o Pt GC fair, Afebrile P° / PE° CVS / NAD RS P/A- uterus @ term (1C/15"/10') cephalic FHS-good 152217	Advice - liquid diet - Continuous CTG - Continue INJ. SYNTO acceleration & titrate accordingly - Follow drug chart - W/F contractions - Inform(SOS)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2024	C/S/B Dr. Mathangi	
	9:30AM ok P/A - Ut @ Term	Advice
CTG-Reactive	Mildly (2C/15"/10')	- All four's Position
	Cephalic	- Continuous CTG
	FHS-good	- Continue INJ. SYN TO
USG - ROT - Single loop of cord around the neck	P/V- Cx - 1.5cm long	acceleration & titrate
	OS - 2cm dilated	accordingly
	Membranes Present	- W/F contractions
	Vertex @ - 3	- Inform(SOS)
	↓ SAP, ARM done clear liquor drained	
	Post ARM FHS - good	
	82217	
16/7/2024	C/S/B Dr. Mathangi / Dr.	
12:15PM	Pd reviewed.	
	ok P/A - Ut term	Advice
	mod acting SC/25-30'/10"	- Plan for Emergency LSCS in view of Non progress of labor.
CTG-Reactive	Cephalic	- Catheterisation
	FHS good	- Inj Cupacy 1.5g IV Stat.
	P/V - Cx 1.5cm long	- LSCS consent
	OS 2cm dilated	- Shift to OT.
	membs ⊖	
	Vx @ -3	12:46 82

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Mrs SAPNASHREE S
17-11-1999 25 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
	1p.30 pm	
	Dos — pt reviewed, N/C/O	Advice
	D/E Pt GC fair, Afebrile	- NPO x 2 hours
CTG- Reactive	P°/PE°	- vitals monitoring
	CVS/	- Follow drug chart
T- (N)	RS/NAD	- IVF 1 @ RL @ 125ml/hr
PR- 58/min	P/A - ut well contracted	- CBD/Clexane c/m 6AM
BP- 110/70mmHg	Soft, BS (+)	- CBC c/m 6AM
UO- 150ml, clear	Dressing (+) Dry	- I/o charting
Baby- M/S	LE-BWNL	- Inform (SOS)
B/L- Breast Soft		- INJ. TRAPIC 1g IV x (3) doses
	182217	
16/7/26. 3:30pm	S/E Dr. Ashlesha	
POD#0	Pt reviewed	
	no sp. complaints.	
	O/E : afebrile.	Plan:
	GC fair	- monitor vitals.
BP 120/70mmHg.	P°/PE°	- CBD/clexane/CBC
PR 86bpm.	P/A uterus wc	c/m 6AM.
SpO2 99% @ RA	Soft.	- IVF RL @ 125cc/hr.
Temp (N).	BS (+)	- in bed ambulate
	dressing dressing	- I/o charting
B/L breast soft	L/E BWNL	- Tropic x 3 doses.
	CBD inside	- shift to ward.
Baby M/S	clear urine	
DBF	LHUO = 60ml	

122435

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B Dr. Harshita	
8PM	pt reviewed	
POD#0		
AB the	O/E afebrile	
	GC fair	
BP 112/73mmHg	P° / PE°	
PR 63 bpm	P/A uterus W/C	Plan
SpO2 99% @RA	soft	- CBD/clexane/CBC c/m 6AM
Temp (N)	BS (+)	- IVF RL @ 125ml/hr.
	dressing dry	- in bed ambulation
B/L breast soft		- I/O charting.
secretions (+)	L/E RWNL	- Tropic 3 doses.
Baby M/S	CBD insitu	- w/f ↑ bleeding P/V
DBF	clear urine	- BP Q2hrly.
	(HUO - 250ml).	
		[signature] 128A35
	Shift to ward	
16/7/26	S/B Dr. Vinitha	
8:30PM	Pt reviewed ; No C/o	
	O/E: GC fair; Afebrile	Adv: Kanji STAT; soft diet 7am
BP: 110/70mmHg	P° / PE°	· CBD/Clexane/CBC 9m 6am
PR: 80/min	P/A: Uterus well contracted	· In bed ambulation
SpO2: 100%·RA	soft; BS (+)	· I/O chart;
T: (N)	Dressing intact	* · BP monitoring Q2H
	L/E: RWNL	· Vitals monitoring
		· Follow drug chart;
V[signature] 12113		· W/F ↑Bleeding P/V
		· Inform SOS

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
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Dr. MATHANGI RAJAGOPALAN

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/07/2026	C/S/B Dr. Pavithra	
9AM	Pt reviewed	
POD 1	O/E	Advice
	Pt GC fair	- Soft Diet
T-(N)	afebrile	- Plenty of orals
BP-113/64	P/PE	- Vitals monitoring
PR-68/min	CVS / RS NAD	- Follow drug chart
		- Measure 1st void urine
Baby m/s	P/A - Uterus firm & cont well	- RP 4th hourly
B/L Breast soft	soft, BS (+)	
	Dressing dry	
Passed flatus	C/S - No undue bleeding P/V.	[signature]
17/7/26	S/B Dr. Dhanyalakshmi	
2pm	Pt reviewed Nil c/o	Advice
POD-1	O/E: Pt GC fair, afebrile PO/PEO	- soft diet - oral fluids
T-N		- monitor vitals
PR-80/min		- follow drug chart
BP-110/72 mmHg	P/A: soft, BS (+) Ut- contracted well	- Ambulation - Inform SOS
Voided 500ml (Passed stools)	dressing dry	
Passed flatus		
Baby m/s Breast soft	L/E: BWNL	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26. 9:40pm.	S/B Dr. Ashlila	
POD#1	P2L1/ Em. LSCS	
AB +ve.	Hypothyroid	
	pt reviewed	
BP 121/75mmHg.	c/o abd. pain.	Plan
PR 77bpm.	o/e afebrile	- soft solid diet
SpO2 99% @RA.	GC fair	- hydrate.
temp (N)	P° /PE°	- Ambulate.
	P/A: soft;	- inform (SOS)
B/L breast soft	gaseous distension	
secretion (+)	wells uc (+)	
Baby M/S	BS (+)	
DBF	dressing duly	128435.
	L/C BWNL	

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/07/2021	C/S/B Dr. Vinitha / Dr. Shreedevi	
9 AM	Pt reviewed, Nil c/o	Advice
POD-2	O/E Pt GC fair, Afebrile	Liquid diet
	P° / AE°	- Plenty of orals
T-(N)	CVS	- Ambulation
PR- 70/min	RS NAD	- Follow drug chart
BP- 110/76 mmHg	P/A - ut well contracted	- Vitals Monitoring
	Soft, Distension ved	- W/F Bleeding PV
Baby - M/S	Bowel sounds Sluggish	- Bath & dressing today.
B/L - Breast soft	L/E - BWNL	- Inform (SOS).
Flatus passed		
Stools passed		
Voiding freely	[signature] 182217	

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

30

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. Sapnashree.

Postnatal Exs and Advices / Dr. Mathangi

Signature:

Findings and Recommendations :

S/B physiotherapist Notes Dr. Mekanapriya PT. Obg & Gynec.

Do's and Don'ts Advised

- Avoid lifting weight.
- Avoid lifting Both the legs -
- Lying down posture
- postnatal advice for Breast feeding
- Sitting posture -
- Coughing and Hygiene technique advised

Consultant :

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

1) Breathing Exs / abdominal breathing.
2) posterior pelvic tilt.
3) pelvic bridging
4) kegels
5) Ankle mobilisation
6) Knee mobilisation.

Review after 2 weeks.

17/07/26.

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Mrs SAPNASHREE S
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Patient Sticker

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: ....

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	75mcg	PO	1—0—0	15/7 6AM	☑ 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 : [signature] 24682 Dr. Panitha.

Date & Time : 15/07/2026

Nurse Name & Signature: S/N. Fairsheli J [signature] 2.0620

Date & Time : 15/7/26 at 12pm

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	TDS	16/7/26 @ 12pm	☐C ☐DC
2	INJ. TRAPIC	1g	IV	TDS	16/7/26 @ 2.30pm	☐C ☐DC
3	INJ. CLEXANE	40mg	SC	OD	–	☐C ☐DC
4	T. THYRONORM	75MG	PO	OD	16/7/26 @ 6am	☐C ☐DC
5	C. PAN D	40mg	PO	BD	–	☐C ☐DC
6	T. PARACETAMOL	1g	PO	QID	–	☐C ☐DC
7	JUSTIN SUPPOSITORY	100 MG	PR	BD	16/7/26 @ 12pm	☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sreedevi 182217

Date & Time : 16/07/2026

Nurse Name & Signature: S.N. Parameshwari 016808

Date & Time : 16/7/2026 @ 8pm

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

Patient Sticker

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

Patient Sticker

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 25 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 15/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 80.6kg Ward. LDR

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
75mcg	PO	1-0-0	16/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7	18/7
6Am	DS / SP	JB / SL	SR / SL

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	15/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7
8Am	/	MR / SA
5pm	SP	SA
9pm	/	DS / SP

Time change

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

x (3) doses

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7
6Am	/	JB / SL
2pm	/	SP / SS
10pm	JB / SL	

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

STOP after 3 dose

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7
8Am	/	PS / AA
2pm	/	SP / SS
10pm	JB / SL	

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REGULAR PRESCRIPTIONS

Weight 80.6 kg Ward ICDR

Sheet No: .....

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	1-0-0	17/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	17/7	18/7
6am	JB / SL	JB / SL

Daily Doctor's Endorsement by a Sign

DRUG : C. PAN D

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	16/7	17/7	18/7
7Am	/	JB / SL	JB / SL
7pm	SP / JJ		

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	16/7	17/7	18/7
6Am	/	JB / SL	JB / SL
12pm	PS / AA		
6pm	SP / JJ	SP / SL	
12Am	/	JB / SL	JB / SL

Daily Doctor's Endorsement by a Sign

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
60mg	PR	1-0-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	16/7	17/7	18/7
9Am	/	PS / AA	RDY / AA
9pm	JB / SL	JB / SL	

Daily Doctor's Endorsement by a Sign

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 20.6kg Ward 6th Flr

DRUG : Tab - CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	17/7

Date / Time: 17/7 8AM | 18/7 AP SCT

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

8PM DR SL

Daily Doctor's Endorsement by a Sign

DRUG : Tab. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-0-1	17/7

Date / Time: 17/7 8AM | 18/7 AP SCT

Name & Signature of the Doctor Starting the Drugs: 164283

Additional Instructions:

2PM

10PM DR SL

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 80.6kg Ward. LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/7/26	4.30pm	INJ. SUPACEF	0.1ml	Id	82217	SP SA
16/7/26	5.10 AM	PGE2 Gel	0.5mg	Inter cervical	104	SP
16/7/26	12.10 pm	Inj Pethidine	50mg	Im		SP MD
16/7/26	12.10 pm	Inj Phenergan	25cc	Im		SP MD
16/7/26	12.20 pm	Inj SUPACEF	1.5g IV	IV		SP M
16/7/26	12.20 pm	Inj PANTOPRAZOLE	40mg	IV		SP MD
16/7/26	12.20 pm	Inj EMESET	4mg	IV		SP MD
16/7/26	12.30pm	TRANIC	1G	IV	SC	PS UN
16/7/26	12.40pm	CARBOPROST	1cc	IM	SC	PS UN

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

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Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight 80.6 kg Ward DDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/7/26	11PM	IVF 1 O RL	IV	Free Flow	16428		16/7/26	16428	
16/7/26	4AM	IVF 1 O RL	IV	free flow	16428		16/7	18221	PS
16/7/26	8 am.	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	18221	ND	16/7		PS
16/7/26	12.25PM	3 O RL	IV	O ml/hr		PS	16/7	SE	

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..80.6.. kgs

Sheet No: ..(1).....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
16/7/26	12 pm	T. MISOPROSTOL	600 mcg	PR	182217	PS	CLN
16/7/26	12 pm	JUSTIN SUPPOSITORY	100 mcg	PR	182217	PS	CLN
16/7/26	6 pm	Tab. NIFEDIPINE	10 mg	PO	182217	SP	TJ

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①

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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 / 0-10			22		18		20		20		20		20				20				18		20	
Saturations	94-100% / <94%			99%		99%		99		99		100		99				99				99		99	
Administered O_2 (L/min.)				RA		RA		RA		RA		RA		RA				RA				RA		RA	
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / <35			98.4°f		98F		98F		98f		98F		98.1				98.1				98.1		98.1	
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40			84/m		80		78		76		80		80				80				84		88	
Systolic Blood Pressue ↑	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50			110		110		100		106		100		111				110				120		116	
Diastolic Blood Pressure ↓	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40			70		70		70		70		60		70				60				60		64	
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓				✓				✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	>30			✓		✓		✓		✓		✓		✓				✓				✓		✓	
	<30																								
Proteinuria	Protein ++																								
	Protein >++																								
Lochia	Normal			–		–		–		–		–		–				–				–		–	
	Heavy / Foul																								
Liquor	Clear / Pink			–		–		–		–		–		–				–				–		–	
	Green																								
TOTAL YELLOW SCORES				0		0		0		0		0		0				0				0		0	
TOTAL ORANGE SCORES				0		0		0		0		0		0				0				0		0	
Nurse Initial				[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		DJ				BJ				BJ		BJ	

On Admission →

16/07/2026

FHR Monitoring

12.30 AM - 135 b/m to 140 b/m.

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Early Warning Observation Score Chart - Obstetrics

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

		Date	16/7/26																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																										
	21 - 30		20						20	20	20	20	20	20	20	18	18										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %		99						99	99	99	99	99	99	100	100	100										
	< 94 %																										
Administered O2 (L/min.)			RA						RA	RA	RA	RA	RA	RA	RA	RA	RA										
Temp°c	40																										
	39																										
	38																										
	37								98	98	98	98	98	98	98												
	36		98						98							98	98										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		82						82																		
	70																										
	60																										
	50																										
	40																										
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120		116						110		120		144	155	150						122	118	118				
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70		70						70	80	87	94	90								68	70	68				
	60																										
	50																										
	40																										
NEURO RESPONSE [✓]	Alert		✓						✓																		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓						✓																		
	< 30																										
Proteinuria	Protein + +																										
	Protein > + +																										
Lochia	Normal		–						–																		
	Heavy / Foul																										
Liquor	Clear / Pink		–						–	–	–	–	–	–	–	–	–										
	Green																										
TOTAL YELLOW SCORES			0						0																		
TOTAL ORANGE SCORES			2						0	0	0	1	0	2	0	2	0										
Nurse Initial																											

DATE	TIME	BP
16/7/26	5.30pm	154/93 mmHg
16/7/26	6.30pm	136/83 mmHg

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital — It takes a lot to treat the little
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Early Warning Observation Score Chart - Obstetrics

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

Date: 17/7/26

Parameter		8	12	4	8	12	4
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20/m	18/m	20/m	20b/m	20 b/m	18 b/m
Saturations	94 - 100 % / < 94 %	98%.	100%	99%	99%	100%.	100%
Administered O₂ (L/min.)		RA	RA	RA	RA	RA	RA
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35	97.8F	98°F	97.9°F	97.8°F	97.8F	97.2F
Heart Rate	170 … 40	68 b/m	70 b/m	90 b/m	88 b/m	75 b/m	70 b/m
Systolic Blood Pressure	190 … 50	113	110	118	121	117	110
Diastolic Blood Pressure	130 … 40	59	70	65	75	75	76
(MAP)		(79)	(84)	(77)	(90)	(84)	(60)
NEURO RESPONSE [✓]	Alert / Voice / Pain / Unresponsive	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert
URINE mls / hour	> 30 / < 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30
Proteinuria	Protein + + / Protein > + +						
Lochia	Normal / Heavy / Foul	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal
Liquor	Clear / Pink / Green	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink
TOTAL YELLOW SCORES		0	0	0	0	0	0
TOTAL ORANGE SCORES			0	0	0	0	0
Nurse Initial		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

Time row printed: 8, 9, 10, 11, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 1, 2, 3, 4, 5, 6, 7 (8, 12, 4, 8, 12, 4 circled)

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

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(1)

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FLUID CHART

Sheet No. : (1)

15/7/26

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 Thrombophlebitis Score	Sign. Nurse
15/7/26	08:00 am											
	09:00 am											
	10:00 am	→ on Admission ←										
	11:00 am	Hew	100ml							200	[illegible]	[signature] 10/17 [illegible]
	12:00 pm										NOTD	[signature]
	01:00 pm	H2O	150							150	Cord	[signature]
Total Intake :		250ml							**Total Output :**	250		
	02:00 pm	H2O	200							200	NOTD	[signature]
	03:00 pm	H2O	100ml								Line	[signature]
	04:00 pm	H2O	200ml							250ml	0	[signature]
	05:00 pm									150ml	0	[signature]
	06:00 pm	H2O	100ml							4	0	[signature]
	07:00 pm	H2O	100ml							100ml	0	[signature]
Total Intake :		700ml							**Total Output :**	650ml		
	08:00 pm	H2O	100ml							200ml	0	DS
	09:00 pm	H2O	100ml.							200	0	DS
	10:00 pm			RL							0	DS.
	11:00 pm	H2O	100	100							0	DS
	12:00 am										0	DS
	01:00 am	H2O	100							100ml	0	DS.
Total Intake :		400ml + 100 = 500ml.							**Total Output :**	500ml.		
	02:00 am			RL							0	DS
	03:00 am	H2O	100ml	100ml						200	0	DS
	04:00 am	Feeds	150ml	100ml.							0	DS
	05:00 am			200ml.						200	0	DS.
	06:00 am	H2O	100ml.	100ml.						100	0	DS
	07:00 am	H2O	100ml	100ml.							0	DS.
Total Intake :		1050ml.							**Total Output :**	550ml		

Total 24 hrs. Intake	2400ml.	Total 24 hrs. Output	2.050ml.

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FLUID CHART

Sheet No. : 20

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.

16/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	Water	100ml	24	400ml					100ml	0	
	09:00 am	Water	200ml	48						150ml	0	
	10:00 am	Water	200ml	72							0	
	11:00 am	TC Water	200ml	96						100ml	0	
	12:00 pm			120ml							0	
	01:00 pm			1000ml							0	
Total Intake :		1460ml + 1000ml				Total Output :				350ml		
	02:00 pm			125ml						200ml	0	
	03:00 pm	H2O	100ml	125ml						60ml	0	
16/7/26	04:00 pm	H2O	100ml	125ml						100ml	0	
	05:00 pm	TC	150ml	125ml						150ml	0	
	06:00 pm	H2O	100ml	125ml						150ml	0	
	07:00 pm	H2O	100ml	125ml						250ml	0	
Total Intake :		1300ml				Total Output :				910ml		
	08:00 pm	H2O	100ml	125ml						150	0	
	09:00 pm	H2O	100ml	125ml						100ml	0	
	10:00 pm	H2O	100ml	125ml						50ml	0	
	11:00 pm	H2O	100ml	Stop						100ml	0	Stool
	12:00 am	Juice	200ml	150ml						100ml	0	
	01:00 am									100ml	0	Stool
Total Intake :		600ml + 475ml				Total Output :				650ml		
	02:00 am									100ml	0	Stool
	03:00 am	H2O	200ml							150ml	0	
	04:00 am									80ml	0	2 Stools
	05:00 am	H2O	100ml							100ml	0	
	06:00 am	Juice	200ml							CBD removed	0	Stool
	07:00 am										0	
Total Intake :		500ml				Total Output :				430ml		

Total 24 hrs. Intake	5335ml	Total 24 hrs. Output	2340ml

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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.

17/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Stools / ~~Diarrhoea~~	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	100ml								0	
	09:00 am	Milk	200ml							✓		
	10:00 am	Soup	200ml								0	
	11:00 am											
	12:00 pm	H2O	100ml					1st voided		500ml	0	
	01:00 pm	H2O	200ml					2nd void		500ml		
Total Intake :		800ml				Total Output :				1000 ml + 1 time		
	02:00 pm											
	03:00 pm	H2o	250ml							✓	0	RL
	04:00 pm	H2o	150ml									
	05:00 pm	H2o	100ml							✓	0	RLU
	06:00 pm	Juice	150ml									
	07:00 pm	H2o	100ml							✓	0	RLA
Total Intake :		750ml				Total Output :				3 times		
	08:00 pm	H2o	200							✓	0	2 loose
	09:00 pm	H2o	200				✓					
	10:00 pm									✓	0	1 loose
	11:00 pm	Tea	200ml									
	12:00 am	Kanji	200ml							✓	0	1 loose
	01:00 am	H2o	200ml									
Total Intake :		1000ml				Total Output :				2 times		
	02:00 am									✓	0	1 loose
	03:00 am											
	04:00 am	H2o	100ml							✓	0	1 loose
	05:00 am											
	06:00 am	H2o	200ml							✓	0	1 loose
	07:00 am	H2o	100ml									
Total Intake :		400ml				Total Output :				3 times		

Total 24 hrs. Intake	2900ml

Total 24 hrs. Output	1000ml 10 times. Urine passed

Docu. No. : RCH /FRM / CLINICAL / 092

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi 39 ⁺² days Hypothyroid			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	15/7 M	15/7/26 E	15/7/26 N	16/7 M	16/7/26 Evening	16/7/26 N
	Medical Condition (Any special condition to be noted):	Hypothy	Hypothyroid	Hypothy	Hypothy	Hypothyro	Hypo
	Diet:	Normal diet	Normal	Normal	N diet	liquids	liquids
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA.	NA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.4°F	98°F	98.1°F	98°F	98°F	98.4°F
	Res:	24/mt	20b/m	20b/m	24/mt	20bpm	20b/m
	SpO₂:	100%	99%	99%	99%	99%	99%
	Pulse:	84/mt	80b/m	82b/m	89/mt	56bpm	60b/m
	BP:	110/70	110/70	110/70	110/70	110/70	110/70
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	0	20	20	24	20	20
	Pain Score:	0/10	01/10	2/10	2/10	2/10	2/10
	Skin Integrity	Intact	Normal	Normal	N	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Special Diet:	Normal diet	Normal	Normal diet	N diet	liquids	liquids
	Critical Lab Test / Values:	NA	NA	NA	NA	NA	NA
	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	NA	Dependent	Dependent
	Post Operative Procedure Special Orders:	-		-	-	-	-
	Handed Over By Name :	[illegible]	S/N [illegible]	[illegible]	Devi	Sapnasree	[illegible]
	Signature / ID :	011796	[illegible]	[illegible]	0157	[illegible]	[illegible]
	Date:	15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	16/7/26
	Time:	10AM	8PM	7.30AM	8PM	2pm	8.30pm
	Taken Over By Name :	Shivaniked	[illegible]	Devi	Sapnasree	[illegible]	Anupriya
	Signature / ID :	[illegible]	[illegible]	0157	[illegible]	[illegible]	[illegible]
	Date:	15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	17/6/26
	Time:	1.30pm	8pm	8AM	2pm	8pm	8Am

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NURSING CARE RECORD

Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	Promote adequate Nutrition for healing and recovery.	10AM	Asses Nutritional status and appetite => Provide blanced diet => Assist with feeding needed.	Patient vital sign	Reassessment done	
Afternoon	1.30 pm	Relieve pain and discomfort	2pm	* Asses pain using Pain scale * Provide comfortable position	Reduced pain to some extend	Reassessment Done	
Night	8pm	promote adequate Nutrition for healing and recovery.	8.30 pm	- Asses pain using pain scale. - provide comfortable position	patient vital are stable	Reassessment done	

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NURSING CARE RECORD

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Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8.00 am	Relieve pain & discomfort.	8.30 am.	Assess pain using pain score regularly. Position patient comfortably.	Pt feel better.	Reassessment was done.	Dm 16/7/26
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	Assess pain using pain scale regularly. position patient comfortably.	Patient feel better	Patient pain level reduced	16/7/26
Night	8pm	Achive acceptable pain control & comfort.	8.30 pm.	- Assess pain using pain scale regularly - position patient comfortably.	patient feel better.	Patient pain level Reduced	DP

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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
15/7/26	10.30 AM	=> ADMISSION NOTES	
		Mrs. Sapna shree. 1 Pm under	
		Dr. Mathangi Sister in Primi 39wks 4d	
		K/O hypothyroid, she came for.	
		while receiving the patient	
		Conscious & Oriented, afebrile	
		taking orally & tolerating	
		well. Voided freely.	
		Patient vital signs stable	
		General condition fair.	
		CTG connected reactive FHR	
		good, Foetal movement good.	
	11.30 AM	=> CTG disconnected reactive	
		FHR good, Foetal movement	
		good.	=> [illegible] /01/7/26
	12.30 PM	=> under aseptic technique.	
		Part's preparation was done.	
		Patient cooperated well.	=> [illegible] /01/7/26
	1 PM	=> Patient vital	
		signs stable, General	
		condition fair	=> [illegible] /01/7/26
	2 pm	Maintained I/O, Monitored	
		Vitals and Recorded. patient	
		General condition Fair.	
		Pain assessment Done. No	
		any other Complaints	[illegible] 01 6 P.M.

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
15/7/26	3 pm	Parts preparation done. patient had normal diet. patient maintain self voiding.	S/N parasuga 01b808
	4.00pm	Dr. Mathangi saw the patient checked PV cx 2cm long, os admits tip of fingers ↓ SPP, Induction of labour done with 22F foley's Inserted Intracervically.	S/N parasuga 01b808
	4.30pm	↓ SPP; IV line start In left metacarpal vein. Inj: Sypacap 0.1cc test dose given -	S/N parasuga 01b808
	5pm	patient voided. post foley CTG connected. Inj: Sypacap full dose given.	S/N parasuga 01b808
	6pm	patient feel fetal movements. early deceleration present Informed to Dr. Akshitha advised to continue CTG.	S/N parasuga 01b808
	7pm	CTG reactive, CTG disconnected as per doctor advice. Induction consent & vaginal birth consent uptained.	S/N parasuga 01b808
	7.25pm	patient complaints of palm bulishness Informed to Dr. Akshitha. Dr. Akshitha saw the patient watch for changes	S/N parasuga 01b808
	7.30pm	patient details handed over given to night duty staff.	S/N parasuga 01b808

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(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty (15/07/2026)	
15/7/26	7.30 AM	patient handing over taken by evening duty Staff Nurse patient consious and oriented General condition fair	[signature] 07/7/26
	8pm	patient checked vital are stable patient consious and oriented General patient 4th hrs oth othe no complaints	[signature] 07/7/26
	9pm	patient Foley expelled. Inform to DR. mohana mam patient goes and voide and come	[signature] 07/7/26
	9.10 pm	patient voided patient oth connecting FHR ⊕ 144b/m. S/B DR. mohana P/V Examination 2cm cong 2cm dilation	[signature] 07/7/26
	10 pm	patient ongoing on patient S/B DR. mohana mam advice to oth continue. FHR ⊕ But Baby good and activity Continue oth order come out	[signature] 07/7/26
	11.30 pm	S/B DR. Dwijalakshmi advice oth stop after 1 hrs oth connecting	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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
15/7/26	contd	12.30AM patient CTG FHR(+) CTG disconnecting other No complaint mild pain	[signature] 07/7/8
16/7/26	12AM	patient Checked vital signs vital are stable patient concious and oriented General condition Fair	[signature] 01/7/8
	12.30 AM	patient Cheked FHR (+) 135 to 140 b/m inform to DR. mohana mam	[signature] 07/7/8
	3.30 AM	patient morning care given patient CTG connecting FHR(+) 138 b/m patient concious and oriented General Condition Fair patient mild pain other No complaints	[signature] 07/7/8
	5.10 AM	patient on going on FHR(+) 144 b/m S/B DR. [illegible] mam advice CTG was Reactivity put gel S/B DR. mohana mam P/V 2cm long 2cm dilation S/e FAP PGE2 gel instilled intracervically Next at 6.10AM	[signature] 07/7/8

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	6.10 Am	patient checked, vital one stable patient post gelo 5% CTh connecting FHR(+) 142b/m patient conscious and oriented General condition Fair	[signature] 16/7/26
	6.40 Am	S/B DR. mohana mam advice CTh disconnected FHR(+) 134b/m patient CTh stop patient conscious and oriented General condition Fair	
	7.30 Am	patient handing over given Morning duty staff Nurse patient conscious and oriented	[signature] 16/7/26
		Morning duty 16/7/26	
	7.30 Am	Hand over taken from Nt duty staff patient conscious and oriented IV line pattern IVF RL 100ml/hr on flow, FHR is good FMH felt by mother vitals are checked and recorded, General Condition is fair	S/N Devi 16/7/26
	8Am	patient had breakfast no complaints tolerated well	S/N Devi 16/7/26

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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
16/7/26	8 AM.	S/B Dr. Pavithra Advises	
		Start Syntocin 5 unit c	
		500ml RL 24 ml /hr onflow	
		and continue CTG monitor	
		and watch for contraction	
		order carried out →	S/N Devi 01570
	9 Am	patient vitals are checked	
		and recorded. Syntocin 48ml/hr	
		onflow FHR is good Am	S/N
		(+) General condition is fair	Devi 01570
		I/O chart maintain.	
	9³⁰ Am	S/B. Dr: Mathangi mam PV	
		Examination done. Cervix 3cm long	
		2cm dilation.	Shalini
		Dr. Mathangi mam & SAP. ARM done.	01407Z.
		Clear liquor drained	
		Patient All four position changed	
		Inj. Synto 72ml/hr on flow.	Shalini 01407Z.
	10Am	Patient general condition is fair	
		Contineous FHR is good	
	11Am	I/O chart maintain	
	12pm.	Patient complaints increase pain.	
		informed Dr. Pavithra she advice Inj	
		Pethedine Phenergan.	
		vital sign are checked & Recorded	
		vital sign are stable	
	12¹⁰ pm	Inj. Pethedine 50mg, Inj. Phenergan 25mg Im given	Shal 01407Z

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(A)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 16/7/26 →	
16/7/26	12:20 pm	S/B Dr. Mathangi PV Examination	
		done. cervix 3cm dilation.	
		Baby head high, Non progress of	
		labour. patient shifted to Emergency LSCS.	
		catheterization done. under Asp. 16 size.	
		foley insert, 10ml D-water insert,	
		urine drained well. — Dr. Shreedevi	
	12:20 pm	Inj. Pan 40mg IV given	
		Inj. Emeset 4mg IV given	
		Inj. Sepacef 1.5gm IV given.	Shalini 04074
		Constant sign taken: patient	
		Attenders	
	12:20 pm	Patient handing over given to	Shalini 04074
		OT staff.	
		OT Notes ON 16/7/26	
16/7/26	12:20 pm	patient details handover taken	Sak. 01957
		From LDR S/N while receiving	
		patient conscious & Oriented	
		V/S are monitored patient	
		ID Band check consent obtained	
		Billing cleared. Catheter IV	
		received patient shifted to OT-3	
		at 12:20pm on the OT table to	
		connect the cardiac monitor IV	
		connect & SA was given painting	

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16/7/26		draping done procedure Started	
		at 12.36pm on the Emergency	
		LSCS was done during the	
		Surgery there is no any complic	
		minimal blood loss. IVF on	
		flow. V/S are monitored after	
		the procedure was done patient	
		clean done. patient Shift	
		to MICU handover MICU Sh	
16/7/26	1.35pm	MICU received Notes:	[illegible] 019507
		Patient received from	
		OT: patient conscious &	
		oriented. Vitals are checked &	
		recorded. Emergency LSCS	
		done. Indication: Non progress	
		of labour. Baby mother	
		side. PV bleeding normal.	
		receiving output 150ml.	S/N Parameswari
		Direct breast feeding given.	016808
		Baby Sucking well.	
	2.30pm	post. Dr. Akshitha / Dr. Shreedevi	
		saw the patient checked	
		bleeding, checked vitals advised	
		to follow Drug chart.	S/N parameswari
	3pm	Post partum assessment done.	016808
		B → Breast soft. Direct	
		breast feeding given.	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	continue	U → Uterus contracted. PV bleeding normal	
		B → B. catheter present. I/O chart maintained	
		B → Bowel movement present	
		L → lochia rubra present. No evidence of foul smelling	
		E → REEDA assessment not applicable	
		H → Homan's sign negative	
		T → patient emotional status good.	S/N paramedical 016808
	3.30pm	PR - 44bpm Informed to Dr. Mohan (Anesthetist) advised to connect fluid RL 500ml. orals stated.	S/N paramedical 016808
	4pm	There is no complaints of vomiting. orals encouraged. PV bleeding normal.	S/N paramedical 016808
	5pm	Dr. Mathangi saw the patient checked vitals advised recheck Bp after half hour	S/N paramedical 016808
	5.40pm	Bp checked Bp - 154/93 mmHg Informed to Dr. Akshitha advised. T. Nifedipine 10mg p/o Doctors order carried out.	S/N paramedical 016808
	6.30pm	Bp checked Bp - 136/83 mmHg	S/N paramedical 016808

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26		Informed to Dr. Akshitha	S/N paravangan 016808
	6.45pm	Dr. Akshitha saw the patient	
		Adviced to 1hr observation	
		after plan for shifting.	S/N paravangan 016808
	7pm	Due medication given I/o	
		chart maintain. PV bleeding	
		normal.	S/N paravangan 016808
	7.30pm	patient details, files handed	
		over given to Night Duty	
		staff.	S/N paravangan 016808
		Night duty (16/7/2026.	
16/7/26	7.30	patient handing	
	pm	over taken by evening	
		duty. Staff Nurse patient	
		conscious and oriented general	
		condition fair	[signature]
		patient checked	
	8pm	vitals are stable p/v	
		bleeding minimal	
		patient general look	
		patient c/o complaints	
		for pain	[signature] 0171
		B-Breast both	
	8:30 pm	soft	
		U- uterus contracted.	
		p/v bleeding minimal	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	contin	B - Bowel movement present	
		B - patient CBD	
		present.	
		L - Lohia rubra	
		present. no evidence of	
		Foul smelling.	
		E R - Reeda Assessment	
		Not applicable.	
		H - Homan's sign Negatives	
		E - patient emotional	
		status good	Dff
	8.50 pm	patient handing	co lol
		over given 6th Floor	
		staffer Nern	Dsell
			OW
		On receiving Notes	
16/7/26	9pm	patient details hand over	
		taken from LDR staff patient	
		while receiving active and	Jeij
		Oriented IV line healthy	OMAR
		Patient in liquid diet	
	9.40pm	patient taken kanji totally	
		well for orally no vomiting	
	10pm	IVF stopped One drugs	Jeij
		given as per drug chart	OIUGIL.
		Soft diet from @ tani	
		Patient in CBD urine clear	
		in colour Encouraged to	

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Patient Sticker

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7	10pm	take More water orally	Jey
17/7	12am	Vitals checked and recorded	over
		Tab-para 1g given as per order	
		for the healthy patient	Jey
		bleeding Normal	over
	2am	patient sleeping comfortable	
		NO any complaints mobilized	
		in bed by side and side	
	4am	Vitals checked and recorded	Jey
	6am	Patient Mobilized well CBD	over
		removed Morning Care given	
		CBE sample sent to lab	
	7am	Io chart maintained & Recorded	
	7:30am	Hand over given to Morning	
		duty staff.	
		Morning duty notes	
17/7/26	7.30AM	→ patient detail hand over	
		taken from night duty SIN	
		patient conscious & oriented	
		IV line ⊕ . Hb → 11.7mg/dl.	Du
	8AM	→ patient vital signs checked	Du
		and record. Vitals are stable	
	9AM	→ patient due medication	Du
		given as per order chart	
		PV Bleeding Normal.	
		B - Bowel	
		U - Urine continued.	

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17-11-1999 26 Y 7 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

(7)

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		B - Bowel movement (+)	
		B - Self voided.	
		L - Lochia rubra (+).	
		E - emotional status good	
		H - Homan sign negative.	[signature]
		E - [illegible] assessment NA.	
	11AM	maintained I/O chart recorded	[signature]
	12pm	Vitals checked and recorded.	
		vitals are stable	[signature]
	1:30pm	→ patient detail hand over	
		given to evening duty S/N	[signature]
		Evening duty Notes	
17/7/26	1:30pm	patient details hand over	
		taken from Morning duty	
		staff.. patient was conscious	
		and oriented. →	Praveena
	2pm	Patient [illegible] line pattern is	
		healthy and observed.	
		Due medication given	
		as per drug chart →	Praveena
		Maintained intake and	
		output chart chart →	Praveena
	4pm	patient vitals checked and	
		Recorded. vitals Normal. →	Pravee
		patient bleeding is	
		minimal. No foul	
		smelling. →	Pravee

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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
17/1/26	6pm	Due medication given as per drug Maintained Intake and Output chart	Rue
	7pm	Due medication given as per drug	Rue
	7.30pm	Hand over given from Night duty staff	Rue
		Night Duty Notes	
17/1/26	7.30pm	patient details hand over taken from Evening duty staff patient active and alert patient in Soft diet taken Night dinner Incline healthy	Jey
	8pm	Vitals checked and recorded One drugs given as prescribed B - Breast soft U - Uterus contracted B - Bowel Movement present B - Self void urine L - Lochia Rubra present E - Reeda not applicable H - Homan sign Negative E - Emotional Status Good	Jey
	9pm	Dr. Akshita was seen the patient advised to Mobilized well outside and inform if pain present	Jey

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 15/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes , identify

Chief Complaints: Patient came for IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Blood Group: AB+ve LMP: 7/10/25 EDD: 20/7/26 Gestational age during admission: 39+2days

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 1 P — L — A — Previous LSCS NIL

Height: 167 Weight: 80.0kg BMI: 28.9

Temp: 98F HR: 82bt/m RR: 20bt/m BP: 110/70 SpO_2 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Father T2DM, HTN .....

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

Fall Assessment: ☐ Yes ☑ No Score ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... 22 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

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

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

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

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Tamiksolu J .....

Date & Time: 15/7/26 at 1130 pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 15/7/26 Time of Arrival: 11.30AM Time Seen by Nurse: 11.30AM

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: Admitted For IOL

3) **Vital Signs:** Temperature: 98°F Pulse: 80bt/m RR: 20b/m SpO_2: 99% BP: 110/70 Weight: 80.6kg

4) **Gestational Criteria:**

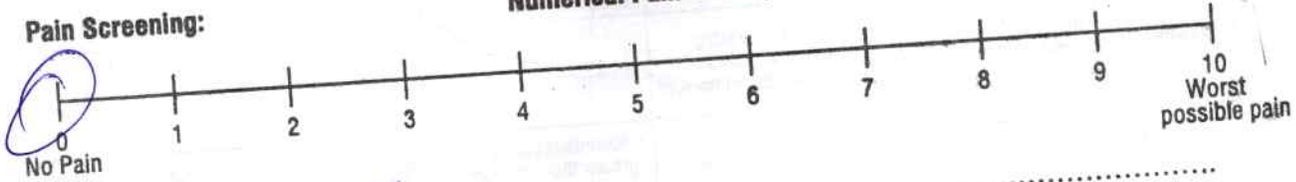
Gravida:	G 1	P	L	A

LMP: 7/10/25 EDD: 20/7/26 Gestational Age: 39+2days

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)



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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: T THYRONORM 75 mcg

9) **Prenatal Medical History:**

☑ None

☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11.30Am.

Nurse Name : DN Tamilselvi

Date: 15/01/2026 Time: 11.35Am Nurse Signature: .....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 15/7/26

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		01
Signature of the Nurse	S/N Tamilselvi	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

				Date : 15/7/26	15/7/26	15/7	16/7
				Time : M	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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	⓮ Regular Turning Schedule ⓯ Enable as much activity as possible ⓰ Protect the heels ⓱ Use pressure redistribution surfaces ⓲ Manage moisture, friction and shear ⓳ 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	⓰ Use the Same Protocol as for **"At Risk"** Patients ⓱ 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	⓱ Follow the same protocol as for **"Moderate Risk"** Patients ⓲ In addition to regular turning schedule ⓳ 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	⓲ Use same protocol as for **"High Risk"** Patients ⓳ 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

SNC-00026019 IP18-00036482
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17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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BRADEN 'Q' SCALE

					Date : 16/7	16/7	17/7	17/7
					Time : 2pm	N	M	3pm
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.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
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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	22	24	24	24
				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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PAIN ASSESSMENT FORM

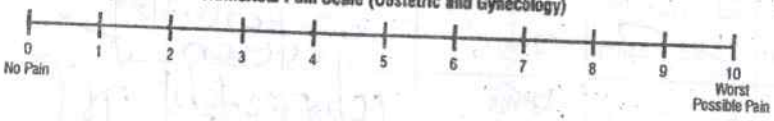
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	11AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	
15/7/26	3pm	1/10	lower abdominal	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	
15/7/26	5pm	2/10	lower abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Provide comfortable position	
15/7/26	8pm	2/10	lower abdominal pain	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	
16/7/26	12am	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
16/7/26	2am	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfort position	
16/7/26	4am	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable pain -	
16/7/26	6am	2/10	lower abdominal pain	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
16/7	8AM	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
16/7/26	2pm	2/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Provide comfortable position	

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

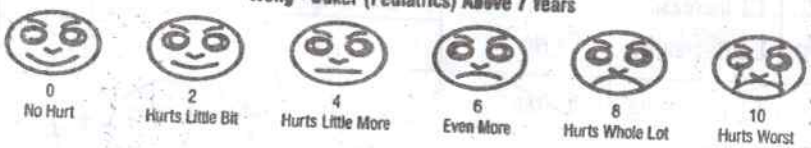
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ 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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Score	Date / Time	M 16/7/26	E 16/7/26	N 16/7/26
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		0		
GAIT / Transferring	Impaired	20				
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0		0	0	0
Mental Status	Forgets limitations	15				
	Oriented to own ability	0		0	0	0
Total Morse Fall Scale Score:				20	20	20
		Signature				

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
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Tick (✓) whichever precaution taken.

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

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

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

Mrs. sapnashreee

Patient Sticker

Bed — 26019

Dr. Matrangi

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	17/7/26 (M)	17/7 (E)	17/7 (N)
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			0
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading		
Risk Level	Morse Fall Score (MFS)	Action
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Patient's Na: SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
MRD NO:... 17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN
Age :..... : ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 15/7/26 Time: 4.30pm
Location : left cephalic metacarpal
Size : 18G
Cannula inserted by : Sr Parameshwari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
15/7	5pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	7pm	☐Yes ☐No	☐Yes ☐No	OBS	
15/7	9pm	☐Yes ☐No	☐Yes ☐No	OBS	
	11pm	☐Yes ☐No	☐Yes ☐No	OBS	
16/7	1AM	☐Yes ☐No	☐Yes ☐No	OBS	
	3AM	☐Yes ☐No	☐Yes ☐No	OBS	
	5AM	☐Yes ☐No	☐Yes ☐No	OBS	
	7AM	☐Yes ☐No	☐Yes ☐No	OBS	
	9am	☐Yes ☐No	☐Yes ☐No	Obsn	
	11am	☐Yes ☐No	☐Yes ☐No	Obsn	
	1pm	☐Yes ☐No	☐Yes ☐No	Obsn	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	Removed	
		☐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 : 16/7/26 @ 2pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1.5

CANNULA 2

Date : 16/7/26 Time: 12pm
Location : Rt Metacarpal
Size : 20G
Cannula inserted by : Dr. Sathish

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
16/7/26	12.30	☐Yes ☐No	☐Yes ☐No	Obsn	
	2.30pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	4.30pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	6.30pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	8.30pm	☐Yes ☐No	☐Yes ☐No	Obsn	
16/7	10pm	☐Yes ☐No	☐Yes ☐No	Obsn	
17/7	12AM	☐Yes ☐No	☐Yes ☐No	Obsn	
17/7	4am	☐Yes ☐No	☐Yes ☐No	Obsn	
	8am	☐Yes ☐No	☐Yes ☐No	Obsn	
	12pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	2pm	☐Yes ☐No	☐Yes ☐No	Obsn	
	6pm	☐Yes ☐No	☐Yes ☐No	Obsn	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

SNC-00026019
Mrs SAPNA[illegible]EE S
17-11-1999 IP18-00036482
26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis Plan — Preg 39 wks hypothyroidism
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
15/7/[illegible]	11Am	Yes.	Health education given to pain management	patient	language barrier	oral	none	good	-	[illegible]
16/7/26	2pm	yes	Educated & Inform about breast feeding position	Patient	none	oral	none	yes	good	[illegible]
17/7/[illegible]	8Am	yes	explained about the feeding and position	patient	none	oral	none	yes	good	[illegible]
18/7/[illegible]	9Am	yes	explained about the feeding position	patient	None	oral	Nil	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

PATIENT TRANSFER FORM

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SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
15/6/26 at	16/7/26 at 12.20 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Mathangi	Further treatment
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**
OP file	CTH – (15)	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 01407	Dr. Mathangi

Patient & Clinical Records Received by : SIN Staff 01457

Date & Time of Patient Received : 16/7/26 @ 12.20 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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Dept.
Treating Consultant Name	
From Unit	
Number of Sheets in Clinical File	Number of Imaging

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

Shifting Summary / Note Written by Doctor : Yes ☐

Name & Signature of Person who is Supervising

Patient & Clinical Records Received by

Date & Time of Patient Receiving :

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

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

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Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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SSI PREVENTION CHECKLIST

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 16/7/26 Date of Removal: ....

Parameters	Date / Shift Time	16/7/26 M	16/7/26 Evening	16/7 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. Shalini 01407	S/N Prasanna	D. Sobhu				
Signature of the Nurse		Shalini 01407	016808	[illegible]				

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

PATIENT TRANSFER FORM

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SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	15/7/2026 at 12.42pm	16/7/2026 at 8.50 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. mathangi	DR. Vinitha	Further manage
From Unit	**To Unit**	**Information to Attendant**
LDR	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pw	CTG - (15)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Sep (2); Inj: Tepic 1g - (6)	
2.	NS 100ml - (3) RL 500ml - (6).	
3.	Ncer pad - (10) Na Fu - (6)	
4.	T-pacl 1g - (9) T-pan 40 - (9).	
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sabdoor (signature)	DR. Vinitha

Patient & Clinical Records Received by : Jeyanthe (signature)

Date & Time of Patient Received : 16/7/26 @ 9 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

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

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VITAL SIGNS RECORD

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Name :

Date : 16/7/26

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
16/7/26 10pm	—	—	—	110/60 (71)	—	—	Dey
12am	97.6°F	86bpm	20bpm	110/61 (72)	100%	—	Dey
2am	—	—	—	110/60 (70)	—	—	Dey
4am	97.8°F	70bpm	20bpm	100/60 (64)	100%	—	Dey
6am	—	—	—	107/59 (70)	—	—	Dey
8am	97.8°F	68bpm	20bpm	113/69 (74)	98%	—	Dey
10am							

ASHREE S
0 Y 0 M 0 D
A EKAMBARA
IP-18-00

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VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	16/7	17/7							
Doctor's Orders	Dr. Mathangi	Dr. mathangi							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	Yes	Yes							
IV Site	Yes	Yes							
Central Lines	NO	NO							
Arterial Lines	NO	NO							
Feeding Catheter	NO	NO							
Urinary Catheter	NO	NO							
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	NO	NO							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NO	NO							
Ventilator Tubing,(Any Water, Blood)	NO	NO							
Humidification	Yes	Yes							
Check all Infusion (Labelling,Correct Preparation)	Yes	Yes							
Chest Physio & Neb	NO	NO							
Handed Over By Name :	Jeevitha	Anupriya							
Signature :									
Date & Time:	16/7/20 9pm	17/7/20 8am							
Hand Over Taken By Name :	Anupriya								
Signature :									
Date & Time:	17/7								

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi	Date of Delivery: 16/9/26
Assistant Surgeon: Dr. parithra / Dr. Sridevi	Time of Delivery: 12.36 pm
Anaesthetist's Name: Dr. Sathish	Gender of Baby: girl
Type of Anaesthesia: LSA	Weight of Baby: 2.598kg
Neonatologist: Dr. prasanna	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N CHUNA	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non progress of labor.

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:
Emergency Lower Segment Caesarean Section.

Post Operative Diagnosis:
P.L / Post LSCS

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....
5th Palpable: ..... 4/5th .....
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Caput: ☑ + ☐ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No

Cervical Dilatation: ..... 2cm ..... cm
Fetal Position: ..... ROT .....
Moulding: ☑ None ☐ + ☐ ++ ☐ +++
Meconium: ☑ None ☐ + ☐ ++ ☐ +++
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannenstiel ☐ 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
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive
Delivery of Placenta: ☑ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: (N) ..... Cord around the neck ☑ Yes ☐ No (Single loop of cord around neck)
Appearance of placenta: (N) ..... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

(1) Lower Uterine Segment Stretched (2) Fluid Vacuum
(3) Small Seedling fibroid 1x1 cm noted in posterior surface of uterus

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
Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☐ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes: NPO x 2 hours
- IVF @ 125ml/hour.
- Inj SUPACEF 1.5g IV 12/7
- Inj TRAPIC 1g IV 1-1-1
- T. PARACETAMOL 1g 1-1-1
- C. PANTOPRAZOLE D 40mg 1-0-1
- JUSTIN SUPPOSITORY 100mg PR 1-0-1
- CBD/Glucans 40mg SC od c/m 6AM
- CBC c/m 6AM

Doctor Name: Dr Mathangi
Doctor Signature: for IM6827
Date & Time: 26/7/2026

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

SURGICAL SAFETY CHECKLIST

I : Dr. Mathangi
Surgeon : Dr. Panithra
Anaesthetist : Dr. Satish
Scrub Nurse : Selvi Chandra

Patient Name : MRS. SAPNASHREE Age : 26y Gender : F
UHID No. : 26019 Surgery Name : Emergency LSCS
Date : 16/7/26 In-time : 12.25 pm Out-time : 1.30 pm

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Before Induction of Anaesthesia

SIGN IN Time: 12.26 pm

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

Signature : Selvi
Name : SATHIYA CHANDRA

Before Skin Incision

TIME OUT Time: 12.28 pm

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

Signature : for Dr 19682
Name : Dr Panithra.

Before Patient Leaves Operating Room

SIGN OUT Time:

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

Signature : 19547
Name : Sathi.

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S (F)
17-11-1999 26 Y 7 M 29 D
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TRAPIC	1G	IV	STAT	16/7/26 @12:30	☐ C ☑ DC
2	CARBOPROST	1cc	IM	STAT	16/7/26 @12:4	☑ C ☐ DC
3	EMESET	4MG	IV	tds	16/7/26 @1:00	☑ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr SATHYA

Date & Time : 16/7/26 1:30pm

Nurse Name & Signature: S/N Sugathi 01957

Date & Time : 16/7/26

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

PATIENT TRANSFER FORM

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Mrs SAPNASHREE S
17-11-1999 25 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 15/7/26 @12.42pm	Date & Time of Transfer Order: 16/7/26 @ 1.30pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Sathish L	Reason for Transfer: Further Management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP file-1	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sathish 0 1950	Dr. Sathish L

Patient & Clinical Records Received by : S/N Paramasivam 016808

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

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17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 16/1/26 @ OT TRANSFERRED TO MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	No	
	b.SpO₂ within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	No	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	No	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	No	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**	Yes	
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	Yes	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	No	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	No	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	No	
	c.Pressure areas protected (heels/elbows)	Yes	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: S/O Sy... 01959		
	Receiving Nurse : S/N Parameswari/016808		
	Signature of Incharge: Anchi		

RCH/GDY/FRM/CLINICAL/598

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Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: MICU (16/7/26 at 12pm **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NA	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	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	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)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: _____	Shalini Selvi	
	Receiving Nurse : _____		
	Signature of Incharge:		

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
/-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : ..... 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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION

INDICATION: NON-PROGRESS of LABOUR upon

(Name of the Patient) Mrs. Sapnashree

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., Bladder & Bowel Injury.,
NICU Stay., NICU Stay

My signature on this form indicates that

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

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

Consentee :

Signature : S. Sapna

Name : Mrs. Sapnashree

Date & Time : 16/7/2026 @ 12:15pm

Patient Attendant :

Signature : Tha. Ram

Name : Mr. Ram kumar

Relationship with Patient: Husband

Date & Time : 16/7/2026 @ 12:15pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shri

Date & Time : 16/7/2026 @ 12:15pm

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: M ☐ F ☐ - IP No: .... nsultant: ....

Ward / Bed No. : ....

Operative procedure planned : ....

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 / RTA
☐ Incapacitating COPD	☐ Others :		

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Mrs. Saphasbree

Relationship with Patient: Patient

Date & Time : 16/7/26 @ 12.15pm

Witness :

Signature : Tha.Ram..

Name : Mr. Ramkumar

Date & Time 16/7/26 @ 12.15pm

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 16/7/26 12 PM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs SAPNASHREE S 26 Y 7 M 29 D (F) Sex: ..... UHID.No : .....

17-11-1999 Dr. MATHANGI RAJAGOPALAN

Date: 16/7/26 Proposed Operation: LSCS

Diagnosis: .....

B.P / CRT: 120/70 H.R: 72/m Weight: 80 Kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.1	Glucose: 74	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.08	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 4.5 Echo NAD	
	Cl-:	SGOT/SGPT:		

Allergies:

Medical History: CVS :

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes : Hypothyroid on T. Eltroxin

Physical Activity: Was on T. Ecosprin

Past Anaesthetic History:

Physical Exam:

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

Lungs : BA ⊂ (P)

Heart: S1 S2 (P)

CNS: NAD

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

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:

Signature: Sch Name: SAMYUKTA

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:	
Physical Status:	Patient Identified	☐ Consent Present	☐ Chart Reviewed
H.R: 70/m	B.P / CRT: 120/70	SpO_2: 100%	R.R: 20/m · Last Feed:

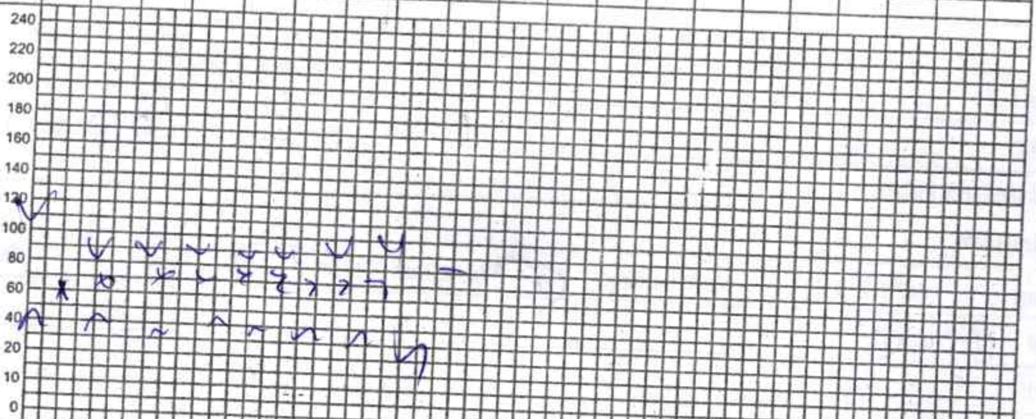
Pre-OP Diagnosis: .... Operation: LSCS Date: 16/7/12

Surgeon: MATHAMY Anaesthesiologist: SATHAMA Technician: ....

TIME	
N_2O /AIR /O_2 LPM	
HALO /SO /SEVO	
Drugs:	SYNTOCIN 20U IV INFUSION
FIO_2 / SaO_2	96 97 98 99
$ETCO_2$	57 58 59
ECG	
Temperature	
Urine Output	
Fluids / Blood	RL 30

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



LAB Values
ABG
GRBS
Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☑ Awake

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

Times:
Anaes Start: 12:25pm
OP Start: ....
OP End: ....
Leave OR: 1:32

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: 0.5% Bupi
Site: 2cc
Needle Size: .... Depth: ....
Parasthesia ☑ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: Buprenorphine
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other Mother
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: SATHAMA
Signature of the Doctor: ....

For Mother

Sd

Patient Sticker

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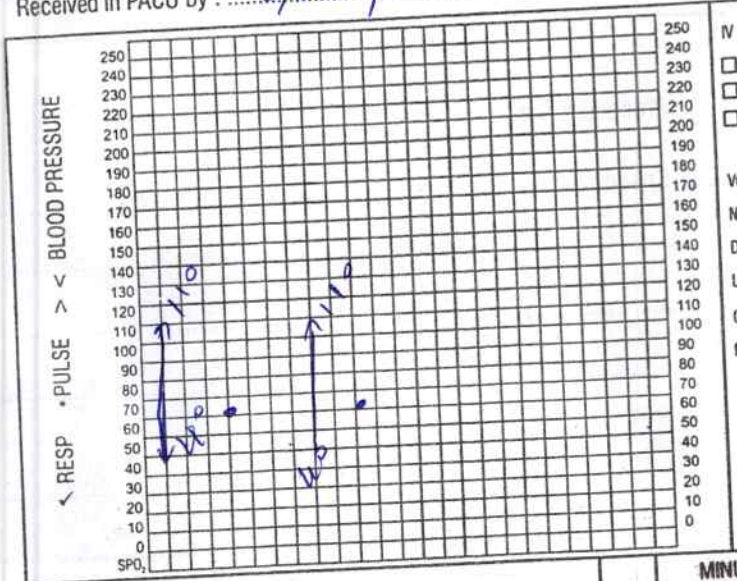
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : C/N Sujatha Time Received : 1:30 pm Time Discharged : 1:30 pm



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	1	2		
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					

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : SATHYA

Anaesthesiologist Signature: Sath

Date & Time: .....

PACU Nurse Name : S/N Sujatha

PACU Nurse Signature: 8.0.15597

*Date & Time: 16/7/24 @ 1:30 pm

Transferred to Unit by (PACU): S/N Sujatha

Date & Time: 16/7/24 @ 1:20pm

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 : .....

INFORMED CONSENT FOR VAGINAL BIRTH

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SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Name : ..... UHID No : .....

Gender: ☐ M Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Mathangi

Consentee :

Signature : S. Sapnashree

Name : Sapnashree

Date & Time : 15/7/2026 @ 4pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : Tha. Ram

Name : Ram Kumar

Relationship with Patient: Husband

Date & Time : 15/7/26 @ 4pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreeden

Date & Time : 15/07/26 @ 4pm

Patient Sticker

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

Name: ..... Age: ..... Gender: Male Female

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

You are scheduled for an induction of labor on 15/07/2026 (date) at 39 weeks + 2 days (weeks of gestation).

The reason for your induction is Term

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: S. Sapnashree
Name: Sapnashree
Date & Time: 15/7/26 @ 4pm

Patient Attendant:
Signature: Tha. Ram
Name: Ram Kumar
Relationship with Patient: Husband
Date & Time: 15/7/2026 @ 4pm

Doctor:
Signature: [signature]
Name: Dr. Shreeden
Date & Time: 15/07/26 @ 4pm

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

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

P.T.O

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

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

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

9. Additional notes: ....

Continuity of Care:

Date: ....

L — 2
A — 2
T — 2
C — 2
H — 1

8

Handover given by S/N Parameswari

Signature 016808

Date & Time: 16/6/26 @ 7pm

Handover taken by Jerisha

Signature [signature]

Date & Time: 16/7/26 @ 9.30pm

SNC-00026019 IP18-00036482
Mrs SAPNASHREE S
17-11-1999 26 Y 7 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 17/07/2026 Time: 12:10PM.

Origin: – Height: 167.5Cm Weight: 80.6Kg BMI: ☐ ~ 26 kg/m² ☑ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NIL (Lactose Intolerance)

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: S. Sapna

Name: Sapnashree

Date & Time: 17/07/26 @ 12:10PM

Dietician's

Signature: A. [signature] (018336)

Name: A. Sadiqa Ferheen

Date & Time: 17/07/26 @ 12:10PM.

DIETARY NOTES

Date	Time	Notes	Sign
16/07/26.	8:30AM.	- Patient is on Liquid Diet. - Patient is stable. Oral intake is Adequate - Advised to take plenty of Oral fluids - water, tender Coconut water, fruit Juices (etc) Fluids - 2.5-3l/d.	A.B (018336)
	01:10PM. DoS.	EM - LSCS done. NPO x 6 hours.	A.B (018336)
17/07/26.	08:40AM.	- Patient is on Soft Diet. - Patient is stable. Oral intake is Better. - Advised to take easy-digest foods. - Consume small-frequent meals - Include galactogogues foods for milk secretion such as garlic, fennel and Oats (etc) RDA. Values - Energy - 1800Kcal. Protein - +17-19g/d.	A.B (018336)
18/07/26	8:50AM.	- Patient is on ~~Soft Diet~~ Liquid Diet. - Patient is Stable. Oral intake is Adequate. - Advised to take protein - Iron rich foods. Consume small frequent meals. - Abdominal distention present - Clear liquid diet - Tender Coconut, fruit Juices (etc)	A.B (018336)