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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 6 D (F)
Dr. DIVIYA ARUN

Date: 8/7/26

Name of the Patient: .....

UHID No: ..... Gender: .....

Ward: 6th Floor..... Room No: 609.....

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 8/7/26	Date: 8/07/26
Time:	Time: 6AM	Time: 8.14 hrs

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

Rainbow Children's Hospital

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 6 D (F)
Dr. DIVYA ARUN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled ,by Admin >		
Activity Sheet update by Nursing	6Am 3/7/18						
Activity Sheet update by Pharmacy		8.44					

ACTIVITY RECORD FOR BILLING

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Name: Mrs. motchan Packiri 35y/F

UHID No: 93492 IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
06/7/20	9.30AM	LDR	OT	
6/7/20	11AM	OT	MIU	
6/7/20	1.40pm	LDR	6th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PNC	06/07/20	17282743	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/7/26	IV placement	1	1722445	[illegible]
6/7/26	Catheterization	1	1722445	[illegible]
1/7/26	Diet Counselling	1	172339	A. [illegible] (08336)
7/7/26	Physiotherapy	1	172338.	[illegible]

ANY OTHER INFORMATION:

procedure Name: Elective LSCS

Surgeon Name: Dr. Divya Arun, Dr. Priyad

Assist Surgeon Name: Dr. pavithra

Anaesthesist Name: Dr. Ashwini

Anaesthesia: SA

In time: 9:35AM   Out time: 11AM

Date: 8/7/26   Time: 6AM   Prepared By: [signature]

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

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	8/1/26 @ 9am				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PRE - OPERATIVE CHECK LIST

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Patient's Name : Mrs. Matchan Age : 35 Date: 06/7/25

Blood Group : O+VE UHID : 93492 Gender : ☐ M ☐ F

Planned Surgery : Et. Tubes

Anesthetist : Dr. Ashwini Surgeon : Dr. Divya

Date & Time of Operation : 06/7/25

Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Delli Babu-C

Billing Executive Signature : Delli

Date & Time : 06/07/25 4:30 PM

Nurse In-Charge Name : Pooja

Signature of Nurse In-Charge : Pooja

Date & Time : 6/7/25

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

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VITAL SIGNS RECORD

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

Nar

Date :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
2PM	97.1F	78b/m	18b/m	121/64 (78)	100%	-	
4PM	97.5'F	80b/m	20b/m	120/78 (86)	99%	-	
6PM	98'F	82b/m	18b/m	123/80 (84)	100%	-	

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VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

Name :

Date :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

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

VITAL SIGNS RECORD

Name :

Date :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P.L
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
6/7/26	8.30am	150	Dr. pavithra	
6/7/26	12pm	138	Dr. Pavithra	
6/7/26.	4PM	90 mg/dl	Dr. Diviya	
6/7/26.	8PM	118 mg/dl.	Dr. Diviya	
7/7/26	12am	142 mg/dl	DR. Vinitha	
7/7/26	4am	129 mg/dl	DR. Vinitha	
7/7/26	8 am	159 mg/dl	DR. Vinitha	
7/7/26	8:40pm	146 mg/dl	DR. Pavithra	
7/7/26	7:30pm	129 mg/dl	DR. Vinitha	

Docu. No. : RCH /FRM / CLINICAL / 185

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 : IP18-00036342 **Admit Date** : 06-Jul-2026 **Admit Time** : 08:19 AM **UHID** : GUC-00093492

Patient Details :

Patient Name	: Mrs MOTCHAR RACKINI P L	**Age**	: 35 Y 5 M 4 D
Guardian	: Mr VIPIN K	**DOB**	: 02-02-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 7 A/1 AMMAN NAGAR Paraniputhur Kanchipuram Tamil Nadu INDIA 600122	**Phone No**	: 7358092709/ 9566066506
		E-mail	: VIPINKONNANTH@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 805 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 805 **Admission Type** : First Visit

Contact Details :

Name : Mr VIPIN K **Relationship** : Husband

Contact Address : NO 7 A/1 AMMAN NAGAR Paraniputhur Kanchipuram Tamil Nadu INDIA 600122 **Phone No** : 7358092709

Signature

Doctor Details :

Doctor Name : Dr. DIVIYA ARUN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MOTCHAR RACKINI P L**	**Age :**	**35 Y 5 M 4 D**
IP No:	**IP18-00036342**	**Sex:**	**Female**
Consultant:	**Dr. DIVIYA ARUN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 I... 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:

Name: VIPIN. K
Relationship: HUSBAND
Date: 06-07-2026 Time: 8:19
Witness Name: RAWIN
Witness Signature:

Patient Address:
NO 7 A/1 AMMAN NAGAR Paraniputhur
Kanchipuram Tamil Nadu INDIA
600122

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BILLING POLICY

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

DECLARATION

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

Patient Name : > MOTCHAR RACKINI P.K	UHID Number : 934492
Self/Attendant Name : > VIPIN. K	Relation : > HUSBAND
Self/ Attendant Signature : > Mishra Phone Number : 7358092709	Name & Signature of Financial Counselor

GUC-00093492 IP18-00036342
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. PRIYADHARSHINI	Date of Delivery: 6/07/2026
Assistant Surgeon: DR. PAVITHRA.	Time of Delivery: 9:51 AM
Anaesthetist's Name: DR. ASHWINI	Gender of Baby: GIRL
Type of Anaesthesia: SA	Weight of Baby: 2.089 KG.
Neonatologist: DR. ANNAPOORNI	AGPAR Score:
Scrub Nurse: S/N SUNDARI.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Bad Obstetric History

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:

P1 L1 A0 / Post LSCS

Peri-Operative Complications:

Nil

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 ..... Cervical Dilatation: ..... cm

5th Palpable: 4/5th Fetal Position: .....

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

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

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

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

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

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

Incision Through Placenta: ☐Yes ☐No

Delivery of head: ☐Manual ☐Forceps

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

Appearance of placenta: N ..... Cavity explored ☐Yes ☐No

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

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

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

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

Fat Closure: ☐Yes ☐No ..... Suture

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

Vaginal Evacuated ☐Yes ☐No

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

Ctheter ☐Yes ☐No ☐Remove in c/m 10AM 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: NPOX 6 hours

- IVF @ 100ml/hour
- Inj SUPACEF 1.5g IV 12/7
- Inj METRO 400mg IV 12/7
- Inj PANTOPRAZOLE 40mg IV 1/7
- Inj PARACETAMOL 1g IV 1/7
- Sedation PRN.
- CBD c/m 10AM.
- clexane 40mg SC od @ 10PM.
- CBG 4th hourly
- BP monitoring hourly
- FBS/RBS/CBC on POD 2

Doctor Name: Dr Pamilma Doctor Signature: .....

Date & Time: .....

GUC-00093492 IP18-00036342
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Dr. DIVYA ARUN

Mrs. Motchar.

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

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

Obstetric Formula: G_3A_2

Obstetric Hostory:

G_1 - Girl, 26 weeks, Pre-eclampsia, Died after few minutes of birth
G_2 - Spontaneous miscarriage
G_3 - PP, Spontaneous Conception

Present Pregnancy Record:
Booked and Immunised
NT Scan - (N) ; FTS -

RISK FACTORS:

GHTN
GDM on OHA & Insulin
Hypothyroid

Height: 150 cm
Weight: 92.3 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: (N) PR:
BP: 120/90 mm Hg DTR:
CVS: S1S2 (+) RS: B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 25/10/2025 EDD: 07/08/2026
Corrected EDD: GA: 35 weeks + 3 days
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: @ 36 weeks
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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

DIAGNOSIS

G_3A_2 M/S - 3yrs NCM O+ve	LMP - 25/10/2025 EDD - 07/08/2026 IRMP	GA - 35 weeks + 3 days GHTN GDM on OHA & Insulin Hypothyroid

Patient Sticker

Family History:	Surgical History:
Nil	Nil
Medical History: GHTN since 31 weeks of conception	**Medication History:** T. LABEBET 100 mg 1-0-0 T. ECOSPIRIN 150mg 0-1-0-0 stopped on 04/07/26 • INJ. LMWH 60 mcg SC
Plan of Care: C/I/T Dr. Divya Arun - Admission - Parts preparation - secure IV line - Informed consent for Elective LSCS - Catheterisation - Pre-Op medications	**Investigations:** CTG- Reactive

Doctor Name: Dr. Akshitha / Dr. Shreedevi

Signature: [signature]

Date & Time: 06/07/2026

Consultant Name: Dr. Divya Arun

Signature: for [signature]

Date & Time: 06/07/2026

GUC-00093492 IP18-00036342
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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: ..... Department: ..... Shift: .....

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

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RESULT SHEET

Date	27/6/26	8/7/26				
Time						
Hb	11.3	9.6				
PCV	37.3					
RBC	4.75					
WBC	10,100	10300				
N/L	70.9/24.6					
Platelets	4.15	3.38				
CRP						
ESR						
PCT						
RBS	FBS-132 PPBS-161	RBS-115				
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

O- POSITIVE

HIV
HBsAg
Anti-HCV
VDRL
} Negative

HbA1C - 5.7

TSH - 2.12
T4 - 12.91

ECG } Normal
ECHO }
EF - 61%.
Trivial MR
Trivial TR

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

01/07/2026

Radiology : **USG :** SLIUG GA - 34 weeks + 4 days

X-Ray : EFW - 2019 grams (12%ile)

ECHO : Presentation - cephalic

CT : Placenta - fundal grade III calcification

Placental calcification Present

MRI .....

Liquor - adequate

Others (ECG, Contrast Studies etc.,) : AFI - 8.2

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L (F)
02-02-1991 35 Y 5 M 4 D
Dr. DIVYA ARUN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Case Received in MICU	
6/7/2026	C/S/B Dr. Pavithra	
11 AM		
	O/E Pt GC fair	Advice
POD 0	afebrile	- NPO x 6 hours
T-(N)	P/PC	- IVF @ 100ml/hour
BP-120/80	CVS	- Vitals monitoring
PR-84	RS / NAD	- Follow drug chart
	P/A - Ut firm & cont well	- Sedation HS.
CBG-138	Dressing Dry.	- CBD c/m 10 Am
	L/E - No undue Bleeding P/V	
		[signature]
		124682
6/7/26	S/B Dr. Pavithra / Dr. Divyalakshmi	
1 pm	Pt reviewed	
	Nil c/o	Advice
POD-0		- NPO till 5pm → sips of fluid
	O/E: pt GC fair, afebrile	- IVF @ 100ml/hr
	P0/PE0	- BP Q2H.
T: N		- CBG Q4H.
PR: 70/min	P/A: ut firm & well contracted	- CBD c/m 10 Am
BP: 120/80mmHg	dressing dry	- Sedation HS
SpO2: 100% @RA		- Inj. Clexane @ 10pm
	L/E: No undue bleeding p/v	- Inform if BP ≥ 140/90 mmHg
U/O 75ml clear	CBD working	- Inform SOS
		- Shift to ward

[signature] 164281

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Vinitha	
11PM	Pt reviewed; No 40	
	GE: GC fair; Afebrile	
BP: 115/79	P/A: Ut contracted; firm	
PR: 85bpm	Soft; BS ⊕	
SpO2: 99% RA	LE: BWNL	
CBD insitu 150ml		Adv:
Clear urine		· Kanji diet
		· CBG Q4H;
		BP Q2H
		· CBD 4M 10 am
12:11:2		· Sedation HS
		· Soft diet 4M 8am
		· FBS, PPBS, CBC POD # 2
7/7/2026	C/S/B Dr. Panitha	
9:30AM		
POD 1	Pt reviewed	Advice
	o/e	- Soft Diet.
T-Ⓝ	Pt GC fair	- Plenty of orals.
BP-120/70	afebrile	- BP, 4th hourly.
PR-76/min	P̄/PE	- CBG Q 6th hourly
	CVS / RS NAD	- CBC / FBS / PPBS on
Baby m/c B/c breast feed		POD - 2.
	P/A - Ut firm & contracted	
	Soft, BS ⊕.	
Passed flatus.	L/L - No undue Bleeding P/V	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr. Abslute	
12 pm.		
DTMe	pt reviewed.	
POD#1	passed flatus	
	O/E: afebrile	
	GC fair	Plan
BP 110/70mmHg	P°/PE°	- soft solid diet
PR 80bpm	P/A uterus wc	- plenty of fluids.
SpO2 99% @RA	soft	- BP q4hrly
Temp (N)	BS(+)	- CBG q6hrly.
B/L breast soft	dressing dry	- CBC, FBS, PPBS POD#2.
secretions (+)	L/E: BWHL	- ambulate
Baby M/S DBF.		(signature) 128835
7/7/26	S/B Dr. Mohana / Dr. Dinyalakshmi	
8:30 pm	pt. reviewed.	
	Nil c/o.	
POD-1	O/E: pt GC fair, afebrile	Advice
	p°/PE°	- Continue same orders.
T - N		
PR - 80/min	P/A = soft.	- Stop CBG
BP - 110/70mmHg	ut. contracted well.	- CBC, FBS, PPBS on R/M 6am
Baby m/s, breasts soft	L/E: Epi intact	
	BWNL	
voiding freely		(signature) 10428
not passed stools		

No.: RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26. 9 AM.	S/B Dr. [illegible] / Dr. S [illegible]	
POD #[illegible]	pt reviewed.	
	passed flatus	
BP 120/70mmHg	voiding freely	
PR 86bpm.	o/G afebrile	
SpO2 99%@RA-	GC fair	Plan
Temp (N)	P° / PE°	- monitor vitals.
	P/A uterus w/c	- soft solid diet
B/L breast soft	soft	- plenty of fluids
secretions (+)	BS (+)	- ambulate
Baby m/s	dressing dry	- bath & dressing today
DBT-	U/G BWHL	- d/s today.
Hb= 9.6	[signature]	
TC = 10300	22435	
Plt 3.38		

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Date & Time	Progress Notes	Doctor's Order

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Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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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:

Postnatal Exs & advices Mrs. Mofehar Rackein

Signature:

Findings and Recommendations :

SLB physiotherapist Dr. Mohanapriya (PT)
OBGX Gyn. nrs.

1) Do's and don'ts advised
2) Postural advices given
3) Breathing Exs / Diaphragmatic exs
4) Ankle mobilisation
5) Knee mobilisation Exs
6) pelvic bridging Exs.
7) Kegel. exs

Consultant :

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

→ Posterior pelvic tilt.

→ Gait training

→ Splinting advised.

→ Review after review

07/07/26.

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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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	1.5gm	IV	BD		☑C ☐DC
2	Inj. PAN	40mg	IV	BD		☑C ☐DC
3	Inj. METRONIDAZOLE	400mg	IV	TDS		☑C ☐DC
4	Inj. PARACETAMOL	1gm	IV	TDS		☑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 : 16428 Dr. Durgalakshmi

Date & Time : 06/07/25 @ 1pm

Nurse Name & Signature: S. pooja

Date & Time : 06/7/25 @ 1:30pm

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Dr. DIVIYA ARUN

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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 DR.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SYNTOCIN	5U	iv	stat	6/7/26 9:52am	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	6/7/26 9:52 AM	☐C ☑DC
3	INJ. EMESET	4mg	iv	stat	6/7/26 9:52AM	☐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. Ashwini S. Ashwini 10/3/26

Date & Time : 6/7/26 9:30am

Nurse Name & Signature: Thanushya 6/7/26

Date & Time : 6/7/26 @ 11am

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DRUG CHART

Date of Admission: 06/7/26 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 : INJ. KETOROLAC				Date / Time
Dose: 30mg	Route: IM	Frequency: SOS	Start Date: 6/7/26	
Doctor's Signature: 82217		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 .....

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Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

REGULAR PRESCRIPTIONS

Weight. 93.3 Ward. 609

DRUG : INJ. CUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
9am	BS AA		
9pm	BS SP	BS BL	

STOP

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Date
400mg	IV	1-1-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
8am	BS AA		
2pm	BS AA	BS HM	
10pm	BS SP	BS BL	

STOP

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
7am	BS SP		
7pm	BS AA	BS HM	

STOP

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
8am	BS SP		
2pm	BS AA	BS HM	
10pm	BS SP	BS BL	

STOP

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Dr. DIVIYA ARUN

Mrs. Moksha

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REGULAR PRESCRIPTIONS

Weight 43.3 Ward GM

Sheet No: .....

DRUG : Tab. CABERGOLINE

Dose	Route	Frequency	Start Dt.
100mg	PO	1-0-0	7/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	6/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 6/7 7/7 8/7 9pm SP DR

DRUG : TAB TAXIM-O

Dose	Route	Frequency	Start Dt.
200mg	P/O	1-0-1	3/7/26

Name & Signature of the Doctor Starting the Drugs: DR 27435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7 ~~9pm~~ SP DR

8pm

DRUG : TAB PAN.

Dose	Route	Frequency	Start Dt.
40mg	P/O	1-0-1	3/7/26

Name & Signature of the Doctor Starting the Drugs: DR 27435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7 ~~7pm~~ SP DR

7pm

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : TAB ACTONF OR.

Dose	Route	Frequency	Start Dt.
1	P/O	1-0-1	8/7/26

Date ▸ 8/7
Time ▾ 8AM [signature] / 8PM

Name & Signature of the Doctor Starting the Drugs: [signature] 127435

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

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 ....

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

Weight. 93.3 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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	8.50AM	INJ. SUPACEF	0.1 ml	Id	182217	SP / SA
6/7/26	9AM	INJ. PANTO	40mg	IV	182217	SP / SA
6/7/26	9AM	INJ. EMESET	4mg	IV	182217	SP / SA
6/7/26	9.30AM	INJ. SUPACEF	1.5g	IV	182217	SP / SA
6/7/26	9:52 AM	INJ. SYNTOCIN	5U	iV	S. Vashi 101348	PT / AS
6/7/26	9:52AM	INJ. TRANEXAMIC ACID	1g	iV	S. Vashi 101348	PT / AS
6/7/26	9:54AM	INJ. EMESET	4mg	iV	S. Vashi 101348	PT / SA
6/7/26	10:50 AM	T. Misoprostol	600mcg	PR		PT / SD
6/7/26	10:50 AM.	Justin Suppository	100mg	PR		PT / SA.

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
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I.V. FLUIDS CHART

Weight. 93.3 Ward. 604

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26	9:35 AM	RL-10	iv	Rushed	S. Ashi 101348	[signature] AS	6/7/26	S. Ashi 101348	[signature]
6/7/26	9:52 AM	RL-10 c̄ Inj: Syntocin 20U	iv	100ml/h	S. Ashi 101348	[signature] AS	6/7/24	S. Ashi 101348	[signature] AS
6/7/26	10AM	RL-10	iv	Rushed	S. Ashi 101348	[signature] AS	6/7/26	S. Ashi 101348	
6/7/26	3pm	RL 10	IV	100 ml/hr	[signature] 164281	[signature] 091029	—		

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 93.3 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/2/20	8:30AM	T. LOBET	100mg	PO		SP	SA

Docu. No. : RCH /FRM / CLINICAL / 136

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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: 06/07/20

Time	8	10	11	12	1	4	8	10	12	2	4	6
RESP (write rate in corresp. box) (>30 / 21-30 / 11-20 / 0-10)	18	18	18	18	18	20	20	22	20	20	20	22
Saturations (94-100 % / < 94 %)	100	99	100	99	99	99	98	100%	100%	100%	100%	100%
Administered O_2 (L/min.)	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
Temp °C (40 – < 35)	98F	98F	98F	98F	98F	97.5°	98°F	98.1°F	97.9°F	98.1°F	97.8°F	98.1°F
Heart Rate (170 – 40)	100	82	80	80	64	80 b/m	80 b/m	87 b/m	86 b/m	89	80 b/m	82 b/m
Systolic Blood Pressure (190 – 50)	128	120	110	120	110	120	115	110	112	111	113	110
Diastolic Blood Pressure (130 – 40)	94	80	72	80	70	78	79	69	70	69	71	69
( )						80	83	74	79	79	74	72
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert		✓ Alert	✓ Alert
URINE mls / hour (> 30 / < 30)	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30	✓ > 30		✓ > 30	✓ > 30
Proteinuria (Protein ++ / Protein > ++)											✓	
Lochia (Normal / Heavy / Foul)	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal	✓ Normal		✓ Normal	✓ Normal
Liquor (Clear / Pink / Green)	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink	✓ Clear / Pink		✓ Clear / Pink	✓ Clear / Pink
TOTAL YELLOW SCORES	1	0	0	0	0	0	0	0	0		0	0
TOTAL ORANGE SCORES	0	0	0	0	0	0	0	0	0		0	0
Nurse Initial	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]

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2

Early warning Observation Score Chart - Obstetrics

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

07/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	18				18				20				18bpm				20bpm				20			
	0 - 10																								
Saturations	94 - 100 %	99%				98%				98%				99%				98%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				2L			
Temp°c	40																								
	39																								
	38																								
	37	98°F				98°F				98.3°F				98.2°F				98.8				98.78			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	76bpm				80bpm				87bpm				90bpm				92bpm				86bpm			
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	121				111				107				116				108				112			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50													(31)				(73)				(71)			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	76				69				73				80				68				72			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				L				~			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–				–				–				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–				–				–				–				–				✓			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial																									

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

6/7/26.		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	NPO										
	09:00 am	NPO		100							0	
	10:00 am	NPO		100ml						100ml	0	
	11:00 am	NPO		125						70	0	
	12:00 pm	NPO		125						75	0	
	01:00 pm	NPO		125						50	0	
Total Intake : 1 hour 1175ml									Total Output : 295ml			
	~~02:00 pm~~			125ml						30ml	0	
	03:00 pm	H20	100ml	100ml						10ml	0	
9.45 pm	~~04:00 pm~~	Water	100ml	100ml						25ml	0	
	05:00 pm	H20	100ml	100ml						25ml	0	
	06:00 pm	Juice	100ml	100ml						25ml	0	
	07:00 pm	H20	150ml	100ml						150ml	0	
Total Intake : 600 ml + 625ml									Total Output : 490 ml			
	08:00 pm	Kanji	200ml	100ml						200ml	0	Pulu
	09:00 pm	H20	200ml	DC						250ml		
	10:00 pm	H20	100ml	DC						250ml	0	Pulu
	11:00 pm	H20	200ml	100ml						150ml		
	12:00 am	H20	250ml	100ml						170ml	0	Pulu
	01:00 am	Juice	200ml	100ml						220ml		
Total Intake : 1150ml + 400ml									Total Output : 1,240ml			
	02:00 am	H20	250ml	100ml						250ml		
	03:00 am	H20	200ml	100ml						100ml	0	Sylonase
	04:00 am	H20	250ml	100ml						270ml		
	05:00 am	H20	100ml	100ml						210ml	0	Sylonase
	06:00 am	H20	150ml	100ml						250ml		
	07:00 am	milk	200ml	100ml						250ml	0	Sylonase.
Total Intake : 1150ml + 600ml									Total Output : 1330 ml			

Total 24 hrs. Intake	5,700ml	Total 24 hrs. Output	3,355ml

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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.

9/7/26		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	TC	200ml	125ml							0	
	09:00 am			Stop								
	10:00 am	water	food					CB removed			0	
	11:00 am											
	12:00 pm	water	200ml					1st voided		100ml	0	
	01:00 pm											
Total Intake :		500ml + 125ml								Total Output :	100ml.	
	02:00 pm									250ml		
	03:00 pm	Juice	200ml								0	
	04:00 pm	water	200ml									
	05:00 pm	milk	200ml							~	0	
	06:00 pm											
	07:00 pm	water	200ml							~	0	
Total Intake :		800ml								Total Output :	250ml + 2 times	
	08:00 pm	H2o	200ml									
	09:00 pm	H2o	100ml							~	0	Pulse
	10:00 pm											
	11:00 pm	milk	200ml							~	0	Pulse
	12:00 am											
	01:00 am									~	0	Pulse
Total Intake :		500ml.								Total Output :	3 times	
	02:00 am										0	Pulse
	03:00 am									~		
	04:00 am										0	Pulse
	05:00 am											
	06:00 am	H2O	100ml								0	Pulse
	07:00 am	milk	200ml							~		
Total Intake :		300ml.								Total Output :	2 times.	

Total 24 hrs. Intake	2225ml.

Total 24 hrs. Output	350ml + 7 times

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...SING SHIFT HAND OVER FORM

SITUATION	Diagnosis: P2L1A2 / POD1 / Ed. LSCS			Any Infection: ☐ Yes ☑ No ☐ Not Known (struck out) If Yes Specify:			
	Surgery / Procedure: Ed. LSCS			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 Morning	6/7/26 E	6/7/26 N	7/7/26 M	7/7/26 E	7/7/26 N
	Medical Condition (Any special condition to be noted):	GDM GHTN/ Hypo	GDM GHTN	GDM GHT Hyp	GDM GHTN	GDM GHTN	GDM GHTN
	Diet:	NPO	NPO	liquid diet	soft diet	soft diet	soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98 F	97.1 F	98.1 F	98 F	98 F	98.2 F
	Res:	20	20	20	20 b/m	20 b/m	18 b/m
	SpO₂:	100	100 %	100 %	100 %	99 %	99 %
	Pulse:	100	78 bpm	70 b/m	80 b/m	82 b/m	80 b/m
	BP:	–	121/64	120/70 (70)	120/72	111/68	110/62
	LOC:	Alert	Conscious	conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	[illegible]	20	20	20	20	20
	Pain Score:	1/10	1/10	1/10	1/10	1/10	1/10
	Skin Integrity	normal	Normal	No risk	Normal	Normal	Normal
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:	NPO	NPO	liquid diet	soft diet	soft diet	soft diet
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Depend	Depend	dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		NPO SPH CBD ⊕	Follow drug chart	–	–	–	–
Handed Over By Name :		Pooja	Sathiya	[illegible]	Rasi	Rasi	Jathiya
Signature / ID :		[signature]	[signature]	[signature]	[signature] 012893	[signature] 012893	[signature]
Date:		6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26
Time:		1.40 PM	8 PM	8 am	@ 2 pm	@ 7.30 pm	8 AM
Taken Over By Name :		Sathiya	Praveena	Rasi	Rasi	Jathiya	Jenitha
Signature / ID :		[signature]	[signature]	[signature] 012893	[signature] 012893	[signature]	[signature]
Date:		6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	7/7/26
Time:		1.40 PM	8 pm	8 Am	2 pm	8 pm	@ 8 pm

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

(1)

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 07/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	pm	The patient promote falls injury-	4 PM	keep bed in low position. Assist with toileting needs	follow the instructions	The patient prevented fall injury.	[signature]
Night	8pm.	promote adequate. nutrition For healing and recovery.	9pm	Assess nutritional Status and appetite	→ patient intake and output	→ patient clinically Stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
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Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 Am	maintain fluid Balance	8 Am	Assess patient condition monitor vitals Encourage oral fluids maintain I/o chart	Improving fluid volume	Re-assessment Done	[signature] 01289713
Afternoon	1.30 pm	Maintain Personal Hygiene	2pm	Assess Patient condition maintain hand and hair hygiene	improving Personal Hygiene	Re-assessment Done	[signature] 01289713
Night	4pm	promote Health Hygien		→ changed clothes bedsheet → maintained personal Hygin → prolonged oral + nail care	maintained personal Hygiene	reassessment done	[signature]

GUC-00093492 IP18-00036342
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(1)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
06/7/20	7:30AM	Pt mrs. motchar 35y/F.	
		She is G3A2 / 35w+3d / GHTN /	
		GDM on OHA + Insulin / Hypothyroid /	
		on T. / GHTN on T. Lobet.	
		Vital signs checked & recorded.	
		BP 128/94 P/R - 100 b/m R/R - 18b/m	
		CTG connected FHR (+). Informed	
		to Dr. Pavithra / Dr. Sreedevi	
		seen the pt history collected.	
		She's on NPO. Pt taken	
		thyroid tablet. parts preparation	
		done.	[signature]
	8:10AM	CTG disconnected as	
		per doctor order. CBG checked	
		as per doctor order 150mg/dl.	
		Informed to Dr. Pavithra.	[signature]
	8:30AM	IV placement done c̄	
		18G venflon back flow (+).	
		Inj. supacef 0/m test dose ID	
		given as per doctor order.	[signature]
	9AM	Inj. pan IV, Inj. Emeset	
		IV given as per doctor	
		order. Dr. Pavithra advised	
		to check urine albumin,	
		catheterizing order carried out	
		urine albumin checked nil	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

Rainbow® Children's Hospital
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
06/7/26		Informed to Dr. pavithra.	
	continue	catheterization done as per	
		doctors order urine draining	
		clear. pt-label looking and as	
		per doctors order. Surgery &	
		anesthesia consent done.	
		Dr. Ashwini / Dr. priyadharshini	
		anesthetist seen the pt.	Bdw.
	9:30AM	pt have no c/o allergy,	
		itching. Inj. Supacef 1.5gm IV	
		given. pt care hand over	
		given to OT staff. pt	
		shifted to OT as per doctor	
		order. for elective LSCS.	Bdw
		OT Notes.	
6/7/26	9:35 AM	→ patient received from CDR to OT	
		& while receiving patient ID Band	
		Consent checked & received.	
		→ Anaesthesia given by Dr. Ashwini	
		Under SA.	
		→ Surgery done by Dr. Divya Arun,	
		Dr. priyadharshini	
		→ Foley's Catheter In situ urine	
		drain clear.	

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GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

(2)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby details	
		Baby : Female	
		Time : 9:51AM	
		wt : 2.089 kg.	
	11AM	→ pt shifted to MICU for management	
6/7/26.		patient handover to MICU staff	607771
		Post op receiving notes	
	11Am	pt received from OT to micu. pt care hand over given taken from OT staff. pt consciously aroused. IV line ⊕ cy pattern. PV bleeding is minimal. she is on NPO. IVF 100ml/h connected on infusion. pt received c baby. Breast soft.	[illegible]
	11:30Am	pt is stable. she is on LBD. pt have no c/o pain. maintain the chart. DVT, Braden Q, pain assessment, morse fall risk assessment done.	[illegible]
	12pm	pt vital signs checked & recorded. maintain the chart. Encouraging to mobilize. maintain the chart	[illegible]

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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
6/Feb/20	1pm	B – Breast soft	
		U – Uterus contracted	
		B – She is on CBD	
		B – Bowel movement (+)	
		L – Lochia rubra (+)	
		E – REEDA assessment not applicable	
		H – Homans sign negative	
		E – pt emotional status good.	
		no. pains / Dr. Divya Lakshmi	
		advice to shift ward follow	
		drug chart daily carried nursing	[illegible]
	1.40pm	pt shifted to ward	
		as per doctor order. pt	
		care hand over given to	
		6th floor staff	[illegible]
		receiving notes.	
6/Feb/20			
	1.45PM	Patient received from LDR to	
		ward. Handing over taken from LDR	
		S/N. Nurse (I), Patient on RA, IVF RL	
		100ml/hr, now RL 100ml need to give	[illegible]
		bolus, NPO until 3PM plan, CBD-	
		[illegible] hourly, BP - 2nd hourly.	
	2PM	Vitals checked and	[illegible]
		recorded. PV bleeding normal.	
		Urine output - nil. Informed Dr. [illegible].	
		Mam advised.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093492 IP18-00036342
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02-02-1991 35 Y 5 M 4 D (F)
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(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	2.30PM	Dr. priyadharshini, sreelalli mam seen the patient. mam advised RL - 125ml/hr and NPO clear Now sips of water.	[signature]
		NPO clear. IVF 125ml/hr often	[signature]
	3PM	patient comfortable NO complaints. urineout monitored.	
	4PM	Dr. Divyalakshmi mam seen the patient. Hydrated and monitor output.	[signature]
		CBG - 90mg/dl informed Dr. Divyalakshmi	[signature]
	6PM	Due medication given as per Drug - chart order.	
	7PM	maintained I/O chart recorded	[signature]
	7.30PM	Handing over given to Night duty S/N.	
		Night duty 06/07/26	
06/07/26	7.30pm	=> Patient handover taken by evening duty S/N	Leny
		=> Patient clinically stable.	07129
	8pm	=> checked vital signs	
		=> Patient vitals is stable	
		=> provide health education	
		=> provide comfortable bed position	Leny
	10pm	=> administered medication as per drug chart order	07129
		=> patient clinically stable	

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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
7/7/26	12am	⇒ checked 2 and hrly	
		once vital signs, patient	
		vitals is stable →	Ganny
	1am	⇒ administer pethidine	012109
		phenergan Injection as	
		per doctor chart order	
		because patient felt/acting pain	
		⇒ provide comfortable	
		bed position →	Ganny
	4am	⇒ again checked vitalsigns	012109
		⇒ patient vitals is stable	
		⇒ IV Fluids 100ml/hr RL	
		continuosly going	
	6am.	⇒ morning care given	
		and administer medication	
		as per drug chart order →	Ganny
	7am.	⇒ monitor I/O chart	012109
		⇒ maintain records & reports	
	7.30 am	⇒ patient handover given	
		to morning duty S/N →	Ganny
7/7/26		Morning Duty	012109
	7.30 Am	Patient details handing	
		over taken from night	
		Duty Staff. Patient is	
		Conscious and oriented. Patient	
		is on room air. Iv	
		line present. Iv line	Rani
		pattern	012893

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NURSES NOTES

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☐ No Known Drug ...

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	8Am	vital Signs are checked and recorded vital Signs are stable.	
		Due medications are given as Per Doctor's order	012893
	10Am	Patient condition seen by Dr. Pavithra mam advised to give Soft diet, to monitor BP 4th hrly to check CBC 6th hrly	012893
		B - Breast is Soft U - uterus contracted B - Patient bather removed B - Bowel movement (+) L - Lochia rubra (+) E - Pedal Assessment NA H - Homan Signs negative E - Emotional status good.	
		CBD removed as Per Doctor's order.	012893
	12pm	vital Signs are checked and recorded. vital Signs are stable.	Dy
	1pm	→ Patient intake and output Chart maintained & record	Dy

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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
7/7/26		Evening Duty	
	1.30pm	The Patient details handing over taken from morning Duty Staff. Patient is conscious and oriented Pt is on room air.	
	2pm	Due medications are given as per Doctor's order.	012893
		B. Breast is soft U - Uterus contracted B - Bowel movement (+) B - Pt self voided. L - Lochia Rubra Present E - Pain Assessment NA H - Homan Sign Negative E - Emotional Status good	012893
	4pm	Vital Signs are checked and recorded vital Signs are Stable.	012893
	6pm	No any other fresh complaints Patient is Stable.	
		No chart maintained	012893
	7.30 pm	The Pt details handing over given to night duty Staff	021893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: GUC-00093492 Mrs MOTCHAR RACKINI P L IP18-00036342
MRD NO: 02-02-1991 35 Y 5 M 4 D
Dr. DIVIYA ARUN (F)
Age : .... : ☐ M ☐ F
Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 6/7/17 Time: 8.30Am
Location : (R) cephalic
Size : 18G
Cannula inserted by : Sr. Pooja

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
6/7	9Am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	11Am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	1pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	3PM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	5PM	☐Yes ☐No	☐Yes ☐No	health	[illegible]
	7PM	☐Yes ☐No	☐Yes ☐No	heal	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
7/7	12am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
8/7	12am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	6Am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/7/26	6/7/26	6/7/26
		Score	3AM	2PM	N
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			25	25	25
		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

GUC-00093492 IP 184-00038342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 7/7/26	F 7/7/26	F 7/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			25	25	25
		Signature	01289	01289	0604

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

(1)

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PAIN ASSESSMENT FORM

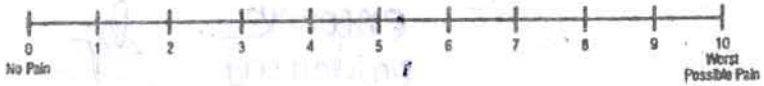
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	8 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
6/7/26	12PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Encourage to bubblers	
6/7/26	6PM	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	encouraged position cag	
6/7/26	8PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	position changed	Camp
7/7/26	3AM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	position changed	Camp
7/7/26	8AM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position changed	012893
7/7/26	2PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position change	012893
7/7/26	8PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
8/7/26	4AM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

BRADEN 'Q' SCALE

(1)

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					Date : 6/7	6/7	6/7	7/7
					Time : 8AM	8PM	M	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.	1	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	27	25	27
					Evaluator's Name	[signature]	[signature]	[signature]

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

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

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

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BRADEN 'Q' SCALE

Patient ID

				Date :				
				Time :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				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

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 06/7/25 Time of Arrival: 7:30pm Time Seen by Nurse: 7:40pm

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: BT: Hcg

3) **Vital Signs:** Temperature: 98f Pulse: 100 RR: 18 SpO_2: 100 BP: 128/94 Weight: 93.3

4) **Gestational Criteria:**

Gravida:	G 3	P	L	A 1

LMP: 25/10/25 EDD: 7/8/26 Gestational Age: 36 wks 3d

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

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

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

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

6) **Past History:**

a) Surgeries: nil

b) Medical: G.H.T.N / G.Dm / Hypothyroidism

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ..... 2AM .....

Nurse Name : ..... Joola ..... Nurse Signature: .....

Date: 6/07/15 ..... Time: 2AM .....

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 06/2/20

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1
Parity ≥ 3	✓	1 or 2
Smoker		1
Gross varicose veins		1
		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	03	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

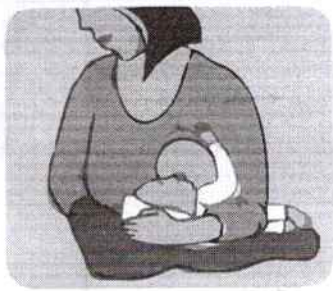
2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 6th h.

L - 02
A - 01
T - 02
C - 01
TT - 01
07

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 6th h. Date & Time: 6/11/20 at 1:45PM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00093492 IP18-00036342
Patient Name: Mrs MOTCHAR RACKINI P L 02-02-1991 35 Y 5 M 4 D (F) Dr. DIVYA ARUN ..... Gender: ☐ Male ☑ Female Age : .....
UHID No : . ..... Date : .....

Instruction

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient)

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

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

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

Bleeding, Infection, Blood transfusion, Bowel & Bladder Injury, MICU 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 : .....

Name : Mrs. MOTCHAR

Date & Time : 6/7/24

Patient Attendant

Signature : .....

Name : VIPIN

Relationship with Patient: HUSBAND

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : 06/07/2026 Dr. Sreedevi

Date & Time : 06/07/2026

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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

Gender : M ☐ F ☐ - IP No : ..... Consultant : Dr. Divya Arun

Ward / Bed No. : ..... Anaesthesiologist : Dr. Sathish / Dr. Ashwini

Operative procedure planned : ELECTIVE LSCS

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 : HYPOTHYROID / HYPOTENSION / BRADYCARDIA

Comments : PDPH / PONV

- 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 MRS. MOTCHAR RACKINI the above mentioned operation I Diagnostic I Therapeutic procedures ELECTIVE LSCS

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : VIPIN. K

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Priyadharshini

Date & Time : 6/8/25 8.30am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00093492 IP18-00036342
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Name: ..... Age: ..... Sex: ..... UHID.No : .....

Date: 6/7/20 Time: 8.30am Proposed Operation: Elective CS

Diagnosis: G2P1L0A1 / 37+3

B.P / CRT: ..... H.R: ..... Weight: 0 kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.3	Glucose: 132/161	Protein:	HIV: ?	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: EF 61% (N)	
WBC: 10,100	Creat:	Total Bill:	HCV:	2D Echo: Trivial MR	
Plate: 4.15	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo: Trivial TR	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4	HbA1C = 5.7%	
INR:	Mg++:	Amylase:	TSH 2.52		
	Cl -:	SGOT/SGPT:			

Allergies: NKDA

Medical History: CVS : IC/C/O GHTN on T. Lobet

RESP : R/C/O GDM on Diabetes : insulin

CNS : Hypothyroid on T. Thyronorm 50mg OD

Renal :

Hepatic / GE : H/O T. Aprin 150mg L.D on 4/7 Physical Activity:

Others : Inj clexane 0.6ml - L.D 4/7 11pm

Past Anaesthetic History: nil

Physical Exam:

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

Lungs : B/L AE (+)

Heart: S1 S2 (+)

CNS: NAD

Pregnant: ☐Yes ☐No ☐NA Venous Access Site : Access Spine Exam for regional : (N)

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

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

CBG = 150 mg/dl at 8AM.

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: ..... Name: Dr Priyadharshini

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 82/min | B.P / CRT: 125/80 mmHg | SpO_2: 99–100% | R.R: 16/min | Last Feed: 10pm

Pre-OP Diagnosis: G3A2 / PIH / GDM | Operation: Elective LSCS | Date: 6/7/25

Surgeon: Dr. Priyadarshini / Dr. Pavitha | Anaesthesiologist: Dr. Ashwini | Technician: Indoukha

TIME: 9:30AM ... 10:30AM

N_2O /AIR /O_2 LPM
HALO /ISO /SEVO
Drugs:
Inj. phenylephrine 100 µg slow iv

Antibiotic
Suppository
Blood Loss

FiO_2 / SaO_2: ← 100% → 100% →
$ETCO_2$
ECG: ← NSR →
Temperature
Urine Output

Fluids / Blood: ← RL – 2 (1) iv rushed f/b 100 ml/hr →

NOTES

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

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

LAB Values: ABG / GRBS / Others

Monitoring	Temp / Times / Anaesthesia / Line	Induction	Regional
☑ Equipment Checked and Functional	**Temp:** ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☑ Hugger's ☐ Cotton Wool ☐ Other	**Induction** ☑ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others	**Regional:** Extremity Specify: ☑ Spinal ☐ Epidural ☐ Caudal
☑ BP ☐ Cuff Site: Rarm		☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal	Others:
☐ Art Site:	**Times:** Anaes Start: 9:30AM	ETT# at cm	Position: sitting
☑ EKG Lead	OP Start:	☐ Oral ☐ Nasal ☐ Cuff	Site: L3–L4 midline
☐ Temp Site	OP End:	☐ Tracheostomy ☐ Topical	Needle Size: 25G Quincke
☐ FiO_2 Monitor	Leave OR: 10:30AM	☐ Drug:	Parasthesia ☐ Yes ☑ No
☐ Agent Monitor	**Anaesthesia:** ☐ GA	☐ Awake ☐ Direct Vision	Catheter at skin: NIL cm
☑ Pulse Oximeter	☐ Monitored Anaesthesia Care	☐ Video Laryngoscopy ☐ Stylette / Bougie	Drug Name & Conc: 2.2 ml of 0.5% bupivacaine (heavy) + 60 µg fentanyl after free flow of CSF. T6 level
☐ Capnograph	☑ Regional	☐ Fiberoptic	Bolus:
☐ Ventilator	**Line (Size & Location)** ☐ CVP	Blade# Attempts:	Infusion:
☐ Nerve Stimulator	☐ ART	Difficulty Why?	Block Level:
Position: Supine ☑ Pressure Points Checked	☑ IV 18G (L) hand	☐ Bilat = BS	Comments:
Eye Care: ☐ Oint ☐ Tape ☐ Padding ☑ Awake	☐ IV ☐ IV	☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Transportation to ☑ PACU ☐ ICU ☐ Other
			Relaxant Reversed ☐ Yes ☐ No ☑ NA
			Name of the Doctor: DR. ASHWINI S
			Signature of the Doctor: [signature] 101348

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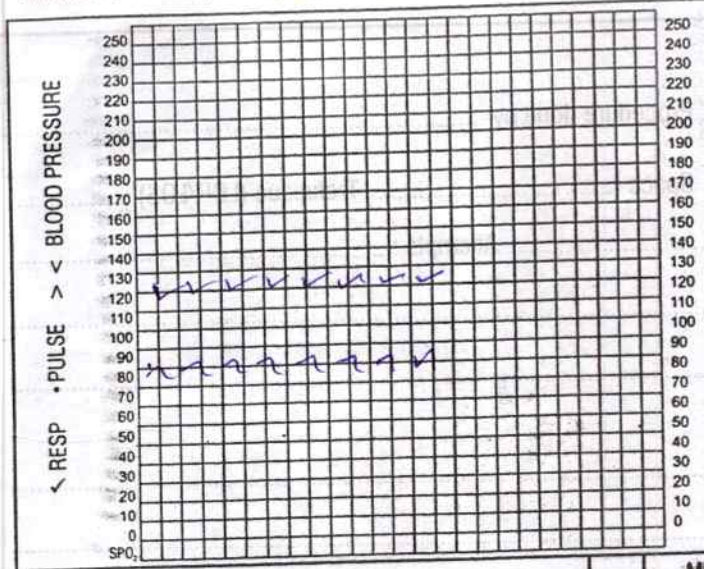
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thany Time Received : 11AM Time Discharged : .....



IV Cannula Site : .....

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

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

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

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7/26	11AM	9/10	NPO till further orders iv fluids @ 75ml/h iv antibiotics as advised antihypertensives as advised Inj: paracip 1g iv tds.	A. Ashini 101348

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

Anaesthesiologist Name : DR. ASHWINI.S
Anaesthesiologist Signature: A. Ashini
Date & Time: 6/7/26 101348 11AM
PACU Nurse Name : Thany
PACU Nurse Signature: [signature]
Date & Time: 6/7/26 @ 11AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): [signature]
Date & Time: 6/7/26.

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 : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. priyadharshini
Asst. Surgeon : Dr. Dakilbas
Anaesthetist : Dr. Ashwini
Scrub Nurse : S/N. Sundari

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

..... Age : ..... Gender : .....
ery Name : .....
9:35 AM Out-time : 11 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:38 AM

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

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

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

Before Skin Incision ➤➤

TIME OUT Time: 9:42 AM

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

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

Anticipated Critical Events

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

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

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

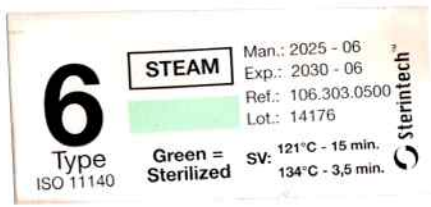
Signature : .....
Name : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 11 AM

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

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



Signature : Ram one.
Name : S/N. Sundari

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 6/7/26 @ 11AM **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	N/A	
	b.SpO_2 within safe range	NA	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	YES	
	b.No active uncontrolled bleeding	YES	
	c.Last vitals recorded before transfer	YES	
	d.Central line hubs are closed	N/A	
	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	YES	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	YES	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	N/A	
	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	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	N/A	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	NA	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	YES	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

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Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 6/2/26 Date of Removal: .....

Parameters	Date / Shift Time	6/2/26 morning	6/2/26 E	6/2/26 N				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Pooja	Surya	Praveen				
Signature of the Nurse								

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Mrs MOTCHAR RACKINI P L
[illegible] 1991 35 Y 5 M 4 D (F)
Dr. DIVYA ARUN

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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	Yes
8.	Application of incisional negative pressure wound dressing	No

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PATIENT TRANSFER FORM

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

Date & Time of Admission	Date & Time of Transfer Order
6/7/26 @ 8:19AM	06/07/26 @ 11AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Divya Arun	Dr. Ashwini	For Further Management

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 0078-1	Dr. Ashwini

Patient & Clinical Records Received by : S. Pooja [signature]

Date & Time of Patient Received : 6/7/26 at 11AM

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

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

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PATIENT TRANSFER FORM

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

	Date & Time of Admission 6/7/26 at 8:19 Am	Date & Time of Transfer Order 6/7/26 at 9:30 Am
Treating Consultant Name Dr. Divya	Transfer Ordered by Dr. Pavithra	Reason for Transfer PET. LSCS
From Unit LDR	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File Pt Rep file	Number of Imaging Films CTG (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring Pooja Prortho	Name of Person Ordered Transfer Dr. Pavithra

Patient & Clinical Records Received by : [signature] 601891.

Date & Time of Patient Received : 6/7/26 @ 9:30 Am.

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

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

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

PATIENT TRANSFER FORM

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GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

	Date & Time of Admission: 6/7/26 at 8:19 Am	Date & Time of Transfer Order: 6/7/26 at 1:40pm
Treating Consultant Name: Dr Piuya	Transfer Ordered by: Dr. Piyalakshmi	Reason for Transfer: Pt care
From Unit: UDR	To Unit: 609	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Pt Rpt file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ? ✓

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Rama	Dr. Piyalakshmi

Patient & Clinical Records Received by : Sathya

Date & Time of Patient Received : 6/7/26 at 1.45 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

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Mrs MOTCHAR RACKINI P L
02-02-1991 35 Y 5 M 4 D (F)
Dr. DIVIYA ARUN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 07/07/2026 Time: 12:30PM

Origin: — Height: 150 Cm Weight: 93.3 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband

Signature: [signature]

Name: VIPIN. K.

Date & Time: 7/7/26 @ 12:30PM

Dietician's

Signature: A. [signature] (01833 6)

Name: A. Sadiqa Feeheen

Date & Time: 07/07/26 @ 12:30Pm

(P. T. O)

Doc. No. : RCH / FRM / CLINICAL / 195

DIETARY NOTES

Date	Time	Notes	Sign
06/07/26	11 AM.	ELECTIVE LSCS done. NPO till 6 hours	A.N (018336)
	1PM.	NPO till 5PM → Sips of water	A.N (018336)
07/07/26	8:30AM.	- Patient is on Soft Diet - Patient is stable. Oral intake is Better. - Advised to take plenty of Oral fluids - water, tender coconut water, fruit Juices (etc) Fluids - 2.5-3l/d. - Consume easy-digest foods. - Include protein-Iron rich foods. RDA. Values - Energy - 1600 kcal Protein - 17-19 g/d. - Include galactogogues foods for milk separation - garlic, Oats and fennel. (etc)	A.N (018336)

GUC-00093492 IP18-00036342
Mrs MOTCHAR RACKINI P L (F)
02-02-1991 35 Y 5 M 4 D
Dr. DIVIYA ARUN

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SURGERY DETAILS

Date : 06/07/2026

Patient Name: Mrs. Motchar Rackini P.L. Date of Birth: 02/02/1991 Age: 35Y

Gender: Female Ward : OT UHID No.: 93492 / 36342

Date of Surgery: 06/07/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time in : 9:35 AM Time Out : 11 AM

		NAME	AMOUNT
1.	Surgeon	: Dr. Divya Arun, Dr. priyadharshini	
2.	Anaesthetist	: Dr. Ashwini	
3.	Assistant Surgeon	: Dr. Pavithra	
4.	OT Technician	: Mr. Sudharshan	
5.	Circulating Nurse	: C/N. Thanushya	
6.	Assistant Nurse	: S/N. Sundari	

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

Record finalized done. 600891.
by [signature] 2024.

Signature of the Surgeon Signature of Circulating Nurse

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

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

Baby detail

Baby : female

Time : 9:51 Am

wt : 2.089 kg.

Inj Supracef 1.5 gm @9:30 Am.

Patient Sticker

2 SCS

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CONSUMABLES OF OT

Circulating staff : M. Thanushya Technician : Mr. Sudharsan Date : 06/07/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		
HME filter : A / P / N		
Syringes : 10 cc	3	
05 cc	2	
02 cc		
01 cc		
Cautery plate : A / P / N		
IV set	1	
BL	1	
NS : 10ml / 100ml / 500ml / 1000ml		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		
Tab. Misoprost : 200mg		
mom pad Fixator		
① mom pad		
② Baby diaper		
Baby wipes		

Surgical Disposables	Qty Issued	Qty Used
~~Major~~ Pack LSCS		1
Sutures 2347		3
1326		
Gloves 6½ (DD)	3	
7. P.F	2	
Surgical blade 22	1	
NG tube	1	
Cautery pencil	1	
Koochies	1	
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack R10		
Mop Pack		
Steristrip		
Underpad		
Draw sheet		
Abgel		
Foleys catheter	1	
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm 8591		
Ioban		
Double J Stent		
Vaccum Suction set		
Plastic ~~Bed Sheet~~ Apron	1	
Betadine Solution	1	
Microshield	1	
Cotton Balls	1	
Latex Gloves	1	
Ramdione Scrub	1	
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit K	1	1
Cord Clamp	3	1
Suction Catheter 6Fr	1	1
Feeding Tube 6Fr		
Vaccum Suction Set		
Surgical Gloves 6.5 P.F	1+2	1
Gauze Pack	1	1
Syringe 1ml / 2ml	1	
Surgical Blade # 20		
Koochies (S)	1	1
Proto gown		1
Drawin heavy		1
Bupirigesic		1
Spinal Needle 25G (W) 120mm		1
Needle 26x1½	1+1	1
Emerald 5ml	1	2
Bloxamic		
Quick Table Sheet	1	1
	1	
	3	
	2	
	10pcs	

Surgeon Anaesthesiologist Nurse OT Technicia

Ordered by : .....

Order No. :.....

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	IP18-00036342	**Ward**	8F-OT COMPLEX
Patient Name	Mrs MOTCHAR RACKINI P L	**Bed Name**	MICU 805
Age/Sex	35 Y 5 M 4 D / Female	**Order No**	18-0001722788
Date	06/07/2026 13:53	**Prescription No**	PRIP18-0625292
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:54
UHID	GUC-00093492		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN INJ VIAL 0.5% 20 ML	NEON LABORATORIES LTD	H	SU107375	12/28	1	93.90	93.90
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	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
10	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
11	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
12	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
14	SPINAL NEEDLE 25 G WITACARE(120MM)	VYGON		250725AI	07/30	1	1,427.00	1,427.00
						Total :	**3,609.70**	**4,032.25**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 06-07-2026 13:54

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	IP18-00036342	**Ward**	8F-OT COMPLEX
Patient Name	Mrs MOTCHAR RACKINI P L	**Bed Name**	MICU 805
Age/Sex	35 Y 5 M 4 D / Female	**Order No**	18-0001722787
Date	06/07/2026 13:53	**Prescription No**	PRIP18-0625293
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:55
UHID	GUC-00093492		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
3	Encore Microptic gloves-6.5		H	260501801T	05/29	4	128.00	512.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	1	123.00	123.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
9	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
12	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		106693	01/31	1	210.00	210.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
14	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
15	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
17	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
18	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
19	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
20	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**10,096.96**	**13,200.96**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

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	IP18-00036344	**Ward**	6F-PRIVATE
Patient Name	Baby B/O MOTCHAR RACKINI P L	**Bed Name**	CRDL-PVT609-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	**Order No**	18-0001722805
Date	06/07/2026 14:03	**Prescription No**	PRIP18-0625294
Payor	SELFPAY	**Dispensed Date**	06/07/2026 14:04
UHID	GUC-00093500		

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	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
4	SUCTION CATHETER 6 ROMSONS	ROMSONS	GENERAL	K26A010558	12/30	1	91.00	91.00
						Total :	**206.92**	**206.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 06-07-2026 14:04

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036344	**Ward**	6F-PRIVATE
Patient Name	Baby B/O MOTCHAR RACKINI P L	**Bed Name**	CRDL-PVT609-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	**Order No**	18-0001722804
Date	06/07/2026 14:03	**Prescription No**	PRIP18-0625295
Payor	SELFPAY	**Dispensed Date**	06/07/2026 14:04
UHID	GUC-00093500		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY WIPES	HIMALAYA DRUG COMPANY		06052026	12/30	1	195.00	195.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
5	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
						Total :	**712.00**	**712.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 06-07-2026 14:04