GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 7 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15/7/24

Patient Name: Mrs. Shree Dhurgaa Date of Birth: 08-01-2004 Age: 22y

Gender: F Ward : OT UHID No: 93862/36461

Date of Surgery: 15/7/24 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency CS

Time in : 5.55 am

Time Out : Thereon 6.55 am

	NAME	AMOUNT
1. Surgeon	: Dr. Padmashri Parimalam	
2. Anaesthetist	: Dr. Senthil	
3. Assistant Surgeon	: Dr. Vinitha.	
4. OT Technician	: Mr. Raja	
5. Circulating Nurse	: Sr. Sugatha	
6. Assistant Nurse	: Sr. Siva	

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

Signature of Circulating Nurse

Signature of the Surgeon

Order No: Record Provisional done by Dr.

Order by: .....

Incise: 6.05am

INT. Supply 1.5gm @ 6.0am

Patient Sticker

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

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CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		3
HME filter : A / P / N		
Syringes : 10 cc		1
05 cc		4
02 cc		2
01 cc		
Cautery plate : A / P / N		
IV set		
RL		
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		
Myco 600mg		
Glycics tablets		
pantop 40mg		

Surgical Disposables	Qty Issued	Qty Used
Major Pack CSCS		01
Sutures 2347		02
4242		01
1326		01
DF 7½		01
Gloves 7.0 P.F		2
6½ P.F		02
Surgical blade 22		01
NG tube		
Cautery penoil		01
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack		
Mop Pack		
Steristrip		
Underpad		
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		01
Plastic Bed Sheet / Apron		02
Betadine Solution	01	02
Microshield	01	
Cotton Balls	01	
Latex Gloves	02	10p
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		1
Suction Catheter 8F		1
Feeding Tube 6F		1
Vaccum Suction Set		
Surgical Gloves		1
Gauze Pack		1/1
Syringe 1ml / 2ml 5ml		
Surgical Blade # 20		
Koochies (S)		1
Dwates 10mL		1
Mezolam		1
Efipress		5
Evatocin		1
Mem		2
Bioxanic		1
Arawin (A)		1
Buprigesic		
Spinal needle 25G (90mm)		1
5mL Emerald Syringe		1
O2 mask (A)		1
Meronem Inj. 1gm		1

Surgeon ..... Anaesthesiologist ..... Nurse ..... OT Technician

Ordered by : .....

Order No. : .....

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036467	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SHREE DHURGAA K.K	**Bed Name**	MICU 802
Age/Sex	22 Y 6 M 7 D / Female	**Order No**	18-0001727331
Date	15/07/2026 07:53	**Prescription No**	PRIP18-0627187
Payor	HEALTH INSURANCE TPA OF INDIA LTD	**Dispensed Date**	15/07/2026 08:00
UHID	GUC-00093862		

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	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	2	128.00	256.00
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	M2645010	03/29	2	123.00	246.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	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	5GH0327	02/31	1	95.56	95.56
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	2	949.00	1,898.00
12	NEOMIZ 200MCG TAB 4S	Neon Laboratories Ltd	H	AUM14ABA	10/27	1	20.15	20.15
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		RC126036	04/28	2	103.00	206.00
17	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	260300891T	05/29	1	128.00	128.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
20	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**9,506.05**	**12,355.05**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 08:00

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036477	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SHREE DHURGAA K.K	**Bed Name**	CRDL-SUITE712-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	**Order No**	18-0001727333
Date	15/07/2026 07:58	**Prescription No**	PRIP18-0627188
Payor	SELFPAY	**Dispensed Date**	15/07/2026 08:00
UHID	GUC-00093888		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
4	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
5	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
						Total :	**1,331.00**	**1,581.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 08:00

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	IP18-00036477	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SHREE DHURGAA K.K	**Bed Name**	CRDL-SUITE712-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	**Order No**	18-0001727334
Date	15/07/2026 07:58	**Prescription No**	PRIP18-0627186
Payor	SELFPAY	**Dispensed Date**	15/07/2026 07:59
UHID	GUC-00093888		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D01O693	03/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
5	SUCTION CATHETER 8	ROMSONS	GENERAL	K26B010741	01/31	1	91.00	91.00
						Total :	**233.48**	**233.48**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

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	IP18-00036467	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SHREE DHURGAA K.K	**Bed Name**	MICU 802
Age/Sex	22 Y 6 M 7 D / Female	**Order No**	18-0001727330
Date	15/07/2026 07:53	**Prescription No**	PRIP18-0627185
Payor	HEALTH INSURANCE TPA OF INDIA LTD	**Dispensed Date**	15/07/2026 07:59
UHID	GUC-00093862		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	1	28.13	28.13
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	1	2.58	2.58
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
12	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
13	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
14	MERONEM INJ VIAL 1 GM	Astrazeneca Pharma India Ltd		IN00003	08/27	1	1,067.00	1,067.00
15	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
16	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
17	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
19	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	2	69.84	139.68
20	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**3,634.07**	**3,993.35**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

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Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 8 D (F)
Dr. PADMASHRI PARIMALAM

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 16/7/16

Time: 2.30pm

Pharmacy Sign

Date: 16/7/16

Time: 3.00

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 8 D (F)
Dr. PADMASHRI PARIMALAM

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		2-30PM					
Activity Sheet update by Pharmacy		3.40PM					

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: mrs. shree dhurgaa k k

UHID No: 93862 IP No: 36467 Consultant: Dr padmashri Dept: LDR

Date of Admission: 14/7/26 Time: .... Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/2026	5.55AM	LDR	OT	[signature]
15/7/26	7.0 am	OT	MICU	S/N Swathi 01501
15/7/26	10.50AM	LDR	4th floor	[signature] 1011746

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	15/07/2026.	1727305.	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
14/7/26	RBS	26022676	
14/7/26	RBS	26022676	
14/7/26	CBC.	26022614	
14/7/26	RBS	26022681	
14/7/26	RBS	26022696	
15/7/26	RBS	26022701	
16/7/26.	PBS	22857	
16/7/26	PPBS	22877	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7	CTG -1			009481	
	CTG -2			009481	
	CTG -3			009481	
	CTG - 4			009482	
	CTG - 5			009482	
	Infusion Pump	5.30pm.	15/7/17 6PM	17270955	
14/7	CTG — (6)			009492	
	CTG — (7)			009492	
	CTG — (8)			009497	
	CTG — (9)			009497	
	CTG — (10)			009497	
	CTG — (11)			009497	
	CTH (12)			009498	
15/7	CTH (13)			009498	
	CTH (14)			009498	
	CTH 15			009498	
	CTH 16			009499	
	CTH 17			009499	
	CTH 18			009499	
	CTH 19			009503	
	CTH 20			009503	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/7/26	IV placement	1	178074	
15/7/2026	Catheterization	1	1727306	
16/7/26	Dect	1	8396	

ANY OTHER INFORMATION: OT

IN TIME : 5:55 am OUT TIME : 7:00 am

Surgeon : Dr. padmashri Parimala.

Assist Surgeon : Dr. vinitha.

Anasthetist : Dr. Senthil

Procedure : Emergency LSCS

Date: 15/07/26 Time: 2:30pm S/Nurse 01757 Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 8 D (F)
Dr. PADMASHRI PARIMALAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		2:30pm	NR OUTTIME		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Patient Name: MISS SHREE UHID No: 93888 Bed Category: 411

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

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

BILLING:

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

MANAGEMENT TEAM:

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

THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 7 D (F)
Dr. PADMASHRI PARIMALAM

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. padmasri parimalam	Date of Delivery: 15/7/26
Assistant Surgeon: Dr. vinitha	Time of Delivery: 6.10 am
Anaesthetist's Name: Dr. Senthil	Gender of Baby: girl
Type of Anaesthesia: ↓ SA	Weight of Baby: 3.076kg
Neonatologist: Dr. Annaporani	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N Siva	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non progression

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: 3 mins

CTG Description: Reactive

If there was a delay give the reasons: Nil

Surgical Procedure: Emergency lower segment cesarean section

Post Operative Diagnosis: P1L1 / POD #0 / EM-LSCS

Peri-Operative Complications: Nil

Amount of Blood Loss: ≈ 300 ml. Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

—

(P.T.O)

UC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 15/7/2026 at 5.20 Am Date of Removal: ....

Parameters / Date / Shift Time	15/7 M	15/7/ E					
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse	D. Sobekun	Jathiya. B					
Signature of the Nurse	(signature) 07778	(signature) 15004					

CBD removed @ ...pm

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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SSI PREVENTION CHECKLIST

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: ADR **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO₂ within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	NO	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**	yes	
	a.Documentation completeness		
	Transferring Nurse: D. Sobelecori 01776 .		
	Receiving Nurse : S/N Sugun 6195		
	Signature of Incharge:		

INFORMED CONSENT FOR SURGERY OR SPECIA' PROCEDURE

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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

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

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

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

Emergency lower segment cesarean section (Ind: Non progression)

upon (Name of the Patient) Shree Dhurgaa

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, injury to surrounding structures (bowel, bladder, ureter), prolonged hospital stay respiratory distress to newborn; sepsis; NICU admission

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 : Shreedhurgaa K.K
Name : Shree dhurgaa. K.K
Date & Time : 15/7/26

Patient Attendant :
Signature : E. Rm.
Name : E. RAMKUMAR
Relationship with Patient: Husband
Date & Time : 15/7/26

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

Doctor (who is taking the consent) :
Signature : 15/7/26
Name : Dr. Vinitha
Date & Time : 15/7/26

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

CONSENT FORM FOR ANAESTHESIA

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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

UHID NO: .....

Anaesthesiologist : .... Surgeon Name: .....

..... Operative procedure planned : .....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : Shree Dhurgaa K.K

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : E. RAM KUMAR

Date & Time : .....

Doctor (who is taking the consent) :

Signature : ..... Name : ..... Date & Time : 15/7/26

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
06-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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

Date: .... Proposed Operation: Emer LSCS

Diagnosis: Primi

B.P / CRT: BP 100/70 HR: 84/min Weight: 77 kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5 IIE

Laboratory Data:

Hgb: 11.1	Glucose:	Protein:	HIV: neg	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: neg	ECG:
WBC:	Creat:	Total Bill:	HCV: neg	2D Echo:
Plate: 2.85	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.43	
CBG - 98	Cl -:	SGOT/SGPT:	**Allergies:** — nil	

Medical History: CVS: S1S2 (N)

RESP: BAE (N) Diabetes :

CNS: NAD

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs :

Heart:

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: [signature] Name: Dr T Renuka Parimala MD

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 87/mi B.P / CRT: 110/68 mg SpO₂: 99% R.R: Last Feed: 8 hr back

Pre-OP Diagnosis: Primi Operation: Emer. LSCS Date: 15/7/26

Surgeon: Dr. Padmashri Anaesthesiologist: Dr. Senthil Kumar Technician:

TIME	6:00	6:10	6:20	6:30	6:40	6:53	7:00		Antibiotic
N_2O /AIR /O_2 LPM									
HALO /ISO /SEVO									Suppository
Drugs:									
R. midazolam	1 mg								
R. propofol	30 mg								Blood Loss
FIO_2 / SaO_2									
$ETCO_2$									
ECG									
Temperature									NOTES
Urine Output									
Fluids / Blood									

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

Time	6:00	6:10	6:20	6:30	6:40	6:53	7:00
Systolic (V)	~120	~120	~120	~120	~120	~120	~120
Heart Rate (•)	~85	~85	~85	~85	~85	~85	~85
Diastolic (Λ)	~80	~80	~80	~80	~80	~80	~80

LAB Values

ABG

GRBS

Others

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

Position:
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 6:00 Am
OP Start:
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting, midline
Site: L3-L4 (L3)
Needle Size: 25 G Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ...... cm
Drug Name & Conc: 0.5% Bupivacaine (H)
Bolus: 2.2 ml
Infusion:
Block Level: T6 adeq.
Comments:
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr T-Senthilkumar MD

Signature of the Doctor: [signature]

Patient Sticker

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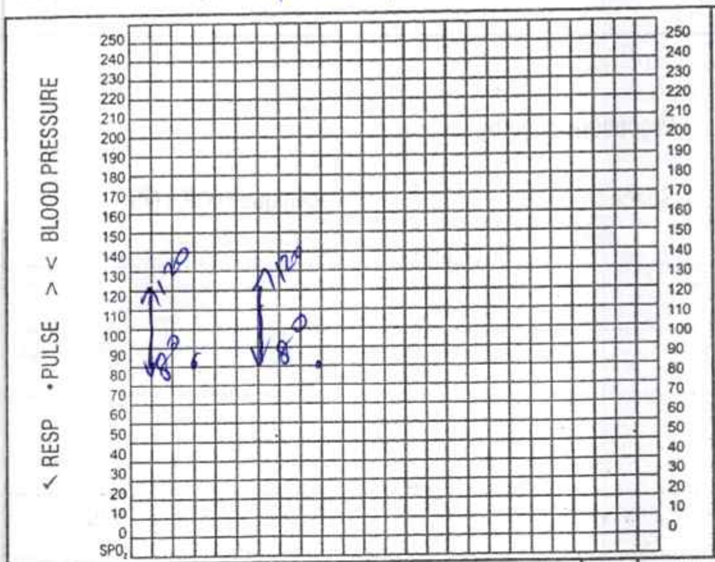
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : C/n Sugate Time Received : 7.0am Time Discharged : 7.0am



IV Cannula Site : ....

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

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

IV Fluids: ....

Oral Feeds: ....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : Dr T. Senthilkumar MD

Anaesthesiologist Signature: T.Senthil

Date & Time: 15/1/26

PACU Nurse Name : S/n Sugate

PACU Nurse Signature: [signature] 0.75 AM

*Date & Time: 15/1/26 @ 7.0am

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): S/n Sugate

Date & Time: 15/1/26 @ 7.0am

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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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RBS CHART

4th hrly CBG

Date	Time	RBS (mg/dl)	IVF %	Signature
14/7/26	11.30am	165mg/dl	Dr. Akshitha	016808
14/7/26	2.30pm	82mg/dl	Dr. Divyabharathi	016808
14/7/26	6.30 pm	113mg/dl	Dr. Divyabharathi	
14/7/26	10.30pm	92 mg/dl	DR. Vinitha	
15/7/26.	2.30pm	101 mg/dl	DR. Vinitha	

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 : IP18-00036467 **Admit Date** : 14-Jul-2026 **Admit Time** : 12:02 PM **UHID** : GUC-00093862

Patient Details :

Patient Name	: Mrs SHREE DHURGAA K.K	**Age**	: 22 Y 6 M 6 D
Guardian	: Mr E.RAMKUMAR	**DOB**	: 08-01-2004
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 52/4, METTU STREET, SATHANKADU Tiruvottiur Central Chennai Tamil Nadu INDIA 600019	**Phone No**	: 9952013185/ 9841478923
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr E.RAMKUMAR **Relationship** : Husband

Contact Address : 52/4, METTU STREET, SATHANKADU Tiruvottiur Central Chennai Tamil Nadu INDIA 600019 **Phone No** :

E. Ram.

Signature

Doctor Details :

Doctor Name : Dr. PADMASHRI PARIMALAM **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR PADMASHRI PARIMALAM **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SHREE DHURGAA K.K**	**Age :**	**22 Y 6 M 6 D**
IP No:	**IP18-00036467**	**Sex:**	**Female**
Consultant:	**Dr. PADMASHRI PARIMALAM**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: K E. Dhm.

Name: K E. RAMKUMAR
Relationship: Husband.
Date: 14/7/2026 Time: 12:04 PM
Witness Name: V. Naveen Antony
Witness Signature:

Patient Address:
52/4, METTU STREET, SATHANKADU
Tiruvottiur Central Chennai Tamil Nadu INDIA 600019

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Shree Dhurgaa KK	UHID Number : 93862
Self/Attendant Name : ∝ E. RAM KUMAR	Relation :
Self/Attendant Signature : ∠ E Ram. Phone Number : ∠ 9952013185	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்

Government of India

ஸ்ரீ துர்கா கி கோ

Shree Dhurgaa K K

பிறந்த நாள்/DOB: 08/01/2004

பெண்/ FEMALE

Download Date: 11/08/2021

Issue Date: 09/08/2021

7230 0377 1476

VID : 9183 7862 2025 7910

எனது ஆதார், எனது அடையாளம்

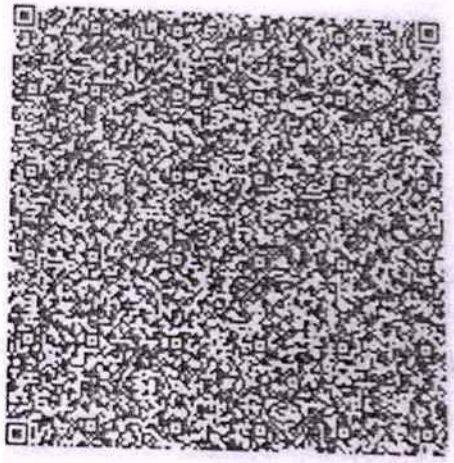
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

முகவரி:
D/O: கிருஷ்ணன், 52/4, மேட்டுத் தெரு,
சாத்தாங்காடு, திருவொற்றியூர், திருவள்ளூர்,
தமிழ் நாடு - 600019

Address:
D/O: Krishnan, 52/4, METTU STREET,
SATHANKADU, Tiruvottiyur, Tiruvallur,
Tamil Nadu - 600019



7230 0377 1476

VID : 9183 7862 2025 7910

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

INFORMED CONSENT FOR VAGINAL BIRTH

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Your Right to a Safe Delivery

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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

Gender: ☐ Male ☐ Fe ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Padmashri

Consentee :
Signature : Shreedhurgaa K.K
Name : Mrs. Shree Dhurgaa
Date & Time : 14/7/26

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

Patient Attendant :
Signature : E.Dh
Name : E. RAM KUMAR
Relationship with Patient: Husband
Date & Time : 14/7/2026

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Shreedevi
Date & Time : 14/07/2026

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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

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

You are scheduled for an induction of labor on 14/07/2026 (date) at 37 weeks (weeks of gestation).

The reason for your induction is TERM / PROM

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

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

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

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

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

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

Patient

Signature: Shree dhurgaak.k

Name: Mrs. Shree Dhurgaa

Date & Time: 14/7/26 at 1pm.

Patient Attendant:

Signature: E. Ram.

Name: E. RAM KUMAR

Relationship with Patient: Husband

Date & Time: 14/7/26 at 1pm.

Doctor:

Signature: 182217

Name: Dr. Shreedevi

Date & Time: 14/07/2026

Witness

Signature: .....

Name: .....

Date & Time: .....

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

Patient S

Dhurgaa

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt came with c/o leaking PV since 7:30Am today
* Able to PFM well
* No c/o Lower Abdominal Pain

Obstetric Formula:
Primi

Obstetric History:
G1 - PP, Spontaneous Conception

Present Pregnancy Record:
booked and Immunised, NT Scan - Normal
FTS - Low risk, Anomaly Scan - Normal

RISK FACTORS:

GDM on OHA on
T. GLYCOMET 500mg 1-1-2

Height: ..... cm
Weight: 71 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 120/min
BP: DTR:
CVS: S1S2 (+) RS: B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 16/10/25 EDD:
Corrected EDD: 04/08/2026 GA: 37 weeks

Menstrual History: Regular; ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term M/S - 2yrs, NCM

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

Primi
M/S-2yrs
NCM
O+ve

LMP - 16/10/2025
EDD - 04/08/2026
RMP

GA - 37 weeks
GDM on OHA
PROM

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Both parents - T2DM, HTN	Nil
Medical History:	**Medication History:**
GDM on OHA from 7th month of gestation	Tab. GLYCOMET 500mg 1-1-2
Plan of Care:	**Investigations:**
C/I/T Dr. Padmashri - Admission - Pants preparation - Secure IV line - Informed consent for IOL/NVD - Inj. SVPACEF 1.5gm IV BD (ATD) Y/D/W Dr. Padmashri Advice: - In view of CTG showing tachycardia, Continue CTG, IVF on flow, O_2 @ 4L/min - Inj. ACTRAPID 2 units SC STAT - NPO - Inform SOS.	CTG- Reactive (Persistent fetal tachycardia for 7 min) CBG - 165mg/dl CBC

Doctor Name: Dr. Akshitha / Dr. Shivalakshmi / Dr. Shreedevi
Signature: [signature]
Date & Time: 14/07/2026

Consultant Name: Dr. Padmashri
Signature: For [signature]
Date & Time: 14/07/2026

Patient

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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RESULT SHEET

Date	31/5/24	14/7/24				
Time						
Hb	11	11.1			O - POSITIVE	
PCV	29.9	33				
RBC	3.65	4.06				
WBC	7900	6,490			HIV	Non-Reactive
N/L	68/25	76/21			HBs Ag	
Platelets	2.23	2.85			VDRL	
CRP						
ESR					ECG	Not done
PCT					ECHO	
RBS						
Na					TSH - 2.430	
K						
Cl						
Ca/Mg					28/4/24	
Phosphate					FBS - 107 mg/dl	
Urea					1 hr - 229 mg/dl	
Creatinine					2 hr - 235 mg/dl	
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	18/24	18/24				

Date	13/6/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Nil					
CUE - PUS Cells	6-8					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :

USG : 11/07/26 SLIUG 36w+4d

X-Ray : Cephalic CPR > 1.

ECHO : FHS - Good

CT : AFI - 15cm

MRI EFW - 3.2kg

Others (ECG, Contrast Studies etc.,) : AC - 95%.

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

Patient S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2021. 1pm	C/I/T Dr. Padmashri Parimalam	
	CTG - showed Persistent fetal tachycardia for 70min	
	Then - CTG was reactive	
	BTBV(+)	
	BLFHR - 140 bpm	
	- Informed consent for IOL / NVD	
	- TAB. MISOPROSTOL 25mcg Sublingual Stat	
	- Post miso CTG @ 2pm	
	Dr S 22/7	
14/07/2021 2:20pm	C/S/B Dr. Padmashri	
	Pt reviewed. Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Diabetic diet
	P° / PE°	- W/F Foley's expulsion
CTG- Reactive	CVS / RS / NAD	- Post Foley's CTG @ 3:20pm
	P/A- uterus @ Term, Relaxed	- W/F contractions
	Cephalic	- Follow drug chart
	FHS- good	- Inform (SOS)
	P/V - Cx - 25% effaced	
	OS - admits one finger	
	Membranes @	
	Vertex @ - 3	
	↓ SAE. Induction of labour done with 22 F Foley's inserted intracervically and bulb inflated with 80ml of	

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	distilled water. Tab. Misoprostol	25mcg kept per vaginally
		182217
14/7/26 4:00PM	Post - foley CTG -	Reactive
		164288
		Advice - Next CBG 6:30pm. - Next CTG 8pm. - W/F contractions. - W/F Spontaneous foley's expulsion
		164288
14/7/26 5:10pm		c/D/W Dr- Padmashri
		pt has lower abdomen cramps occasional tightening (+)
		Advice: - To start Inj. SYNTO 5 units in 500ml RL at 30 ml/hr & titrate every 15 mins. - Inform contractions at 6pm - Plan: Gel if no contractions - continuous CTG
		164288

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/3/26 6pm	S/o Dr. Divyalakshmi	
	P/A - c/o foley's expulsion	
	P/A: ut term 1c/15 sec/10 mins cephalic FHS good	
Synto @ 60 ml/hr CTG - reactive	P/V: Cx 2.0 cm long. OS 2-3 cm dilated. membranes (+) V_x - 3 Clear liquor leaking pv.	
		Advice - Synto acceleration and titrate accordingly. - Continuous CTG. - w/F contractions. - IBG @ 6:30pm. - Inform SOS
	16/3/26	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 11 PM	S/B Dr. Padma	Dr. Vinitha
	Pt reviewed: C/o	mild abdomen pain
	O/E: GC fair; Afebrile	
	P/A: Ut acting	(5/15-20"/10')
	FH good	
	P/V: 2 cm long	
	2-3 cm dilated	
	Vx -3 station	
	Memb (+)	(High leak (+))
	ARM done -	Clear liquor
		Adv:
		• T. Misoprostol 25 Mcg sublingual STAT
		• ~~[illegible]~~ synto @ 60 ml / hr; Titrate q/t 30 min
	[signature] 12/11 3	• Continuous CTG

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	SIB Dr. Visit.	
4:30 AM	PL reviewed;	
	O/E:	
	P/A: Ut acting	(3/15"/10')
	FH good	
	P/V: Cx: 2cm long	
	OS: 2-3cm dilated	
	Vx: -3 station	
	Membs A	
		C/D/W Dr. Padmashri
		· Emergency LSCS i/v/o non progression of labour
		· Stop syto
V-ST 12/11/3		· Inform OT
		· Consent

3862 IP18-00036467
rs SHREE DHURGAA K.K
ue-01-2004 22 Y 6 M 7 D (F)
. PADMASHRI PARIMALAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
7:15 Am	Patient received in MICU	
	Pt reviewed, Nil c/o	Advice
DOS	O/E - Pt GC fair, Afebrile	- NPO x 2 hours
	P° / PE°	- vitals monitoring
T-(N)	CVS /	- IVF 1 RL @ 125 ml/hr
PR- 80/min	RS / NAD	- Follow drug chart
BP- 100/80 mmHg	P/A - Ut well contracted	- W/F ↑ Bleeding PV
UO- 30ml, clear	Soft	- CBD removal @ 6pm today
Baby - M/S	Dressing (+) & Dry	- FBS, PPBS C/m 6Am (16/7/26)
B/L - Breast Soft	L/E - BWNL	- I/O charting
	CBD insitu clear urine draining	- Inform (SOS)
	18221	
	C/S/B Dr. Panitha	
15/07/2026		
9.45 AM	Pt reviewed	
	O/E	Advice
T-(N) 100	pt GC fair	- Clear liquid diet.
BP- 110/80	afebrile	- Kanji diet @ 5pm
PR- 88/min	P° / PE°	- Soft Diet @ 7pm
B/L Breast Soft	CVS /	- Vitals monitoring
Baby M/S	RS / NAD	- Follow drug chart.
	P/A - Ut firm & cont well	- CBD @ 6pm.
UO- 40ml/hr	Dressing Dry	- FBS / PPBS C/m 6Am 16/7
	L/E - BWNL	

Shift to ward

-00093862 IP18-00036467
SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 7 D (F)
Dr. PADMASHRI PARIMALAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 6PM	S/B Dr. Athslina	
	pt reviewed.	
POD#0	no sp c/o.	passed flatus.
	O/E afebrile	
	GC fair	
BP 113/68 mmHg	P° / PE°	
PR 76bpm	P/A: Uterus WC	Plan
SpO2 99%@RA	soft.	- Soft solid diet 7pm
Temp (N)	BS⊕.	- CBD 6pm today.
B/L breast soft	dressing dry.	- FBS/PPBS C/M 6AM 16/7/26.
secretion ⊕	L/E: BWNL.	- ambulate.
Baby M/S	Foley's insitu.	- measure & inform 1st void.
DBF	clear urine	- follow duty orders
	LHUO = 125ml.	[signature] 128435
15/7/26 8:40pm	S/B Dr. Mohana / Dr. Dinjalakshmi	
	pt reviewed	
	Nil c/o. Tolerating diet	
POD 0		
	O/E: pt GC fair, afebrile	Advice
T - (N)	P° / PE°	- Continue same order
PR - 70/min		- Inform 1st void
BP - 113/70 mmHg	P/A: Soft, BS⊕	- Ambulate
SpO2 - 99% @ RA	Ut- contracted	- FBS/PPBS C/M 6am
	dressing dry	- ↑ oral hydration
passed flatus; Yet to void		
	L/E - BWNL	[signature] 164288

Baby M/S

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026 9AM	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD - 1	Pt reviewed, Nil c/o	
T - (N)	O/E Pt is fair	Advice
PR - 92/min	afebrile	- Soft Diet
BP - 106/66	P / Pi	- Plenty of orals
	CVS / RS NAD	- Vitals monitoring
Baby - M/s		- Follow drug chart
B/L - Breast soft	P/A - Soft, BS (+)	- Process discharge
Voiding freely	Ut firm & cont well	- collect PPRs
Flatus passed	Dressing Dry	
Minimal loose Stools passed		
	4E - BWNL	[signature] 124682
16/7/26 2:30pm	S/B - Dr. PP	
		No complaints
	NAD	
		Adv: CK - use
	4E NAD	- Discharge today medicines
		- Baby to d/c to NICU outside
		[signature]

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 8 D (F)
Dr. PADMASHRI PARIMALAM

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PROGRESS NOTES AND DOCTOR'S ORDER

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

Docu. N

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. GLYCOMET	500mg	Po	1-1-2		☐C ☑DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 14/07/2026

Nurse Name & Signature: S/n paramesware 01608

Date & Time : 14/7/2026

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

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DRUG CHART

Date of Admission: 14/7/26 Drug Allergies: N/C ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

REGULAR PRESCRIPTIONS

Weight. 7/19 Ward. 2nd

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5gm	IV	1-0-1	14/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions: x3 doses

Daily Doctor's Endorsement by a Sign

Date	Time		
14/7	15/7		16/7
	11AM	SP	MA/PN
	11PM	SP	MA/PN

Stop

DRUG : C. PAN-D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	15/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time		
15/7	7am		MA/PN
	7pm	RS	MA/PN

Stop

DRUG : T. ACTON OR

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	15/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time		
16/7	8am	BJ	MA/PN
	2pm	BJ	MA/PN
	10pm	MA	PN

Stop

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
1tab	PR	1-0-1	15/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time		
16/7	9am		MA/PN
	9pm	MA	PN

Stop

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REGULAR PRESCRIPTIONS

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

Sheet No: .....

DRUG : 1. CEFTUM	Dose	Route	Frequency	Start Dt.	Date / Time	16/7
	500mg	PO	1-0-1	16/7/26		8am / 8PM
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:						8pm
Daily Doctor's Endorsement by a Sign						

DRUG : 2. ZERODOL P	Dose	Route	Frequency	Start Dt.	Date / Time	16/7
	1Tab	PO	1-0-1	16/7/26		9AM
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:						9pm
Daily Doctor's Endorsement by a Sign						

DRUG : TAB. PANTOPRAZOLE	Dose	Route	Frequency	Start Dt.	Date / Time	16/7
	40mg	PO	1-0-1	16/7/26		7AM
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:						7pm
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						

Signature .....

VERIFIED BY : Name .....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

Weight. 7kg Ward. NOR

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
14/7	11.30 AM	Inj: SUPACEF	0.1 ml	Id	16428	MD
14/7	12pm	Inj: ACTRAPID	2 units	SC	16428	SA
14/7	12.50 PM	T. MISOPROSTOL	25 mcg	Sublingual	182217	MD
14/7/26	2.20pm	T. MISOPROSTOL	25 mcg	PV	164285	SP
14/7	5:40pm	Inj: EMESET	4mg	IV	164285	MD
14/7	11.15 PM	T. MISOPROSTOL	25 mcg	sub lingual	12113	SP.
15/7/26	1.40 AM	INJ. EPIDOSIN	2 cc	IV	12113	SP.
15/7/26	5.10 AM	INJ. PAN	40 mg	IV	12113	SP
15/7/26	5.10 AM	INJ. EMESET	4 mg	IV	12113	SP

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Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

I.V. FLUIDS CHART

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

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
14/7	11 AM	IVF RL 1O	IV	125 ml/hr	16428	MD / SP	14/7	16428	SP / MD
14/7	5:20pm	Inj. SYNTO 5 units in 500ml RL	IV	30 ml/hr	16428	SP / MD	14/7/26	KAD (Dup)	SP / DC
14/7	5:20pm	IVF 1O RL	IV	free flow	16428	SP / MD	14/7/26	12113	SP / SP
14/7/26	9.40pm	Inj Syntdo 5U in 500ml RL	IV	30 ml/hr	12113	SP / DS	15/7/26	1	DS / SP
15/7	12AM	IVF 1O RL	IV	Main terance	12113	DS / SP.	15/7/26	6	DS / SP.
15/7/26	2.10 AM	Inj Synto 5U in 500ml RL	IV	30 ml/hr	12113	DS / SP.			
15/7/26	6.00a	2O RL	IV		M	PS / SM	M	PS	SM

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 71 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/26	5.35 am.	INJ. SUPACEF	1.5g	IV	12113	DS	SP
15/7/26	6.10am	Inj. EMESAT	4 mg	I.V		PS	SM
15/7/26	6.15am	Inj. TRADIL	1g	IV		PS	SM
15/7/26	6.55am	T. MISOPROSTOL	800MCG	INTRA UTERINE		PS	SM
15/7/26	6.55am	JUSTIN SUPPOSITORY	1 tab	PR		PS	SM

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	14/7																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20				20	20	20	20														
	0 - 10																									
Saturations	94 - 100 %				99				99	100	100	100														
	< 94 %																									
Administered O_2 (L/min.)					RA				RA	RA	RA	RA														
Temp°c	40																									
	39																									
	38								98F	98F	98F															
	37																									
	36				98										98F											
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				80				80	80	70	80														
	70																									
	60								65																	
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				112				109	110	100	114														
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50				24				60	60	60	74														
	40																									
NEURO RESPONSE [✓]	Alert		✓																							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓																							
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓																							
	Heavy / Foul																									
Liquor	Clear / Pink		✓																							
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

admission

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 7 D (F)
Dr. PADMASHRI PARIMALAM

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...ng Observation Score Chart - Obstetrics

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

Date: 10/7/26																								
Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box) > 30 / 21 - 30 / 11 - 20 / 0 - 10	22	22	20		18				20				20				20				28			
Saturations 94 - 100 % / < 94 %	99%	99%	99%		98				99%				98%				98%				98%			
Administered O_2 (L/min.)	NA	NA	RA		RA				RA				RA				RA				RA			
Temp °C (40, 39, 38, 37, 36, 35, < 35)	98°F	98°F	98°F		98°F				97.8°F				97.8°F				98°F				97.6°F			
Heart Rate (170 – 40)	84/m	74	80		76/m				70b/m				80b/m				74b/m				88b/m			
Systolic Blood Pressure ↑ (190 – 50)	94	102	100		97				118				124				110				112			
Diastolic Blood Pressure ↓ (130 – 40)	76	79	70		70				68				77				67				67			
(MAP)									77				(86)				(72)				(78)			
NEURO RESPONSE [✓] Alert	✓	✓	✓		✓				✓				✓				✓				✓			
Voice																								
Pain																								
Unresponsive																								
URINE mls / hour > 30	✓	✓	✓		✓				✓				✓				✓				✓			
< 30																								
Proteinuria Protein + +																								
Protein > + +																								
Lochia Normal	✓	✓	✓		✓				✓				✓				✓				✓			
Heavy / Foul																								
Liquor Clear / Pink			✓		✓				✓				✓				✓				✓			
Green																								
TOTAL YELLOW SCORES	0	0	0		0				0				0				0				0			
TOTAL ORANGE SCORES	0	0	0		0				0				0				0				0			
Nurse Initial	[illegible]	[illegible]	[illegible]		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	NPO	←	500	on admission →							
	01:00 pm	H20	50							100	0	
Total Intake : 550ml				Inj: [illegible]		Total Output : 100ml						
14/7/26	02:00 pm	H20	100ml							150ml	0	
	03:00 pm	H20	100ml							100ml	0	
	04:00 pm	H20	150ml	RL 500ml	24ml					100ml	0	
	05:00 pm				72ml						0	
	06:00 pm	H20	100ml		96ml					150ml	0	
	07:00 pm	Juice	150ml							100ml	0	
Total Intake : 1292ml				RL		Total Output : 600ml						
	08:00 pm			100ml	130					200	0	
	09:00 pm	H20	200ml	100ml	210						0	
	10:00 pm	TC Wat	200ml	100ml	210					150	0	
	11:00 pm	H20	100ml	100ml	60ml					200	0	
	12:00 am			100ml	30ml					100ml	0	
	01:00 am	H20	100ml	100ml	60ml					100ml	0	
Total Intake : 1.950ml				RL		Total Output : 750ml.						
	02:00 am	H20	50ml	100ml	120ml						0	
	03:00 am			100ml	120ml						0	
	04:00 am	H20	100ml	100ml	150ml					300ml	0	
	05:00 am	NPO		100ml	150ml					100ml	0	
	06:00 am		RL	1000ml						150ml	0	RL
	07:00 am									30	0	
Total Intake : 2.090ml.						Total Output : 580ml.						

Total 24 hrs. Intake	5.882 ml.

Total 24 hrs. Output	2.030 ml.

GUC-00093862 IP18-00036467
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FLUID CHART

Sheet No. : 2

15/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	NO		125	100					50	0	
	09:00 am	H2O	50ml	125	100					110	0	
	10:00 am	Tea water	100	125	100					100	0	
	11:00 am	Juice	200ml	125ml						150ml	0	
	12:00 pm			125ml						200ml	0	
	01:00 pm			125ml						150ml	0	
Total Intake :		350ml + 75ml + 300ml				Total Output :				520ml		
	02:00 pm	H2O	150ml	125ml						150ml	0	
	03:00 pm	Tea H2O	200ml	125ml						100ml	0	
	04:00 pm	Tea H2O	200ml	125ml						150ml	0	
	05:00 pm	Juice	150ml	125ml						100ml	0	
	06:00 pm			125ml						250ml	0	
	07:00 pm	H2O	150ml	DC						[illegible]	0	
Total Intake :		830ml + 625ml				Total Output :				800ml		
	08:00 pm	milk	200ml							150ml	0	
	09:00 pm	water	200ml							200ml	0	
	10:00 pm	water	100ml								0	
	11:00 pm	water	150ml								0	
	12:00 am									200ml	0	
	01:00 am	water	100ml								0	
Total Intake :		750ml				Total Output :				550ml		
	02:00 am										0	
	03:00 am	[illegible]	100ml							250ml	0	
	04:00 am										0	
	05:00 am	water	150ml								0	
	06:00 am										0	
	07:00 am	water	100ml							300ml	0	
Total Intake :		100ml				Total Output :				550ml		

Total 24 hrs. Intake	3,725ml	Total 24 hrs. Output	2,400ml

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi 37 wks PROM			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: Emergency LSCS			Post OP Day:			
BACKGROUND	Date / Shift	14/7 M	14/7/26 Evening	14/7/26 Night	15/7 Morning	15/7/26 E	15/7/26 Night
	Medical Condition (Any special condition to be noted):	-	GDM on OHA	GDM	GDM on [illegible]	Noted.	Noted
	Diet:	D Diet	Diabetic Diet	Diabetic	Liquid	liquid.	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Ventilation (RA, NP, NIV, VENT!):	RA	RA	RA	RA	RA	RA.
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98°F	98F	98.4F	98.2F	98.f
	Res:	24 /mt	20 bpm	18	18	18 bm	18 bt
	SpO_2:	99%	100%	100	100	99%	98%
	Pulse:	120 bpm	60 bpm	80	84	82 bm	80 bt
	BP:	110/70 mmHg	104/60	110/70	110/70	112/62	124/77
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	20	20	30	30	30	30
	Pain Score:	1/10	1/10	2/10	2/10	2/10	2/10
	Skin Integrity	Intact	Intact	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☑ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	D Diet	Diabetic Diet	Diabetic	Liquid	Diabetic	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):	Non Dependent	Non Dependent	Depend	Depend	Dependent	Dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		S/N Parameshwari	S/N Param	Pooja	Nutha	Jathiga	Angel
Signature / ID :		[illegible] 01608	[illegible]	[illegible]	01[illegible]	[illegible]	01890
Date:		14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	16/7/26
Time:		8 am	2 pm	8 AM	8 AM.	3 pm	7.30 am
Taken Over By Name :		S/N Parameshwari	Pooja	Nutha	Jathiga	Angel	Anuj S
Signature / ID :		[illegible] 01608	[illegible]	[illegible]	[illegible]	01890	[illegible]
Date:		14/7/26	14/7/26	15/7/26	15/7/26	15/7/26	16/7/26
Time:		2 pm	8 pm	8 AM	2 pm	7.30 pm	7.30 am

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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NURSING CARE RECORD

Date: 14/7/26

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	12pm	Reduce risk of hospital acquired Infection	2pm	Maintain strict hand hygiene. use aseptic technique any procedures	maintain hand hygiene	FHR good Vitals are stable	16808
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	Assess pain using pain scale regularly Position patient comfortably	patient feel better	patient pain level reduced	16808
Night	8pm	Achieve acceptable pain control & comfort	1.30 pm	- Assess the level of pain by using pain scal. - provide non pharmacological support	Reduced pain	reassessment is done	

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NURSING CARE RECORD

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Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Achieve acceptable Pain control & comfort.	8AM	⇒ Assess Pain using Pain Scale regularly. ⇒ Administer analgesic as prescribed. ⇒ Provide non-Pharmacological measure.	Patient Vital Sign stable.	Reassessment done.	
Afternoon	2pm	To promote Health education.		→ Assessed patient condition. → Vital monitoring → Administered medication → Encourage oral + Hand Hygiene	Maintained personal Hygiene	Reassessment done	
Night	8pm	maintain fluid Balance		Assessed patient Condition maintain Vital Sign's and Flowchart Administer IV medication	Improved fluid volume	Treatment was done Vital are Stable	

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NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... Not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	11.20 am	ADMISSION NOTES : Patient Admission OD 14/7/2026. patient complaints of leaking PV. patient general condition fair. Vitals are checked & recorded : patient voided. CTG disconnected. patient medical history of GDM on OHA from 7th month. Theres no surgical history. patient diagnosis Primi/GHA 37wks/ PROM. CTG Tachy Dr. Akshitha saw the CTG advised to	Sf no parameshwari 016808
11.45pm		IVF RL 500ml Rush. O_2 connected 4L. IVF onflow to the patient. patient maintain Npo	Sf no parameshwari 016808
12pm		O_2 disconnected as per doctor advice. parts preparation done. CBG - 165mg, Inj: Actrapid 2U given.	Sf no parameshwari 016808
12.50pm		T. Misoprostol 25mcg sublingual given as per doctor advice. CTG disconnected.	Sf no parameshwari 016808
1.30pm		Induction consent, Vaginal consent uptained. patient maintain selfvoiding.	Sf no parameshwari 016808
2.10pm		Dr. padmashri parimalam saw the patient Checked PV	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/11/26	contin	Cx 25% effaced, os admits 1 finger. ↓ SOP foley bulb Inserted foley 22F 80cc Distilled water Infilated. T. Misoprostol 25mcg PV kept.	S/N paramasivam 016808
	2.30pm	RBS - 82mg/dl Informed to Dr. Dhivyalakshmi advised to 4th hrly CBG monitoring. patient had diabetic diet	S/N paramasivam 016808
	3.30pm	post foley CTG connected. FHR good. fetal movements well.	S/N paramasivam 016808
	4 pm	CTG Informed to Dr. Dhivyalakshmi advised to CTG disconnected. doctors order carried out.	S/N paramasivam 016808
	5.20pm	Dr. Dhivyalakshmi advised to Inj: Synto 24ml stat. patient maintain self voiding CTG connected. FHR good. foley traction given.	S/N paramasivam 016808
	5.40pm	Inj: Synto 24ml stated. patient one episode of vomiting, Inj: Emeset IV given.	S/N paramasivam 016808
	6pm	foley traction given. foley expelled out Dr. Dhivyalakshmi saw the patient checked PV Cx 1.5cm long, 2-3cm dilated.	S/N paramasivam 016808

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

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	6.30pm	patient maintain self voiding. RBS - 113mg/dl Informed to Dr. Divyalakshmi 4th hrly CBG monitoring.	S/N paranga 016808
	7pm	Alternative Inj/Syntocinon Increased. Contraction checked 3-4 Contraction 15sec/10min.	S/N paranga 016808
	7.30pm	patient details, files handed over given to Night duty staff.	S/N paranga 016808
		Night duty (14/7/2026)	
	7.30pm	Pt care hand over taken from evening duty staff. Pt conscious & oriented. IV line ⊕ in patent. CTG is going FHR ⊕. Inj. synto is going on infusion. provide comfortable bed position. She is on liquid diet. Pt have 3 contraction in 10mits for 15secs. Encourage to take breathing exercise during contraction.	S/N [illegible]
	8pm	Pt vital signs checked & recorded. Encourage to take adequate oral fluid. DVT Braden & morse fall, pain assessment done.	[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
14/7/22	9.40pm	CTG is going FHR (+), Inj syntocinon is Over. 2nd bag Inj syntocinon 5 IU in 500 ml 120 ml/h restarted on infusion as per doctor's order.	[signature]
	10 pm	All vital signs checked & recorded. Main drain to chart IV line pattern.	[signature] Staff Nurse
	10.30pm	patient checked CBG. 92 mg/dl inform to DR. vinitha mam advice to Inj: synton continue. CTG going on FHR(+) 144b/m	[signature] OT
	11pm	S/B DR. padmashri mam p/v examination 2cm long 2 to 3 cm dilation advice for SPA ARM done. Clean clear due medication given	[signature] OT
	11.45 pm	S/B DR. vinitha T. miso 25 mcg sc given patient CTG going on FHR(+) 144b/m patient Inj: synton 60ml continue other no complaint (5/15 to 20/10) contraction	[signature] OT
	11.30 pm	patient small Decelerations inform DR. vinitha advice Inj: synto	

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K (F)
08-01-2004 22 Y 6 M 6 D
Dr. PADMASHRI PARIMALAM

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	contin	stop order care out patient CTG going FHR(+) 150b/m	[signature]
15/7/26	12AM	patient checked vital are stable S/B DR. Vinitha advice CTG was Reactivity Inj: Synton Restart order care out patient Inj: Synton 30ml Restard	[signature]
15/7/26	1.40 pm	patient CTG going on FHR(+) 140b/m patient conscious and oriented general condition DR. Vinitha advice to Inj: Epidosin 2cc IV with contraction give order; patient checked contraction with contraction Inj: Epidosin 2cc slow IV given	[signature]
	2AM	patient checked vital are stable CTG going FHR(+) 140b/m patient asking pass urine on disconnecting of going washroom but patient Not passed urine Reconnecting CTG FHR(+) 142b/m inform to DR. Vinitha	[signature]

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/2006	2.10 Am	patient Inj: synton bag. Changed CTG going on FHR(+) 132b/m patient Inj: synton 5U c RL 500ml efin 120ml	[signature] OT
	2.30 pm	patient checked CBG- 101 mg/dl Inform to DR. venitha mam contiue. 4th hrs CBG. patient checked contraction 10 mins 4 contraction 15 sec inform to DR. venitha mam	[signature] OT
	4.30 Am	S/B DR. venitha mam P/V examination 2cm cov 2 to 3cm dilation advice EMR CS inform patient Attem patient c/o FHR(+) patient morning Care given	[signature] OT
	5.10 Am	patient Inj: pan 40mg Inj: Emeset given patient General condition fair	[signature]
	5.35 Am	patient Inj: supacef 1.5 g Full 1 dose given	[signature]
	5.30 Am	patient urine catheter done by DR. venitha mam	[signature] OT

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

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/6/2026	5.55 Am	patient handing over given OT staff nurse. EMR LSCS shifted to OT	01774
15/06/26	5.55am	OT Notes on 15/06/26	
		patient details handover taken from S/N while receiving patient conscious & oriented v/s are checked & record. IV recd. consent obtained Billing clear patient catheterized shifted to OT-3 at 5.55am on the OT table to connected the cardiac monitor IV are connected SA was given ECG lead connected vitals on monitor. connected positioning the patient painting done draping done procd started at 6.05am Emergency LSCS was done during the surgery there is [illegible] minimal Blood loss after the procd was done suturing done, dressing done after catheter patient shift to MICU handover to MICU S/N	Suh 01951
	7.00		Suh 01951

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	7.10 AM	Receiving Notes / 15/7/2026 / patient handing over taken by OT staff Nurse. patient EMR, IV's done patient conscious and oriented General condition fair p/v bleeding minimal Vitals are stable afn. No complaint	[illegible] 0/7/7/2 [illegible]
	7.30 AM	patient handing over given morning duty. staff Nurse patient conscious and oriented	[illegible] 0/7/7/8
		⇒ Morning Duty ⇐	
15/7/26	7.30 AM	Patient report hand over taken from Night duty Staff. She is Conscious and Oriented, afebrile NPO, Inf RL 120ml/hr on flow CBD were drained clear up adequate. Has no soakage over the operated area. Has mild pain over the operated site	
	8 AM	⇒ Patient Vitals Stable Checked up recorded. General condition fair.	[illegible] 01/7/26

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2004 22 Y 6 M 7 D (F)
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 15/7/26	9AM	B: Breast soft + No engorgement	
		U: uterus firm contracted.	
		B: Bowel movement present	
		B: Patient on CBD urine	
		drained clear of adequate	
		L: Lochia serosa present	
		No evidence of foul smelling.	
		E: Reeda assessment not	
		applicable.	
		H: Homans sign regular	
		E: Patient emotional	
		feeling good	[signature] 15/7/26
	10AM	⇒ Orals started No	
		Vomiting. IC water given, patient	
		CBD urine drained clear of	
		adequate	[signature] 15/7/26
	10.50AM	Patient shifted from MICU	
		to 4th Floor. patient care	
		Handing over given to	
		4th Floor staff	[signature] 15/7/26
		Receiving Notes on 15/7/26	
	10.50am	The patient received from the	
		MICU staffs	
		The patient is conscious and oriented	[signature] 15/7/26
		CBD (+)	
		Urine pattern and good	

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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
		continue (15/7/26)	
	11.30am	vitals are checked and recorded	
		temp is normal	
		RL @ 125ml/hr on flow	
	12pm	B/o chart is maintained	
		No any other complaints	
		provide comfortable positions.	
	1.30pm	The patient details handover given to Evening duty staffs.	
15/7/26	1:30 pm	Evening Duty notes: patient details handing over taken from morning duty staff. patient conscious & oriented. patient activity are good. IV line @ Rt. RL 125ml/hr ongoing. CBD (-).	
	2pm	due medication are given as per drug chart order.	
	4pm	vital signs checked & recorded. vitals are stable now.	
	5pm	Kanj given as per order.	
	6pm	patient mobilized. CBD removed.	

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	7pm	Due medication are given as	
		per drug chart order.	
		I/O chart maintained.	
	7.30 pm	Handing over given to night duty S/N.	Janey [illegible]
		→ Night duty On: 15/7/26 E.	
	7.30pm	patient details hand over taken	
		from evening duty staff —	
		patient is conscious & oriented	Dy 018900
		Patient IV cannula pattern —	
	8pm	vital sign's checked and	
		Recorded vital are stable —	Dy 018900
		BP ff / PR ff / CRT <3sec	
		Due to medication were given	
		as per doctor's order —	
		Dr. Diviya lakshmi mam seen	
		the patient continue same	Dy 018900
		medication 9am morning FBS	
		and PPBS need to send —	
	10	Patient take soft diet —	
		patient urine voided 150ml	
		informed to Dr. Diviya mam	Dy 018900
	10pm	patient mobilization wardalong	
	12am	Vital sign's checked and	
		Recorded vital are stable —	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies N91

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 15/1/26 ←	
15/1/26.		B. Breast soft and No engorgement	
		U - utrus was contrated well	
		B - Bowel movement present	
		B - Patient self voided	
		L - lochia Rubra present.	
		E - REEDA not applicable	018900
		H - Homan sign's negative	
		E - patient emotional good	
	3am.	patient sleeping pattern	
		was good No any complaints	
		I/O chart maintained	
	4am	vital sign's checked and	018900
		Recorded vital are stable	
		patient morning sample send	
		Report need to follow	
	6am.	Due to medication was	
		given as per doctor's order	
		I/O chart maintained	
		No any complaint's	018900.
	7.30am	Patient details hand over	
		given to morning duty staff	018900.
16/1/26	7.30 am	Morning duty note on 16/1/2026	
		Patient details taken over from	
		night duty staff nurse using	60/49
		ISBAR method. On Assessment, patient	
		is conscious, oriented and afebrile	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/7/26 Time of Arrival: 11 AM Time Seen by Nurse: 11.05 AM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☑ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: .....

3) **Vital Signs:** Temperature: 98°F Pulse: 120/mt RR: 24/mt SpO_2: 99% BP: 110/74 Weight: 71kg

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 16/10/25 EDD: 4/8/26 Gestational Age: 37 wks

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: H.DM.O.N.O.H.A .....

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: T. Glycomet 500mg

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11:20 AM

Nurse Name : S/N Anuy A01028) Nurse Signature: [signature] 01028)

Date: 1/4/2026 Time: 11:49am

GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 14/7/26.

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to given attender

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

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☑ Yes ☐ No

PPROM 37 wks PROM ..... Name of the Doctor: DR Akshine

..... Time Notified: 11 AM.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
UDM ON OHA	NIL	NIL

Blood Group: O+ve LMP: 26/10/25 EDD: 1/8/26 Gestational age during admission: 37 wks

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 1 P – L – A – Previous LSCS NIL.

Height: 165cm Weight: 71kg BMI: .....

Temp: 98.1°F HR: 120/mt RR: 24/mt BP: 112/74 SpO_2 99.

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

F - HTN, T2DM
M - HTN, T2DM

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score ..25..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..21/60... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Her husband.....

Orientation has been given regarding the following aspects:

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

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

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

Name of Person Orientation was given to: .....Mr. Shafee Thurgg.....

Orientation not given Reason: .....

Nurse Signature: 01/03/21

Nurse Name: 01/03/21

Date & Time: ..14/11/26 at 12pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 14/1/26.

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		
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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time / Score	14/7/26/M	14/7/26 2pm 20	14/7/26 8pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15	15		
	None /Bed Rest /Nurse Assist	0		0	
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		10
	Normal /On Bed Rest /Immobile	0		0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			25	20	30
		Signature	[signature] 01091	[signature] 016808	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 15/7	E 15/7	N 15/7
		Score	30	30	30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:				80	80
		Signature			101890

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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BRADEN 'Q' SCALE

					Date : 14/7	14/7	14/7	15/7
					Time : 12pm	2pm	8pm	8AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	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.	3	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	2	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	29	27
				Evaluator's Name				

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

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 ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

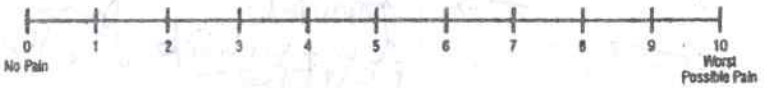
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No		01021
14/7/26	2pm	1/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	01/6808
14/7/26	4pm	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	provide comfortable position	01/6808
14/7/26	6pm	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Provide comfortable position	01/6808
14/7/26	8pm	2/10	lower abdominal	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable bed position	Done
14/7/26	10pm	2/10	lower abdominal pain	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	DSF 01/7/26
15/7/26	12AM	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DSF
15/7/26 2AM	2AM	2/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DSF
15/7/26	6AM	2/10	Surgical site pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position.	DSF 01/7/26
15/7	8AM	2/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position.	Done

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis — Primi 37w/g PPROM
2. Treatment and Care
3. Plan ✓ Pain Management
4. ✓ Informed Consent
5. ✓ Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
14/7/26	12pm	YES	Educate about during Pain Deep breathing exers.	Patient	no	verbal	none	oral	good	[signature] 01021
15/7/26	8AM	Medication	Educated to patient about medication Administration	patient	no	oral	none	verbal	Good	[signature] 01010
16/7/26	8AM	ongoing care	Explained about the importance of ongoing care	patient	None	oral	none	verbal	Good	[signature] 020149

Part - III: CODES

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

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

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

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

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

PATIENT TRANSFER FORM

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GUC-00093862 IP18-00036467
Mrs SHREE DHURGAA K.K
08-01-2004 22 Y 6 M 6 D (F)
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	14/07/2026 at 12:20 pm	15/7/2026 at
Treating Consultant	Transfer Ordered by	Reason for Transfer
DR. padmashri parimala	DR. Venitha	Futu manyer
From Unit	To Unit	Information to Attendant
LDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Fm	CTL - 18	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sobenoon OT/1178	DR. padmashi parimala.

Patient & Clinical Records Received by : S/N Sugati 1957

Date & Time of Patient Received : 15/7/20 @ 5:50 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

GUC-00093852 IP18-00036467
Mrs SHREE DHURGAA K.K
06-01-2004 22 Y 6 M 7 D (F)
Dr. PADMASHRI PARIMALAM

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

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

9. Additional notes: .....

Continuity of Care: Date: 15/07/2026

L - 2
A - 2
T - 2
C - 2
H - 1
9

Handover given by D. Sobekwaare

Signature D. Sobekwaare

Date & Time: 15/07/2026 at 7:30 am

Handover taken by .....

Signature .....

Date & Time: .....

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/07/2026 Time: 2:50PM

Origin: — Height: Weight: 71 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

Type of Diet: ☑ Liquid ☑ Soft ☑ Normal ✱ Diabetic GDM on OHA from 7th month of Gestation.
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups (2)

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (1)

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (3).

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

Patient's / Attendant's

Signature: Shree dhurgaa K.K

Name: Shree dhurgaa K.K.

Date & Time: 15/7/26 2:50PM.

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Fezheen

Date & Time: 15/07/26 02:50PM.

DIETARY NOTES

Date	Time	Notes	Sign
14/07/26	2:2 PM.	- Patient is on Diabetic Diet.	
		- Patient is Stable. Oral intake	A.R (012336)
		is Better - Adequate	
		- Advised to take protein - fibre	
		rich foods.	
		- Consume small - frequent meals.	
		- Consume Low G.I fruits &	
		Vegetables.	
		RDA. Values - Energy - + 350Kcl.	
		Protein - +23g/d.	
15/07/26.	7:15 AM.	NPO x 2 hours.	A.R (018336)
	DOS.	EM - LSCS done.	
	9:45 AM.	- Patient is on clear-liquid diet.	
		- Patient is stable. Oral intake	A.R (018336)
		is Better.	
		- Advised to take - water, tender	
		coconut water, fruit juices (etc)	
		Fluids - 2.5l - 3l/d.	
		R	