Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		17/7/26 @ 8a					
Activity Sheet update by Pharmacy							

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital — treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Shaija Balan

UHID No: 89746 IP No: ..... Consultant: Dr. Mathangi Dept: OBG

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	9 AM	LDR	6th.	
15/7/26	1.30pm	6th	LDR	
15/7/26	2.40pm	NICU	OT	
15/7/26	4.15pm	OT	NICU	
15/7/26	7.39pm	NICU	6th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DAC	15/7/26	1727337	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7/26	FBS	26022725	[illegible]
16/7/26	CBC	26022852	[illegible]
17/7/26	FBS	26022966	[illegible]
17/7/26	PPBS	22992	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/4	CTG - (1)			009502	
15/4/26	Infusion pump	4pm	16/4/26 at 12.am	1727984	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	IV line placement	1	727527	
15/7/26	Catheterization	1	727535	
16/7/26	Diet Counselling	1	728477	A. Dr (28336)
16/7/26	~~fp bjscs~~	1	728537	

ANY OTHER INFORMATION:

procedure Name : Elective LSCS.

Surgeon Name : Dr. Mathangi

Assist Surgeon Name : Dr. Akshitha

Anaesthesist Name : Dr. Ashwini . Dr. priyadharshini

Anaesthesia G ✓ SA

In time : 2:40pm out time : 6:15pm.

Date: 17/7/26 Time: 8 Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15/7/26

Patient Name: Mrs. Shaija balan Date of Birth: 13/12/1991 Age: 34y

Gender: Female Ward : OT UHID No.: 89746/36476

Date of Surgery: 15/7/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time In : 2'40pm Time Out : 4'15pm

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. Ashwini, Dr. priyadharshini	
3. Assistant Surgeon	: Dr. Akshitha	
4. OT Technician	: Mr. Shyam	
5. Circulating Nurse	: C/N. Thanushya	
6. Assistant Nurse	: S/N. Sasi, S/N. Sangeetha	

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

Signature of the Surgeon Record finalized done by Dr Mathangi

Signature of Circulating Nurse

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

Baby: Boy

Time: 2:57pm

wt: 3.161 kg

Inj Supracef 1g @ 2:40pm

Mrs. Shaija Bilan. LSCS

Patient Sticker

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

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CONSUMABLES OF OT

Circulating staff : Thanushy. Technician : Shyam. Date : 15/11/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		3
HME filter : A / P / N		
Syringes : 10 cc		2
05 cc		1+2
02 cc		1
01 cc		1
Cautery plate : A / P / N		1
IV set		
RL		
NS : 10ml / 100ml / 500ml / 1000ml		1
SYNTO		8
Bioxamin		2
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron ONDOKIND		1
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
CABOprost		1
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		1
Tab. Misoprost : ~~200mg~~ 600mg		1
Mom pad Fixator		1
Mom pad		1
Baby diaper		1
Baby wipes		1

Surgical Disposables	Qty Issued	Qty Used
Major Pack LSCS		1
Sutures 2/47		3
1/26		1
6½ S.C		1
7½ S.C		1
Gloves ~~6½ P.F~~		~~2~~ 1
5½ P.F		1
7½ P.F		1
Surgical blade 22		1
NG tube		
Cautery pencil		1
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack R/O / P		2/1
Mop Pack		3
Steristrip		
Underpad		1
Draw sheet		
Abgel		1
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm 2591		1
Ioban		
Double J Stent		
Vaccum Suction set		
Plastic ~~Bed Sheet~~ Apron		3
Betadine Solution		2
Microshield		
Cotton Balls		
Latex Gloves		10pairs
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		1
Suction Catheter		
Feeding Tube 6FR		1
Vaccum Suction Set		
Surgical Gloves 5½		1
Gauze Pack plain		1
Syringe 1ml / 2ml		1
Surgical Blade # 20		
Koochies (S)		
QUICK Table sheet		1
protogown		1
Spinal Needle 25G 90mm(White)		1
Needle 26x1½		1
~~Bupi~~ Neoprocs		1
Anawin heavy		1
Bupricess		1
O2 mask (A)		1

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036485	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SHAIJA BALAN	**Bed Name**	CRDL-SUITE713-2
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001727917
Date	15/07/2026 17:12	**Prescription No**	PRIP18-0627298
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:12
UHID	GUC-00093921		

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	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
						Total :	**259.00**	**259.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:12

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	IP18-00036476	**Ward**	6F-PRIVATE
Patient Name	Mrs SHAIJA BALAN	**Bed Name**	PVT 614
Age/Sex	34 Y 7 M 2 D / Female	**Order No**	18-0001727915
Date	15/07/2026 17:09	**Prescription No**	PRIP18-0627299
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	**Dispensed Date**	15/07/2026 17:13
UHID	GUC-00089746		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R010126	01/29	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	5GH0327	02/31	1	95.56	95.56
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	3	949.00	2,847.00
11	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
15	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
19	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
20	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	260300891T	05/29	1	128.00	128.00
21	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
22	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
23	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	894.00	894.00
24	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00

Printed Time : 15-07-2026 17:13

RAINBOW CHILDREN'S MEDICARE LIMITED

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Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
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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	IP18-00036476		
Patient Name	Mrs SHAIJA BALAN	**Ward**	6F-PRIVATE
Age/Sex	34 Y 7 M 2 D / Female	**Bed Name**	PVT 614
Date	15/07/2026 17:09	**Order No**	18-0001727915
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	**Prescription No**	PRIP18-0627299
UHID	GUC-00089746	**Dispensed Date**	15/07/2026 17:13

Total :	**10,253.52**	**14,994.52**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:13

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
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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	IP18-00036485		
Patient Name	Baby B/O SHAIJA BALAN	**Ward**	7F-PVT/SUITE
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Bed Name**	CRDL-SUITE713-2
Date	15/07/2026 17:12	**Order No**	18-0001727916
Payor	SELFPAY	**Prescription No**	PRIP18-0627300
UHID	GUC-00093921	**Dispensed Date**	15/07/2026 17:13

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**120.92**	**120.92**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:13

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	IP18-00036476	**Ward**	6F-PRIVATE
Patient Name	Mrs SHAIJA BALAN	**Bed Name**	PVT 614
Age/Sex	34 Y 7 M 2 D / Female	**Order No**	18-0001727914
Date	15/07/2026 17:09	**Prescription No**	PRIP18-0627301
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	**Dispensed Date**	15/07/2026 17:14
UHID	GUC-00089746		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	2	28.13	56.26
6	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
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	3	18.90	56.70
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	2	18.90	37.80
13	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
18	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**2,800.72**	**3,276.10**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:14

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement			17/1/96 at 11 AM		
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary			17/1/96 at 11 AM		
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Patient Name: SHASTA UHID No: 897146 Bed Category: 614

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

Patient Name: MRS SHANTA UHID No: 39746 Bed Category: 614

AT-ADMISSION DESK:

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- Welcome Kit

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THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036476 **Admit Date** : 15-Jul-2026 **Admit Time** : 06:10 AM **UHID** : GUC-00089746

Patient Details :

Patient Name	: Mrs SHAIJA BALAN	**Age**	: 34 Y 7 M 2 D
Guardian	: Mr S . S SRIRAM	**DOB**	: 13-12-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Phone No**	: 9176077036/ 9962814243
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 803 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 803 **Admission Type** : First Visit

Contact Details :

Name : Mr S . S SRIRAM **Relationship** : Husband

Contact Address : H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125 **Phone No** : 9176077036

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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BILLING POLICY

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

DECLARATION

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

Patient Name : > SHAIJA BALAN	UHID Number : 89746
Self/Attendant Name : > S. S. SRIRAM	Relation : > Husband
Self/ Attendant Signature :> Phone Number : > 9176077036	Name & Signature of Financial Counselor

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SHAIJA BALAN**	**Age :**	**34 Y 7 M 2 D**
IP No:	**IP18-00036476**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 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:

Name: S. S. SRIRAM

Relationship: Husband

Date: 15-07-2026 Time: 06:10

Witness Name: ASWIN

Witness Signature:

Patient Address:

H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Pa

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

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

Obstetric Formula:

$G_2 P_1 L_1$

Obstetric History:

G_1 - Girl, 40/40, LSCS, Maternal request, 8years, 3.2kg, Ramachandra hospital FTP@ 6cm

G_2 - PP, Spontaneous Conception

Present Pregnancy Record:

Booked and immunised
NT Scan - Normal, FTS - Negative
Anomaly Scan - Normal

RISK FACTORS:

- GDM on OHA
  Glycomet 250mg -0-500mg
- Hypothyroid

Height: 162 cm
Weight: 70.6 kg
Allergies: PINEAPPLE
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious
Pallor: No
Icterus: No
Edema: No
Temp: Normal
PR: 80/min
BP: 110/70 mmHg
DTR:
CVS: $S_1 S_2$ ⊕
RS B/L NVBS ⊕
Liver/Spleen:
Urine Output:

LMP: 16/10/2025 EDD: 23/07/2026
Corrected EDD: GA: 38 weeks + 6 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

M/S - 10years NCM

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

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

$G_2 P_1 L_1$
Prev. LSCS
LCB - 8years
A+ve

Lmp - 16/10/2025
EDD - 23/07/2026
RMP

GA - 38 weeks + 6 days
GDM on OHA
Hypothyroid
Admitted for Elective Repeat LSCS

Patient Sticker

Family History:	Surgical History:
Nil	Nil
Medical History: GDM on OHA from 2nd month of gestation. Hypothyroid since conception	**Medication History:** Tab. GLYCOMET 250mg -0- 500mg Tab. THYRONORM 75mcg od Took Tab. ECOSPIRIN 150mg hs till 36 weeks
Plan of Care: C/I/T Dr. Mathangi - Admission - parts preparation - Secure IV line - catheterisation - pre-op medications - plan Elective Repeat LSCS - Inform OT / NICU - Informed consent - shift to ward - Reshift to LDR @ 1:30pm	**Investigations:** CTG - Reactive

Doctor Name: Dr. Vinitha

Signature: 182217

Date & Time: 15/07/2026

Consultant Name: Dr. Mathangi

Signature: For 182217

Date & Time: 15/07/2026

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RESULT SHEET

Date	3/7/20	16/7/20				
Time						
Hb	11.5	10.7			A-POSITIVE	
PCV	34.1	32				
RBC	3.96	3.64				
WBC	10,130	14,250			HIV	Negative
N/L	64.5/31	79/17			HBsAg	
Platelets	2.58	2.96			HCV	
CRP					VDRL	
ESR						
PCT						
RBS	FBS - 94.50 PPBS - 105.8					
Na						
K					3/7/20	
Cl					TSH - 2.455	
Ca/Mg					TT_4 - 11.19	
Phosphate					TT_3 - 124.43	
Urea						
Creatinine					7/6/20	
ALP					ECG	Normal
SGPT					ECHO	
SGOT					EF - 73%	
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	18227	18227				

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 04/07/2026 SLIUG EFW- 2982 Grams (47.1.ile)

X-Ray : Cephalic

ECHO : Placenta - Anterior Doppler - Normal

CT : Liquor - Normal Cervix - 3.6cms

MRI SDP - 3.3 AFI - 10.4

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

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CR N FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Post natal Exs and advices / 6/4.

Signature:

Findings and Recommendations :

S/B physiotherapist. Notes Dr. Mohanapriya (Obg) Obg and Gynec.

Do's and don'ts Advised

- Avoid lifting weights
- Lying down posture
- Sitting posture advised
- Breast feeding posture
- Coughing and sneezing technique.
- Bilateral leg raise should be avoided.

Consultant :

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

- BE
- Ankle Mobilisation
- Knee mobilisation
- pelvic bridging
- Kegels
- Post. pelvic tilt
- Review after 2 weeks.

16/07/16.

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IP18-00036476

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2026 4:15PM	Patient received in MICU	
	c/s/b. Dr. Akshitha / Dr. Shreedevi	
DOS		
	Pt reviewed, O/E Pt GC fair, P°/PE°	Nil c/o Advice
T-(N)	CVS / RS NAD	Afebrile - NPO x 2 hours
PR- 90/min		- vitals Monitoring
BP-110/70 mmHg		- Follow drug chart
UO - 50ml, clear		- W/F ↑ Bleeding PV
Baby - M/S	P/A - Ut well contracted	- IVF 1 D RL @ 125ml/hr
B/L - Breast soft	soft	- In bed Ambulation
	Dressing ⊕ & Dry	- CBC / CBD / clexane c/m 6am
	U/E - BWNL	- FBS, PPBS on POD - 2
	CBD in situ, clear urine draining	- Inform (SOS)
		- I/o charting.
		- INJ. TRAPIC 1g IV 3doses
15/7/26 7:50pm	S/B Dr. Akshitha	
POD#0	pt reviewed.	
	no sp. complaints.	Plan
	O/E: afebrile.	- CBD/CBC/clexane 6 AM c/m.
BP 100/72 mmHg	GC fair.	- FBS/PPBS POD#2
PR 70b pm	P°/PE°.	- I/o charting
SpO2 99% @ RA	P/A: Uterus wc	- Trapic 3 doses.
Lochia ⊕	soft	- IVF RL @ 125 ml/hr.
	BS ⊕	- in bed ambulation
B/L breast soft	dressing dry	- shift to ward
Baby M/S	U/E: BWNL	- w/f ↑ bleeding P/V
shift to ward	foley's inside	
	clear urine	
	UHO = 200 ml.	12-2935

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/20 8:50pm POD-2	S/B Dr. Mohana / Dr. Dinyalakshmi pt. reviewed Tolerating liquids	
T- N PR-80/min BP- 120/70mmHg SpO2-98% @RA U/o - 150ml clear Baby c/s Breasts soft	O/E: Pt GC fair, afebrile P/o / P/c CVS RS/NAD P/A: Soft, BS+ Sluggish wf. contracted dressing dry P/E: BWNL	Advice - Liquids overnight - Kanji 6am - Soft diet 7pm - FBS/PPBS POD-2 - CBC/CBD/clexane tmrw 6am - I/o chart - DBF - Inform SOS 16/7/20

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Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9AM		
POD-1	Pt reviewed ; Nil c/o	
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P° / PE°	- soft diet
PR- 72/min	CVS /	- Plenty of oral fluids
BP- 120/77 mm/Hg	RS / NAD	- vitals Monitoring
	P/A - ut well contracted	- follow drug chart
Baby - M/S	Soft, BS (+)	- W/F ↑ Bleeding PV
B/L- Breast Soft	Dressing (+) & Dry	- FBS/PPBS on POD-2
Voided 400ml	L/E - BWNL	- Inform(Sos)
Flatus Passed		- Ambulation.
	Dr 8221 7	
16/7/26.	S/B Dr. Dietician	
9:30pm.	hypothyroid pt reviewed	passed stools
POD#1	GDM on OHA no SP. C/o	voiding freely
A-Fine		
	O/E afebrile	
BP 118/74mmHg	GC fair	Plan
PR 96bpm.	P° / PE°	- soft solid diet
SpO2 99% @ RA	P/A wells soc	- hydrate
Temp (N)	soft	- ambulate
	BS (+)	- FBS/PPBS POD#2.
B/L breast soft	dressing dry	- W/F ↑ bleeding P/V.
secretions (+)	L/E BWNL	
Baby M/S		
DBF		
		12/8/26.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B Dr. Visited	
9pM	Pt reviewed; No. 40	
POD #1	O/E: GC fair; Afebrile	
BP: 132/72	P° | PE°	
PR: 82/min	PIA: Ut well contracted	
SpO2: 100% RA	Soft; BS (+)	Adv:
T: (N)	Dressing dry	Soft diet
Baby M/S	Ys: BWNL	Plenty of fluids
(2)(1)3		Ambulation
		FBS, PPBS POD #2
		W/E ↑Bleeding P/V
17/7/2026	C/S/B Dr. Panithra.	
9:10pm	Pt reviewed	
POD-2	O/E Pt GC fair	
	afebrile	Advice
	P° | PR	- Soft Diet
T (N)	CVS	- Plenty of orals
BP-120/77	RS | NAD	- Vitals monitoring.
PR-70/min	P/A - Soft, BS (+)	- Follow drug chart.
SpO2-99% RA.	Ut firm & cont well	- PPBS on POD-1
	Dressing: Dry	
Baby M/S.		
Passed stools	Ys- BWNL.	
FBS 92		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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: ADR Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ SUPACEF	1.5gm	IV	1-1-1	15/7/26 2.40pm	☑C ☐DC
2	INJ CLEXANE	40mg	S/C	1-0-0.		☐C ☐DC
3	CAP PAN D	1	P/O	1-0-1	15/7/26 at 7pm	☐C ☐DC
4	TAB PARA	1gm	P/O	1-1-1-1		☐C ☐DC
5	JUSTIN SUPPOSITORY	100mg	P/R	1-0-1	15/7/26 at 4pm	☐C ☐DC
6	TAB THYRONORM	75mg	P/O	1-0-0		☐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. Hasliha 127035

Date & Time : 15/7/26

Nurse Name & Signature: SN: Tamilselvi 15/7/26

Date & Time : 15/7/26 at 7.30pm

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(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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

GUC-00089746 IP18-00036476
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 6th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	75mcg	PO	OD	15/7/26 @4 am	☐C ☐DC
2	T. GLYCOMET	250mg	PO	1-0-0	14/7/26 @ 9 am	☐C ☑DC
3	T. GLYCOMET	500mg	PO	0-0-1	13/7/26 @9pm	☐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 82217

Date & Time : 15/07/2026

Nurse Name & Signature: S. Pooja

Date & Time : 15/7/26 at 6am

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

GUC-00089746 IP18-00036476
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Shifting From: LDR Shifted to: 6th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj SUPACEF	1.5g	IV	Stat		☐C ☑DC
2	Inj PAN	40mg	IV	Stat		☐C ☑DC
3	Inj EMESET	4mg	IV	Stat		☐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. Panitha.

Date & Time : 15/7/26 at 9AM

Nurse Name & Signature: Shr. Tamilselvi.J 15/7/26

Date & Time : 15/7/26 at 9AM

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 15/12/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 70 Ward. 2DR

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
75mcg	PO	1-0-0	15/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7
6AM	JB SL	JB SL

DRUG : INJ SUPACEF.

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

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
8AM	/	PS MM	
2PM	/	SP AA	STOP
10PM	JB SL		

DRUG : CAP PAN D.

Dose	Route	Frequency	Start Date
1	P/O	1-0-1	15/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
7AM	/	JB SL	JB SL
7PM	TJ SP	SP AA	

DRUG : TAB PARA

Dose	Route	Frequency	Start Date
1gm	P/O	1-1-1-1	15/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
8AM	/	PS MM	PS AA
2PM	/	SP AA	
8PM	JB CS	JB SL	
2AM	/	JB SL	NM

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REGULAR PRESCRIPTIONS

Weight 70kg Ward LDR

Sheet No: .....

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

DRUG : INJ CLEXANE

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

Name & Signature of the Doctor Starting the Drugs: 129435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
6AM	JB / SL	JB / SL

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	P/R	1-0-1	15/7/26

Name & Signature of the Doctor Starting the Drugs: 129435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	15/7	16/7	17/7
11AM	/	PS / MM	PS / AA
11PM	JB / SL		

DRUG : Inj. TRAPIC

Dose	Route	Frequency	Start Dt.
1gm	IV	1-1-1	15/7

Name & Signature of the Doctor Starting the Drugs: 164238

Additional Instructions: x 3 doses

Daily Doctor's Endorsement by a Sign

Date/Time	15/7	16/7
7AM		JB / SL
3PM	SP / AA	
11PM	JB / SL	

STOP

DRUG : TAB CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/O	1-0-1	16/7/26

Name & Signature of the Doctor Starting the Drugs: 129435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
8AM	/	PS / AA
8PM	JB / SL	

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : TAB FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	P/o	1-1-1	16/7/20

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
8am	/	JB AA
2pm	/	
10pm	JB	

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 ....

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 70 Ward. LDR

DRUG :	Date▸ Time							
		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/7/26	1.15pm	INJ. SUPACEF	0.1ml	Id	TB2217	
15/7/26	1.15pm	INJ. PANTO	40mg	IV	TB2217	
15/7/26	1.15pm	INJ. EMESET	4mg	IV	TB2217	
15/7/26	2.40 pm	INJ. SUPACEF	1.5g	IV	TB2217	
15/7	2.45 pm	INJ EMESET	4mg	IV		PT SK
15/7	2.50 pm	INJ SYNTO	5U	IV		PT SK
15/7	3.10 pm	INJ TRAPIC	1g	IV		PT SK
15/7	3pm	INJ CARBOPROST	250mg	IM		PT SK
15/7/26	4pm	TAB MISOPROSTOL	600mcg	P/R		PT SK

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Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 70 Ward. 6 ICU

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
15/7	2:45 pm	RL 1000	IV	Pushed		PT SK	15/7		PT SK
15/7	3pm	RL 1000	IV	pushed		PT SK	15/7		SK
15/7	3:20 pm	RL 1000 c/o NV sym	IV	100ml/hr		PT SK			
15/7/26	5.30 pm	1 VF 1000 RL	IV	125 ml/hr		TJ SP	15/7/26		TJ SP
15/7/26	8pm	1 VF 1000 RL NS	IV	125 ml/hr		Jey Others	16/7/26 12.30 am		Jey over

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 7.6 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/26	4pm	JUSTIN SUPPOSITORY	100 mcg	PR	[illegible]	DT	SK.
16/7/26	6.40pm	DULCOLEX SUPPOSITORY	2 tabs	PR	[illegible]	[illegible]	[illegible]

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Early Warning Observation Score Chart - Obstetrics

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

15/4/20

		Date / Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20					20	18			20	18	20	18		18			18			20bpm				
	0 - 10																									
Saturations	94 - 100 %	99					100%	99%			99%	99%	99%	99%		99%			99%			100%				
	< 94 %																									
Administered O_2 (L/min.)		RA					RA	RA			RA	RA	RA	RA		RA			RA			RA				
Temp°c	40																									
	39																									
	38																									
	37	98°F					98.2°F	98°F			98°F	98°F	98°F	98°F		98°F			98°F			97.6°F				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	80					89b/m	90			90		90			90			90			96bpm				
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	110					110				110		100	110	110	103		129			118			120			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70					68				70		70	70	70	72		80			75			87			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	—					—				—															
	Heavy / Foul																									
Liquor	Clear / Pink	—					—				—															
	Green																									
TOTAL YELLOW SCORES		0					0				0		0	0	0	0		0			0			0			
TOTAL ORANGE SCORES		0					0				0		0	0	0	0		0			0			0			
Nurse Initial																										

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

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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	8am																				
16/7/26		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20b/m				20b/m				24b/m				20b/m				18b/m				18bh			
	0 - 10																									
Saturations	94 - 100 %		98%				98%				98%				100%				100%				99%			
	< 94 %																									
Administered O_2 (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		@97.9°F				@98.6°F				95°F				97.6°F				97.4°F				98.2°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		@92b/m				@90b/m				96bm				82bh				76bh				78bh			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		120				128				118				132				126				128			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50		(85)				(94)				(85)				(79)				(79)				(64)			
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70				84				74				72				70				76			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓				✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓				✓				✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓				✓				✓				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		✓				✓				✓				✓				✓				✓			
	Green																									
TOTAL YELLOW SCORES			0				0				0				0				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial															See Obstetrician											

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

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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
15/7/20	08:00 am	NPO								200	NotV	
	09:00 am	NPO									Clear	
	10:00 am	NPO								✓	Nil	
	11:00 am	N									Nil	
	12:00 pm	P		125ml						✓	0	Stopped,
	01:00 pm	O		125ml						200ml	0	
Total Intake : NPO + 250ml										Total Output : 2 times + 400ml		
	02:00 pm	NPO		125						150ml	0	Nil
	03:00 pm	NPO		100ml						–	0	TC
	04:00 pm	NPO		125	100					100ml	0	Nil
	05:00 pm	NPO		125	100					150	0	Nil
	06:00 pm	H2O	50	125	100					100	0	Nil
	07:00 pm	TC with	100	125	100					200	0	Nil
Total Intake : 812.5ml										Total Output : 700		
	08:00 pm	H2O	50ml	125ml						100ml	0	Nil
	09:00 pm	TC	100ml	125ml						100ml	0	
	10:00 pm	H2O	50ml	125ml						100ml	0	Nil
	11:00 pm			125ml						100ml	0	
	12:00 am	H2O	100ml	125ml						100ml	0	Nil
	01:00 am	H2O	100ml	Stop						100ml	0	
Total Intake : 400ml + 625ml										Total Output : 700ml		
	02:00 am									200ml	0	Nil
	03:00 am	H2O	200ml							200ml	0	
	04:00 am									200ml	0	Nil
	05:00 am	H2O	200ml							250ml	0	
	06:00 am	H2O	100ml							Measured	0	Nil
	07:00 am										0	Nil
Total Intake : 500ml										Total Output : 850ml		

Total 24 hrs. Intake	4650ml

Total 24 hrs. Output	2650ml

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : (2)

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

16/7/26

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								1st void		0	Muthulakshmi
	09:00 am	H_2O	100ml							400ml		
	10:00 am	H_2O	100ml								0	Muthulakshmi
	11:00 am	Soup	100ml									
	12:00 pm								2nd void	400ml	0	Muthulakshmi
	01:00 pm	H_2O	100ml									Staff nurse
Total Intake :			400ml						**Total Output :**	800ml		
	02:00 pm									L	0	All Rose
	03:00 pm	H_2O	200ml									
	04:00 pm	H_2O	100ml							L	0	Ok
	05:00 pm											
	06:00 pm	H_2O	200ml									
	07:00 pm	Tea	10ml							L		
Total Intake :			600ml						**Total Output :**	3 times		
	08:00 pm					✓				✓	No	Rose
	09:00 pm	H_2O	200ml									
	10:00 pm	H_2O	100ml			✓					IV	Rose
	11:00 pm	H_2O	200ml							✓	line	
	12:00 am	Milk	150ml									Rose
	01:00 am	H_2O	200ml									
Total Intake :			850ml						**Total Output :**	2 times		
	02:00 am									✓	No	Rose
	03:00 am	H_2O	100ml									
	04:00 am									✓	IV	
	05:00 am	H_2O	200ml								line	Rose
	06:00 am	Milk	200ml							✓		
	07:00 am											
Total Intake :			500ml						**Total Output :**	3 times		

Total 24 hrs. Intake	2350ml	Total 24 hrs. Output	800ml 8 times Urine Self passed

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NURSING CARE RECORD

Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7:30 AM	Promote adequate nutrition for healing	8AM	* Assess nutrition status and appetite * Monitor I/O * Administer IV Fluids	Maintained Good nutritional status to some extend	Reassessment Done	01/07/26
Afternoon	1:30 pm	Ensure adequate hydration and Electrolyte Balance	2pm	* Monitor I/O * Assess for dehydration * Monitor IV Fluids	Maintained fluid level to some extend	Reassessment Done	01/07/26
Night	8 PM	Ensure adequate hydration and electrolyte Balance	8 pm	Monitored I/O chart ⇒ Encouraged to take more oral fluids	Maintained Fluid level ad Fluid chart	Reassessment done	01/07/26

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NURSING CARE RECORD

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

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Your Right to a Safe Delivery

Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Promote adequate nutrition for healing.	10 AM	Assess nutrition adequate. Monitor BG check reviewed. encouraged oral food	The baby mother had oral intake good.	The patient urine out put 400ml	
Afternoon	2pm	Prevent Infection	5 pm	Asses the condition Strictly hand washing practices	prevented Infection	Re assessment done	
Night	8 pm	Ensure adequate hydration and Electeolyte Balance	9 pm	Encouraged to take more oral fluids daily Per day (3-4 Lit)	Intake improved Intake and output Chart monitored	Re-assessment done	

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← On admission notes ✓	
15/12/26	6AM	Pt mrs. shaija Balan 34yrs / female. sho Gr2P1L / POG 38cs / 38w+4d / LCB - 3yrs / Gest. wt - 3.21kgs / Hypothyroid / CPM OHA on T. Thyronorm 75mg, T. Glycomet 250mg. Pt came for admission got admitted under Dr. mathangi. Admitted for Elective LSCS posted at 2.30pm. CTG connected FHR ✓. Informed to Dr. Vinitha soon Pt history collected. she is on NPO. ✓	Staff Nurse
	7AM	Pt vital signs checked, recorded. BP - 112/76 PR - 76/m RR - 18/m Temp - 98°F. CTG disconnected as per Dr's order. surgery & anesthesia consent done. ✓	Staff Nurse
	7.30AM	CBG checked as per Dr's order at 7AM 96mg/dl Pyomed to Dr. Vinitha. Pt cot hand over given to morning duty staff ✓	Staff Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	7.30am	Morning Duty (15/7/26) Patient care Handing over taken from Night duty Staff. Monitored vitals and Recorded. Maintained I/O. patient General condition Fair. No any other complaints. pain assesment Done	
	8AM	Monitored vitals and Recorded, Maintained I/O. pain assesment Done. patient General condition Fair	
	8.30am	Dr. Pavithra Dr Shreedevi saw the patient advised to pre op orders given. Surgery consent Explain patient & patient attender Surgery consent uptained.	
	9pm	Dr. Mohan (Anesthetist) saw the patient Anesthesia fitness given. Anesthesia consent uptained.	
	9.00pm	patient shifted to ward. patient reshift IDR @ 1.30pm. patient details, files handed over given to 6th floor staff	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
15/7/26	9AM	patient received from LDR at 9 AM, patient c/o ~~P.A.~~ E. LSCS patient NO IV line, 2.30pm Elective LSCS. pt on NPO	Dly Soon
	10.30am	→ patient past preparation done. Bath done	Dly Soon
	11am	→ provide health education → Provide comfortable bed position	
	12pm	→ Checked vital signs → Patient vitals is stable → putted IV line and catheterization also connected, IV Fluids 120ml/hr as per doctor advice →	Cmty Soon
	1pm	→ Monitored I/O chart → Maintain records & reports → administered IV medicine as per drug chart order @ - 1.15pm as per drug chart →	Cmty Soon
		→ patient clinically stable.	
	1.30pm	→ patient handover given to LDR S/N →	Cmty Soon

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	1:30pm	Evening Duty (15/7/26) Patient Received from 6th Floor to MICU. Patient care Handing over taken from 6th Floor Staff. Monitored Vitals and Recorded. Maintained I/O. Patient General condition fair. IV cannula observed No any other complaints	
	2pm	Maintained I/O. Monitored Vitals and Recorded. Pain assessment Done. IV cannula observed. INF 125ml/hr on connected	
	2:40pm	patient care Handing over given to OT Staff. Patient doesn't have any allergic reaction after Inj. Supcef 0.1mg IV. Inj. Supcef 1.5gm IV given. Patient shifted from MICU to OT	
		OT Notes	
15/7/26	2:40pm	=> patient received from CDR to OT. while receiving patient ID Band & consent checked. => Foly's catheter insitu urine draine clear.	

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GUC-00089746 IP18-00036476
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(3)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		=> Anaesthesia given by Dr. priyadharshini under Spinal Anaesthesia.	
		=> Surgery done by Dr. Mathangi.	
		=> Baby detail	
		Baby : Boy.	
		Time : 2:51pm	
		wt : 3.161 kg.	
		=> Instrument, mops, Gauze counts correct.	
		=> patient conscious and oriented.	
15/7/26	4:15 pm	=> patient shifted to MIW	
		Receiving Notes	
	4.15pm	patient Received from OT to MIW. patient care Handing over taken from OT staff. Monitored Vitals and Recorded. Maintained I/O. PV Bleeding Minimal. IVF RL 125ml/hr on connected No any other complaints	16/7/26
	5pm	Maintained I/O. Monitored Vitals and Recorded. Maintained I/O. PV Bleeding minimal. No any other complaints. IVF RL 125ml/hr on connect. Pain assessment Done	16.7.26

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	6:15 pm	Orals started as per doctor order. Maintained I/o. CBP present. IV cannula observed. Pr Bleeding Minimal. No any other complaints	Jeej 16/7/26
	7pm	patient tolerating orals. Maintained I/o. Tt wafer given. patient General condition fair.	Jeej 16/7/26
	7.30pm	patient care Handing over given to Night duty staff from 6th Floor	Jeej 16/7/26 Jeej 16/7/26
15/7/26	7.30pm	Night Duty notes patient details hand over taken from LDR staff patient bystile. Receiving patient conscious and oriented to time healthy patient is on liquid diet IVF RL 125ml/hr on flow CBD present urine clear yellow colour	Jeej 16/7/26
	9pm	Vitals checked and recorded Dr Divya mam seen the patient advised to continue as per drug chart medicine	
	9pm	Patient taken Tt water 2nd episode of vomiting present	Jeej over

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7	9pm	informed to Dr. Divya mam advised to give Inj Emeset 4mg IV (Stat) and to keep Patient overnight in water Intake orally	Jeg Olua
	10pm	Due drugs given as per order patient sleeping comfortable, Bleeding, Abdominal	Jeg Olua
16/7	12am	Vitals checked and recorded IV line healthy IV stopped Encouraged to take orally	
	2am	Tab paracip given as per order	Jeg Olua
	4am	Vitals Checked and recorded	
	5.30am	patient mobilized well CBD removed advised to take More Oral fluids and measure & void urine and informs	Jeg Olua
	6am	Due drugs given as per order plastic Not passed advised to mobilize well to take Kappa CBC Sample sent to lab.	Jeg Olua
16/7	7am	FHR heart maintained & Recorded	Jeg Olua
	7.30am	Hand over given to Morning duty Staff	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26		Morning duty notes.	
	7:30AM	Patient details Handing over taken from night duty SIN. IV line & CB D removal done.	
		CBC send Hb - 10.7mg/dl, Normal diet	Roy
	8AM	Vitals checked and recorded.	
		PV Bleeding normal.	
		B - Breast soft.	
		U Uterus contracted.	
		B - Bowel sound present	
		B - Bowel voided	
		L - Lochia present. No foul smell	
		E - Pedal assessment NA	
		H - Human sign negative	
		E - emotional status good	
	9AM	1st urine void > 400ml. Informed DR. Pavithra.	Roy
		Patient had normal diet.	
		Due medication given as per Drug chart ordered.	
	11AM	Patient sleep well.	
	12PM	Vitals checked and recorded	
	1.30PM	maintained IV chart recorded	
		Handing over given to evening duty SIN.	Roy

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	1.30pm	Evening duty 16/7/26.	
		patient details handing over taken from morning duty Staff Nurse IV line pattern patient in Room air and normal diet →	
	2pm	Due medication given as per drug chart →	
		B – Breast is soft	
		U – Uterus is contracted	
		B – Bowel movement ⊕	
		B – Urine is self voided	
		L – Lochia rubra ⊕	
		E – Read a is not applicable	
		H – Homan sign	
		E – Emotional Status is good	
	4pm	→ Patient vital signs checked and record. vitals are stable	
	4.30pm	→ patient due medication given as per order chart	
	5pm	→ patient IV line right swelling IV line removed. informed to Dr. Akshitha mam	
		→ patient intake and output chart maintained & recorded	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	7.30pm	patient detail hand over given to night duty SIN Night Duty Nots.	Jey
16/7/26	7.30pm	patient details hand over taken from Evening duty staff patient active and oriented patient in soft diet had dinner patient passed stools today	Jey
	8pm	vitals checked and recorded patient mobilized well outside	Jey
	9pm	Due drugs given as per day chart	
17/7	12am	patient vitals checked and recorded vitals are stable patient having complaints of loose stools (5) Episode informed to Dr. vinitha mam.	Jey
	2am	patient sleeping complaints no any complaints	Jey
	3am	Tab pantop 1g dose not willing to take Tablet patient because No pain	
	4am	vitals checked and recorded	
	6am	Due drugs given as per O-idee Io Chart maintained & Recorded Today to do Bath and dressing Sample sent to lab vide Fasting to do ppbs after breakfast Handover given to Morning duty staff	Jey
	8am		

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Dr. MATHANGI RAJAGOPALAN

Pat... MR... m No.:....................
Age :.................... Weight :..............Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 14/7/26 Time: 12pm
Location : (R) Metacarpal
Size : 18G
Cannula inserted by : S/N Gayathri

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
14/7	12pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	6pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
15/7	12am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	2am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	4am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
16/7	6am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	10am	☐Yes ☑No	☐Yes ☑No	[illegible]	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	Removed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☑Yes ☐No, if yes date and time : 16/7
RX any initiated : ☑Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1/5 Fee package @ 6pm

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

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

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BRADEN 'Q' SCALE

				Date : 15/12	15/12/26	15/12/26	15/12
				Time : 6am	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	01	3	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	26	24	24
				Evaluator's Name	Jaya	Jaya	Jaya	Jaya

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

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

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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BRADEN 'Q' SCALE

(.2)

				Date : 16/7	16/7	16/7
				Time : 10AM	E	8pm
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
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
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
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
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.	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				TOTAL SCORE	27	27	27
				Evaluator's Name			

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

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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13-12-1991 34 Y 7 M 2 D (F)
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PAIN ASSESSMENT FORM

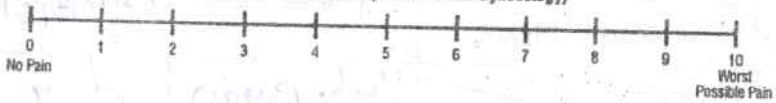
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	6AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7/26	8AM	1/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7/26	0pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7/26	8pm	2/10	Abd site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab. paraly given	
16/7/26	2am	2/10	Abd site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position changed	
16/7/26	10AM	2/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position changed	
16/7/26	2pm	2/10	surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position Changed	
16/7/26	8pm	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab paraly given	
17/7/26	2am	2/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab paraly given	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

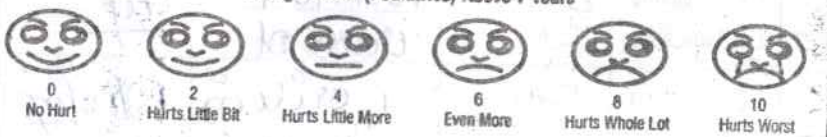
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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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Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 15/7/20	E 15/7/20	N 15/7
		Score	15		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	15	15	
	No	0			0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			10
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			15	35	30
		Signature	[signature]	[signature] 016721	[signature] Dei Oder

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

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

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
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Tick (✓) whichever precaution taken.

Risk Level and Interventions

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IP18-00036476

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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 Ej-dss
2. Treatment and Care

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
15/12/20	6AM	Yes	Educate about fall risk safety needs (Pull side rails)	Patient	No learning barriers	Oral	None	Yes	Good	
16/12/20	10AM	Yes.	explained about personal hygiene	Patient	Nil	Verbal	Nil	Yes	-	
17/12/20	10AM	Yes.	explained about take oral liquids more	Patient	Nil	Verbal	Nil	Yes	—	

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 15/7/26 Time of Arrival: 6AM Time Seen by Nurse: 6:50AM

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: Elective LSCS

3) **Vital Signs:** Temperature: 98.1 Pulse: 70 RR: 18 SpO_2: 100 BP: 112/76 Weight: 72.60

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 18/10/25 EDD: 25/7/26 Gestational Age: 32w+4d

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: prev LSCS

b) Medical: Cr.Dm on oth. Hypothyroid

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: + Calyramol + Thyronorm

9) **Prenatal Medical History:**

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

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: 6.10am

Nurse Name : S. Poojan Nurse Signature:

Date: 15/4/20 Time: 6:10am

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Pat

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 15/1/2026

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	02	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

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GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 15/7/26 at 6.10AM	Date & Time of Transfer Order: 15/7/26 at 2.40pm
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. mathangi	Reason for Transfer: Shifted to ward for further care
From Unit: MICU	To Unit: GI	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Dp Files	Number of Imaging Films: CT Abd (1)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/Nr. Fauziya 01/07/26	Dr. mathangi

Patient & Clinical Records Received by :

Date & Time of Patient Received : 15/7/26 @ 2.40pm

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

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

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PATIENT TRANSFER FORM

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
DR. Mathangi	15/7/26 @ - 6.10am	15/7/26 @ - 1.30pm.
	Transfer Ordered by: DR. Mathangi	Reason for Transfer: Plan For EL LSCS
	From Unit: 614	To Unit: LDR
		Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: -	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Priyatharsi 017189	DR Mathangi

Patient & Clinical Records Received by : S/N. Fawaseela 016720

Date & Time of Patient Received : 15/7/26

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

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

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PATIENT TRANSFER FORM

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 15/7/26 @ 6.10 AM	Date & Time of Transfer Order: 15/7/26 @ 9 AM
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. pavithra ~~Dr. vinitha~~	Reason for Transfer: for care
From Unit: CDR	To Unit: 6th	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1st DP file	Number of Imaging Films: CTG - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sri: Tamilselvi	Dr. pavithra

Patient & Clinical Records Received by : S. Selvi 0178

Date & Time of Patient Received : 15/7/26 @ 9.15am

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

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

Sl.No.	
1.	
2.	
3.	
4.	
5.	
6.	

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PATIENT TRANSFER FORM

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 15/7/26 at 6.10AM	Date & Time of Transfer Order: 15/7/26 at 7.30pm
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. Mathangi	Reason for Transfer: Shifted to ward for further care
From Unit: NICU	To Unit: 6th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP Files	Number of Imaging Films:	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T-paracig	10
2.	C-pan D 40mg	9
3.	Zestin suppository	5
4.	Zey Trapic 60mg	6
5.	100ml NS	3

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N 15/7/26	Dr. Akshitha

Patient & Clinical Records Received by : Jeyanthi Murugan

Date & Time of Patient Received : 15/7/26 @ 7.30pm

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

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

GUC-00089746
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036476

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 15/7/26. Date of Removal: 16/7/26 @ 6am removed

Parameters	Date / Shift Time	15/7/26 M	15/7/26 E	15/7/26 N				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Remy	[illegible]	Jeeintha				
Signature of the Nurse		Remy	[illegible]	Jeeintha				

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

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Dr. MATHANGI RAJAGOPALAN

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR MATHANGI. R	Date of Delivery: 15/7/26.
Assistant Surgeon: DR. AKSHITA.	Time of Delivery: 2:57 PM.
Anaesthetist's Name: DR ASHWINI.	Gender of Baby: BOY.
Type of Anaesthesia: SPINAL	Weight of Baby: 3.161 kgs.
Neonatologist:	AGPAR Score: 8/10, 9/10.
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: 34yrs/G2P1L1/38w6D/previous LSCS/GDM on OHA/hypothyroid.

☑ Elective ☐ Emergency Indication: Previous LSCS

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

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

CTG Description: Reactive.

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

Surgical Procedure: Elective lower segment Caesarean section.

Post Operative Diagnosis: POD#0/P2L2/GDM on OHA/hypothyroid/Elective LSCS.

Peri-Operative Complications: NIL

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

Name and Number of Surgical Specimen sent for examination:

(P.T.O)

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....

5th Palpable: ..... 5/5th .....

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Cervical Dilatation: ..... cm

Fetal Position: .....

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Urine: ☑ Clear ☐ Blood Stained

Anterior rectus muscle deficient; Omental adhesions noted to (L) uterine surface, same released, Endometriosis noted over posterior surface of uterus. *

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ..... Normal ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ..... Normal ..... Cavity explored ☑ Yes ☐ No

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

*Bladder drawn up.

Remnants of effusion noted over rectus sheath, same removed.

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

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

Sheath Closure: ..... (1 manually) ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in C/M 6AM days ☐ Await instructions

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

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

Post-Operative Notes: NPO x 2 hours. I/V SURFACE 1 Sgm 1x 1-1-1.
CBD/clear C/M 6AM. CAP PAN D P/O 1-0-1.
C.B.C C/M 6AM. TAB PARA 1gm P/O 1-1-1-1.
I/O charting I/V CLEXANE 40mg S/C OD C/M 6AM.
w/t ↑ bleeding P/V I/V TRAPIC 1gm 1x 1-1-1 x3 doses.
in bed ambulation SUSTIM SUPPOSITORY 100mg P/R 1-0-1.
I.V @ 125 cc/hr.
FBS/PPBS POD #2.

Doctor Name: Dr. Mathangi R. Doctor Signature: (Rex) 127435

Date & Time: 15/7/24

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. Akshitha
Anaesthetist : Dr. Ashwini, Dr. Priyadh...
Scrub Nurse : S/N. Saci, S/N. Sangeetha

GUC-00089746 IP18-00036476
Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

..... Age : ..... Gender : .....
...ry Name : .....
2:40pm Out-time : 4:15pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:42pm

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

Signature : .....
Name : Dr Priyadharshini

Before Skin Incision ➤➤

TIME OUT Time: 2:52pm

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

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

Before Patient Leaves Operating Room

SIGN OUT Time: 4:15pm

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

Signature : .....
Name : S/N. Saci, S/N. Sangeetha

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PATIENT TRANSFER FORM

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 15/7/26 @ 6:10 AM	Date & Time of Transfer Order: 15/7/26 @ 4:15 pm.
Treating Consultant Name: Dr. Mathangi Rajagopalan	Transfer Ordered by: Dr. priyadharshini	Reason for Transfer: For Further management.
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 IP file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
15/7/26	Dr. priyadharshini

Patient & Clinical Records Received by : S/N 01/07/26

Date & Time of Patient Received : 15/7/26 at 4.15 pm

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

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

GUC-00089745 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Food Pineapple allergy ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INS EMESET	4mg	IV	stat	15/7	☐C ☐DC
2	INS TRAPIC	1g	IV	stat	15/7	☐C ☐DC
3	INJ. SYNTOCIN	5U	IV	stat	15/7	☐C ☐DC
4	INJ CARBOPROST	250mg	IM	stat	15/7	☐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 Pooja Chauhan

Date & Time : 15/7/26

Nurse Name & Signature: Thanu

Date & Time : 15/7/26 @ 01:15PM.

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

PATIENT TRANSFER NU :SING HANDOVER CHECKLIST

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

TRANSFERRED TO : MICU

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

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Birthright Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

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

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

SSI PREVENTION CHECKLIST

Hospital

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-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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Date: 15/7/26

P... Age : 34y Gender : ☐ M ☑ F

Blood Group : A (ve) UHID : 0100897416

Planned Surgery : Elective LSCS Surgeon : Dr. Mathangi

Anesthetist : Dr. Ashwini Date & Time of Operation : 15/7/26 @ 11 AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Dellibabu C Nurse In-Charge Name : A. Anupriya

Billing Executive Signature : Nurse In-Charge :

Date & Time : 15/07/26 @ 11:03 AM Date & Time : 15/7/26 @ 11 AM

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00089746 IP18-00036476

Patient Name: Mrs SHAJA BALAN 13-12-1991 34 Y 7 M 2 D (F) Dr. MATHANGI RAJAGOPALAN ..... Gender: ☐ Male ☐ Female Age : .....

UHID No : .. ..

Date : .....

Instruction:

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

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

Elective lower segment cesarean section (Ind: Previous LSCS) .... upon .....

(Name of the Patient) Mrs. Shaija Balan

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 if needed ; injury to surrounding structures (ureter , bladder , baby admission to NICU , respiratory distress

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : SHAIJA BALAN

Date & Time : 15/7/26 at 2AM

Patient Attendant :

Signature : .....

Name : S.S.SRIRAM

Relationship with Patient: HUSBAND

Date & Time : 15/7/26 at 3 AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. V. Mathangi

Date & Time : 15/7/26

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00089746 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Pa ..... Age : .....

Ge ..... Consultant : Dr. Mathangi

Ward / Bed No. : ..... Anaesthesiologist : Dr. M Ananthi

Operative procedure planned : Elective lower segment Cesarean section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : Hypertension, dexterity, bronchospasm, Elective.

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : SHAIJA BALAN

Relationship with Patient: SELF

Date & Time : 15/7/26 at 8AM

Witness :

Signature : .....

Name : S.S. SRIRAM

Date & Time : 15/7/26 at 8AM

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 15/7/26.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Mrs SHAJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Time: ..... Proposed Operation: Elective ISG

Diagnosis: Revision ISG.

B.P / CRT: 110/80 H.R: 80/min Weight: 70kgs. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.5	Glucose: 94/106	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: NSR
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.59.	Na:	Dir. Bill:	Blood group: A +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.45	A +ve
	Cl -:	SGOT/SGPT:		

Allergies: — NIL — Pineapple

Medical History: CVS :

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes : Type II DM on OHA since 96

Hypothyroidism on rx.

Dri Lumbarism.

Physical Activity:

Past Anaesthetic History:

Physical Exam:

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

Lungs : CL

Heart: RS

CNS: WNL

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

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

CBG at 7 AM = 96 mg/dl.

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

CURRENT MEDICATIONS	DOSAGE
Rymoplan	75mg.

Pre-Operative Instructions:

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

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

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: 16hrs

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

H.R: 105/min | B.P / CRT: 120/70 | SpO_2: 100% | R.R: 20/min | Last Feed:

Pre-OP Diagnosis: G2P1L1 | PPROM 37+6 | Operation: Repeat LSCS | Date: 15/7/24

Surgeon: Dr Mathangi | Anaesthesiologist: Dr Ashwin / Dr Priya | Technician: Mr Shyam

TIME 2.45pm 3pm 4pm

N_2O /AIR /O_2, LPM

HALO /ISO /SEVO

Drugs:
Inj Optg 500 IV
Inj Invent 4mg IV
Inj Tridip 8mg IV
Inj Carboprost 250mcg IM

FIO_2 / SaO_2

$ETCO_2$

ECG: Sinus tachycardia

Temperature

Urine Output

Fluids / Blood: 100 RL | 300 RL | 200 RL + 20 units PRBC

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

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

Position: supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 2.45pm
OP Start:
OP End:
Leave OR: 4pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☐ IV: 18G (R) AC
☐ 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
Site: L3 L4
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 2.8ml 0.5% (H) + 0.2ml Bupivacaine + 0.2ml Buprenorphine
Bolus:
Infusion:
Block Level:
Comments: FB level (F)

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

Name of the Doctor: Dr Priya R
Signature of the Doctor:

Patient Sticker

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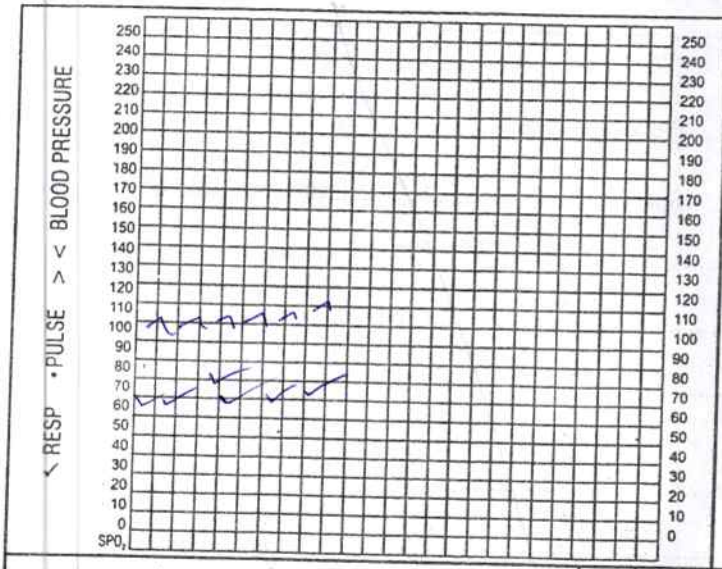
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanu Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

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

IV Fluids: .....
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	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	
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	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2				2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2				2	
	TOTAL	9				9	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7		0/10	NPO till further orders	1546 hrs

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

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

Anaesthesiologist Name : Dr Pooja R
Anaesthesiologist Signature: .....
Date & Time: 15/7/26 4pm

PACU Nurse Name : Thanu
PACU Nurse Signature: .....
*Date & Time: 15/7/26 @

Transferred to Unit by (PACU): .....
Date & Time: 15/7/26 @

Patient Sticker

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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 : .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
15/7/25	7Am	96mg/dl	NS. Vinitha	[illegible]

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 16/07/2026 Time: 12 PM

Origin: — Height: 161.2 Cm Weight: 70.6 Kg. BMI: ☐ ~ 26 kg/m² ☑ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: PINEAPPLE.

Diagnosis: ELECTIVE - LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Signature: B. JOTHI

Name: B. JOTHI

Date & Time: 16/07/26 12 PM

Dietician's Signature: A. S. (018336)

Name: A. Sadiqa Fathima

Date & Time: 16/07/26 12 PM

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
15/07/26	04:15 PM. DOS.	NPO x 2 hours.	A.N (018336)
16/07/26.	9AM.	ELECTIVE – LSCS. - Patient is on Soft Diet - Patient is stable. Oral intake is Better - Advised to take easy-digest foods. - Consume small-frequent meals. - Include galactagogus foods for milk secretion - garlic, fennel and Oats (etc) RDA. Values — Energy – +600 Kcal. Protein – +17-19 g/d. Stools not Passed.	A.N (018336)
17/7/26.	9AM.	- Patient is on Soft Diet. - Patient is stable. Oral intake is Adequate. - Advised to take protein-Iron rich foods. - Stools Passed.	A.N (018336)