

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 18 D (F)
Dr. LUCETTA AMELIA DIAS



**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 : 10/7/26
Patient Name: Mrs. Charulatha Date of Birth: 22/8/1997 Age: 28y
Gender: Female Ward : OT UHID No.: 84946/36395
Date of Surgery: 10/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Emergency LSCS

Time in : 12:45pm

Time Out : 2:30pm

	NAME	AMOUNT
1. Surgeon	<u>Dr. Lucetta</u>	
2. Anaesthetist	<u>Dr. Sathish, Dr. Priyadharshini</u>	
3. Assistant Surgeon	<u>Dr. Davithra, Dr. Sridhaya</u>	
4. OT Technician	<u>Mr. Prasanth</u>	
5. Circulating Nurse	<u>C/N. Thanushya</u>	
6. Assistant Nurse	<u>S/N. Sundari</u>	

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

Signature of the Surgeon


Signature of Circulating Nurse

Order No:

Order by:

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

Record

Finalized done by Azalya.S
02/07/23

Baby: Boy

Time: 1:05pm

Wt: 3.061 kg

Inj Supracet 1.5g @ 12:40pm.

Emergency LSC

Patient Sticker


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


BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery
CONSUMABLES OF OT
 Circulating staff : Thamushyap Technician : prasantha Date : 10/7/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>2SCS</u>		<u>1</u>	Inj Vit.K		<u>1</u>
LMA			Sutures <u>2347</u>		<u>3</u>	Cord Clamp		<u>1</u>
ECG leads : (A) P / N		<u>3</u>	<u>1326</u>		<u>1</u>	Suction Catheter		<u>-</u>
HME filter : A / P / N						Feeding Tube <u>6 Pr 5P</u>		<u>1+1</u>
Syringes : 10 cc		<u>2</u>				Vaccum Suction Set		
05 cc		<u>1</u>	Gloves <u>J.O.P.P</u>		<u>2+1</u>	Surgical Gloves <u>7.5P.F</u>		<u>1</u>
02 cc		<u>1</u>	<u>6.5P.F</u>		<u>2</u>	Gauze Pack		<u>3</u>
01 cc		<u>1</u>	<u>6.5S.C</u>		<u>1</u>	Syringe (1ml/2ml)		<u>1</u>
Cautery plate (A) P / N		<u>1</u>	Surgical blade <u>22</u>		<u>1</u>	Surgical Blade # 20		
IV set		<u>-</u>	NG tube			Koochies (S)		
RL		<u>3</u>	Cautery pencil		<u>1</u>	<u>Avatoxin</u>		<u>05</u>
NS : 10ml / (100ml) 500ml / 1000ml		<u>1</u>	Koochies			<u>cable prost</u>		<u>01</u>
			Ointments			<u>Ondaxind</u>		<u>01</u>
			Suction Catheter			<u>Blaxomic</u>		<u>01</u>
Fentanyl			Cap, Mask			<u>mezalem</u>		<u>01</u>
Morphine			Gauze Pack <u>R10</u>		<u>2</u>	<u>sp need 6.25mg</u>		<u>01</u>
Ketamine			Mop Pack		<u>2</u>	<u>Diluter 10ml</u>		<u>02</u>
Propofol			Steristrip <u>1547</u>		<u>1</u>	<u>5ml Emeracle</u>		<u>01</u>
Rocuronium			Underpad		<u>1+3</u>	<u>Anawin (A)</u>		<u>01</u>
Glycopyrolate			Draw sheet			<u>Buprigesic</u>		<u>01+1</u>
Myopyrolate			Abgel			<u>Quir-table</u>		
Ondansetron ✓		<u>1</u>	Foleys catheter			<u>shed</u>		<u>1</u>
Pencan 25g/ Spinal Needle 22			Urobag			<u>protogown</u>		<u>1</u>
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8591</u>		<u>1</u>			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		<u>1</u>			
Justin : 12.5 mg / 25mg / (100mg)		<u>1</u>	Plastic Bed Sheet Apron		<u>3</u>			
Tab. Misoprost : 200mg <u>600mg</u>		<u>1</u>	Betadine Solution		<u>2</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10pr</u>			
			Ramdone Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

Order No. :

Ordered by : B. Dora
OT Technician
014772

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 IP18-00036395
Patient Name Mrs CHARULATHA
Age/Sex 28 Y 10 M 18 D / Female
Date 10/07/2026 15:37
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00084946

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001725065
Prescription No PRIP18-0626254
Dispensed Date 10/07/2026 15:45

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		1010626	04/29	1	120.00	120.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		1010426	12/30	2	100.00	200.00
4	Encore Microptic gloves- 6.5		H	260501801T	05/29	2	128.00	256.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblu	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	2	949.00	1,898.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirliif		1B260029	04/28	1	21.01	21.01
13	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
14	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
15	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
16	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
17	STERI-STRIP 1 2*4IN. (R1547)	3M HEALTHCARE	GENERAL	346KFW	09/30	1	230.50	230.50
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
20	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	4	205.00	820.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	G26C010430	02/31	1	543.00	543.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5072	10/30	3	951.00	2,853.00
Total :							10,110.54	14,505.54

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospital - Guindy**

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
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Age/Sex 28 Y 10 M 18 D / Female
Date 10/07/2026 15:37
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00084946

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001725067
Prescription No PRIP18-0626255
Dispensed Date 10/07/2026 15:46

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300831T	03/29	3	128.00	384.00
						Total :	128.00	384.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

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Patient Name Mrs CHARULATHA
Age/Sex 28 Y 10 M 18 D / Female
Date 10/07/2026 15:37
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00084946

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001725066
Prescription No PRIP18-0626250
Dispensed Date 10/07/2026 15:44

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	KP1713925	12/27	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	2	31.10	62.20
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	2	28.13	56.26
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	21.56	21.56
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	2	2.58	5.16
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	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	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
Total :							2,437.57	2,833.67

for RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036407	Ward	7F-PVT/SUITE
Patient Name	Baby B/O CHARULATHA	Bed Name	CRDL-PVT703-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	Order No	18-0001725072
Date	10/07/2026 15:44	Prescription No	PRIP18-0626251
Payor	SELF PAY	Dispensed Date	10/07/2026 15:45
UHID	GUC-00093684		

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-5	ROMSONS	GENERAL	G25K010189	10/30	1	63.00	63.00
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
Total :							183.92	183.92

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015

Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036407

Patient Name Baby B/O CHARULATHA

Age/Sex 0 Y 0 M 0 D 2 H / Male

Date 10/07/2026 15:44

Payor SELF PAY

UHID GUC-00093684

Ward 7F-PVT/SUITE

Bed Name CRDL-PVT703-1

Order No 18-0001725073

Prescription No PRIP18-0626256

Dispensed Date 10/07/2026 15:46

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	3	100.00	300.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
Total :							270.00	470.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 12/7/26

Nan GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 20 D (F)
UHI Dr. LUCETTA AMELIA DIAS
War 

Gender:

Room No:

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date:

Time:

Nurse Sign

Date: 12/7/26

Time: 8.30am

Pharmacy Sign

Date: 12/7/26

Time: 8.56

Small logo or stamp in the top left corner.

STATE OF TEXAS COUNTY OF DALLAS

Know all men by these presents, that _____
do hereby certify that _____

Witness my hand and seal of office this _____ day of _____, 19____.

- Attest:
- ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____

2-11-2
1922
J. B. [unclear]
[unclear]

Notary Public in and for the State of Texas



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		12:17:06 @ 8:30am	8/1/09				
Activity Sheet update by Pharmacy		8:56	2				



ACTIVITY RECORD FOR BILLING

Name: Mrs. Charulatha
 UHID No: 34946 IP No: 36395 Consultant: Dr. Lucetta Dept: L&OB
 Date of Admission: 9/7/26 Time: 8:02 PM Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	12:46pm	WDR	OT	STN Pope
10/7/26	2:30pm	OT	MILU	STN Pope
10/7/26		MILU	STN floor	Deni

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Poc	10/7/26	1720000	Mejla
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/12/20	CTG ①			009241	Alpeul
	CTG ②			009241	Alpeul
	CTM ③			009249	Aballya
	CTM ④			009249	Aballya
	CTM ⑤			009249	Aballya
	CTM ⑥			009249	Aballya
10/7	Intrusion	8 ³⁰ AM	11/5/26 pam	1724216	Alpeul
	CTM ⑦			009279	Alpeul
	CTM ⑧			009279	Alpeul
	CTM ⑨			009279	Alpeul
	CTM ⑩			009279	Alpeul
	CTM ⑪			009279	Alpeul
	CTM ⑫			009279	Alpeul
	CTM ⑬			009279	Alpeul

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

Procedure Name: Emergency Use

Surgeon Name: Dr. Lucetti

Artist Suseen, Name: Dr. Pavithra Dr. Sindhya

Anesthetist Name: Dr. Salish, Dr. Pradhaslin

In time: 12:45pm Out time: 2:30pm

Date: 12/7/26

Time: 2.30 am

Prepared By:

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00084946 IP18-00036395
Mrs CHARULATHA 28 Y 10 M 20 D (F)
22-08-1997
Dr. LUCETTA AMELIA DIAS



ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	12/7/26 at 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		12/7/26 at 10AM	Suf 601		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997

28 Y 10 M 18 D (F)

Dr. LUCETTA AMELIA DIAS



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	10/12/20	10/12/20	10/12/20						
Doctor's Orders	yes	YES	YES						
Carried out or not	yes	YES	YES						
Bed Side									
Structured Handover done	yes	YES	yes						
IV Site	yes	YES	yes						
Central Lines	no	NO	no						
Arterial Lines	no	NO	no						
Feeding Catheter	no	NO	no						
Urinary Catheter	yes	YES	yes						
Skin Care	yes	YES	yes						
Eye Care	yes	YES	yes						
Mouth Care	yes	YES	yes						
Sterillum Bottle, Stethoscope	yes	YES	yes						
Suction Bottle (Should be clean & empty)	no	NO	no						
Intubation Tray	no	NO	no						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	NO	no						
Ventilator Tubing, (Any Water, Blood)	no	NO	no						
Humidification	no	NO	no						
Check all Infusion (Labelling, Correct Preparation)	yes	YES	yes						
Chest Physio & Neb	no	NO	no						
Handed Over By Name :	<i>[Signature]</i> 10/12/20 a 8:00 am <i>[Signature]</i> 10/12/20 a 8:00 am <i>[Signature]</i> 10/12/20 a 8:00 am								
Signature :									
Date & Time:									
Hand Over Taken By Name :	<i>[Signature]</i> 10/12/20 a 8:00 am <i>[Signature]</i> 10/12/20 a 8:00 am <i>[Signature]</i> 10/12/20 a 8:00 am								
Signature :									
Date & Time:									

ADMISSION SHEET

Registration Details :



Admission No : IP18-00036395

Admit Date : 09-Jul-2026

Admit Time : 03:02 PM UHID : GUC-00084946

Patient Details :

Patient Name : Mrs CHARULATHA

Age : 28 Y 10 M 17 D

Guardian : Mr SAMUEL RUBAN

DOB : 22-08-1997

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : SAMY FOUNDATION PARK PALACE,
DURASAMY NAGAR, 2ND STREET
Keelakattalai Kanchipuram Tamil Nadu INDIA
600117

Phone No : 7397407827/ 8220295678

E-mail : LATHACHARU228@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : PRE OP 806

Ward Name : 8F-OT COMPLEX

Room No : PRE OP 806

Admission Type : First Visit

Contact Details :

Name : Mr SAMUEL RUBAN

Relationship : Husband

Contact Address : SAMY FOUNDATION PARK PALACE,
DURASAMY NAGAR, 2ND STREET
Keelakattalai Kanchipuram Tamil Nadu INDIA
600117

Phone No : 8220295678


Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Lucetta Amelia Dias

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 7000.00

Payment Mode : Cash

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs CHARULATHA

Age : 28 Y 10 M 17 D

IP No: IP18-00036395

Sex: Female

Consultant: Dr. LUCETTA AMELIA DIAS

Ward/Bed No: 8F-OT COMPLEX/PRE OP 806

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.

(Patient's 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: 

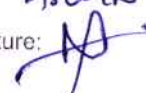
Name: Samuel Ratan A

Relationship: Husband.

Date: 09-07-2026

Time: 03:02

Witness Name: Anu

Witness Signature: 

Patient Address:

SAMY FOUNDATION PARK PALACE,
DURASAMY NAGAR, 2ND STREET
Keelakattalai Kanchipuram Tamil
Nadu INDIA 600117

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 be applicable.
- ▶ 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 be 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 and 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 : <u>Charulatha</u>	UHID Number : <u>84946</u>
Self/Attendant Name : <u>Samuel Ruban. A</u>	Relation : <u>Husband.</u>
Self/ Attendant Signature : <u>[Signature]</u> Phone Number : <u>82202 95678.</u>	Name & Signature of Financial Counselor <u>[Signature]</u>



Patient S



ulathia

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

4th one episode loose stools today -
Pt was admitted for IOL

Able to PFM well

No clp Lower Abdominal Pain, bleeding or leaking pv

Obstetric Formula:

28 - Primu

Obstetric History:

G₁ - PP, Spontaneous Conception

LMP: 16/10/2025

Corrected EDD:

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifts 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: 2cm ☒ 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

Borderline pelvis for Trial of Labour
Subpubic angle Acute.

Present Pregnancy Record:

Booked and Immunised

Scan - Normal; FTS - Low risk,

Anomaly Scan - Normal

RISK FACTORS:

GDM on OHA

Height: 158 cm

Weight: 62 kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: No Edema: No

Temp: Normal PR:

BP: DTR:

CVS: S₁ S₂ ⊕ RS: B/L NVB ⊕

Liver/Spleen: Urine Output:

DIAGNOSIS

Primu
M/S-10months
NEM
O+ve

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

GA - 38 weeks
GDM on OHA
Admitted for IOL



Family History: Father - T ₂ DM Mother - T ₂ DM	Surgical History: Nil
Medical History: GDM on OHA	Medication History: T.GLYCOMET SR 0-0-500 1hr bf
Plan of Care: <u>C/I IT Dr. Lucetta</u> - Admission - parts preparation - secure IV line - Informed consent for IOL/NVD	Investigations: CTG - Reactive CBG - 81 mg/dl

4pm ↓ ASP, Q2F foleys bulb inflated with 65cc distilled water and kept intracervically

- Inj. SUPAEEF 1.5g IV qds (ATN)
- CTG to continue till reactive.
- CBG
- Next CTG < 8pm
- Next CTG < 10:30pm
- hourly FHR.
- Sedation MS.

Doctor Name: Dr. Dhingalakshmi / Dr. Sreedevi

Signature: Dr. 2217

Date & Time: 09/07/2021 2:45pm

Consultant Name: Dr. Lucetta

Signature: For Dr. 2217

Date & Time: 09/07/2021 2:45pm



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RESULT SHEET

Date	25/6/26					O-POSITIVE
Time						
Hb	12.7					
PCV	38					
RBC	4.21					HIV
WBC	13,900					HBs Ag
N/L	66 28					Anti-HCV } NR
Platelets	3.82					VDRL }
CRP						
ESR						
PCT						TSH - 2.61
RBS						FT ₃ - 3.42
Na						FT ₄ - 1.39
K						
Cl						30/3/26
Ca/Mg						ECG ?
Phosphate						ECHO } Normal
Urea						EF - 70%.
Creatinine						
ALP						HbA1C - 5
SGPT						
SGOT						Hb Electrophoresis - Normal
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						

GUC-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997

28 Y 10 M 17 D (F)

Dr. LUCETTA AMELIA DIAS



Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/17/26	s/b Dr. Absolutai	
9:45pm		
04hr	pt reviewed	
	no pain abdomen	
BP 116/70mmHg	o/c afebrile	
PR 76bpm	GC full	Plan:
SpO2 99% @ RA	P°/Pc°	- monitor vitals
Temp 37.2	P/A. uterus @ term	- w/ progression of labor
	3/20" 10'	
	cephalic	- w/ Foley's expulsion
	FH ⊕	- CTG @ 10:30pm
	clinically liquor ⊕	- CTG @ 4H
		- FHS @ 4H
	L/E: Foley's inserted	- Traction @ 10:30pm
	(Traction given)	8:30 AM
		- if not expelled,
		remove Foley's @
		4:30 AM, do plr &
		inform Dr. Lucetta.
		for further orders
		- Sedation Hs

IP18-00036395

33-08-1997

28 Y 10 M 17 D (F)

Dr. LUCETTA AMELIA DIAS



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/17/26 A:30AM	S/B Dr. Lucetta pt reviewed - no sp. complaints ok afebrile GC fair. P°/Pc°	
bleeds expelled @ 3:15 AM	PlA uterus @ term 2/20"/10' cephalic (415 th) FH ⊕ clinically liquor ⊕ PlV: Cervix soft Posterior 2 cms long 2 cms dilated membranes ⊕ PPR - 3 station	Dr. Lucetta Plan: - monitor vitals - w/ progress of labor. - post gel CTG @ 5:30AM - FHS q/hly - Enema @ 6AM
	↓ Sph, P6F2 gel kept intracervically	 123435



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/8/2026	C/S/B Dr. Panithi	
B: 15mm	Pt reviewed.	
	Able to perform view	
	Pt afebrile	Advice
	C/S/B Dr. Lucetta	
	P/A - uterine	To start Inj Synto 5 units
	mod active 24/25/10"	In 10 RL @ 12ml/hour
	cephalic	at 8:30 AM
	THS good	Inj Synto @ 24ml/hr @ 9 AM
		Continuous CTG
		w/f contractions
10/8/2026	C/S/B Dr. Lucetta	
9:45 AM	Pt reviewed.	
	P/A - uterine	Advice
	mod active 30/30/10"	Inj Synto @ 36ml/hour
	cephalic	Inj Drotin 1 amp
	THS good	Inj Start
	P/V - Cx 1.5cm long	Subpubic angle Acute
	os 3cm dilated	
	membranes	
	Vx @ - 3 Station	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/07/2026	C/S/B Dr. Lucetta	
12:45pm		
	Pt reviewed	Advice
	PlA - uterus @ Term (40/25"/10')	- Emergency LSCS in view of Non-Progress of Labour
CTG - Reactive	Cephalic	- Shift to OT
	FHS - good	- Informed consent
	Plv - Cx - 1.5cm long	- Inform OT / NICU
	OS - 3cm dilated	- Inform anesthetist
	Membranes - Absent	- Catheterisation
	Vertex @ B ₂ im	
	Caput ⊕, moulding ⊕, Thin MSL.	
	⊕ 182217	
10/07/2026	Patient received in MICU	
2:30pm	C/S/B Dr. Vinita / Dr. Shreedevi	
⊕ 05		Advice
T-(N)	Pt reviewed, Nil ClO	- NPO x 3 hours
PR - 80/min	O/E Pt GIC fair, Afebrile	- Vitals Monitoring
BP - 90/60mmHg	P°/PE°	- Follow drug chart
UO - 100ml, clear	LVS RS NAD	- IVF 10 RL @ 125ml/hr
Baby - M/S	PlA - ut well contracted	- INJ. SYNTO 200 in 500ml RL IV (100ml/ml)
B/L - Breast soft	Soft, ⊕ pressing ⊕ & Dry	- CBD / Clexane c/m b/m
	L/E - BWNL	- HB/FBS/PPBS on POD-2
	CBD in situ, clear urine draining	- Inform (S/S)
	⊕ 182217	- Illochaeting



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26	S/B Dr. Vinithe	
6:30pm	Pt reviewed; No c/o	
	O/E: AC firm; Abdominal	
	P° IPE°	
BP: 100/60	PIA: Ut firm; contracted well	
PR: 72/min	Soft; BSA	
SpO ₂ : 99% RA	Dressing intact & dry	
	O/E: BWNL	
	CBD in situ, clear;	Adv:
		• Shift to ward
		• Clear fluids overnight
		• Vitals monitoring
		• Follow drug chart
		• CBD / Cloxane 6am
		• Synto Maintenance until 7:30pm
		• Wk ↑ Bleeding Piv
		• Hb/FBS/PPBS POD # 2
		• Inform SOS
10/7/26	S/B Dr. Mohana / Dr. Dingalathshun	
8:40pm	Pt reviewed	
	Nil c/o. Tolerating liquids	
POD - 0		
	O/E: pt AC fair	
	Abdominal	
T - (N)	Po / Pts	
PR - 80/min		
BP - 10/80mmHg		
SpO ₂ - 99% @ RA	CVS /	
	RS / NAD	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
output 100 ml Baby NICK	plA: soft, BS (+) wt- contracted well dressing- dry	Advice - Clear liquids overnight. - monitor vitals - follow drug chart - CBD/Clexane Can - QABO - Hb/FBS/PPBS on POD-2 - I/O Chart. - Inform SOS.
11/07/2026 9AM POD-1	C/S/B Dr. Paritama. Pt reviewed o/c Pt ac fair afebrile P/Pg Cvs Rs NAP	Advice - Soft Diet - Plenty of orals - vitals monitoring - Follow drug chart - Hb/FBS/PPBS on POD-2.
9. (N) BP- 100/60 PR- 96/min. Baby M/S R/L Breast Soft. Packed flatus voided	P/A- soft, BS (+) U/F firm & cont well Dressing Dry.	

Docu. No.: BCH/EPH/CLINICAL/1000

4



Date & Time	Progress Notes	Doctor's Order
11/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8:15 PM		
POD - 1	pt reviewed, Nil clo	Advice
T (N)	O/E pt GC fair, Afebrile	- Soft diet
PR - 85/min	P° / PE°	- Plenty of oral fluid
BP - 99/54 mmHg	WS /	- Vitals Monitoring
Baby - M/S	RS / NAD	- Follow drug chart
BLB Breast soft	P/A - ut firm & well contracted	- Hb / FBS / PPRS on POD - 2
voiding freely	Soft, BS ⊕	
Passed loose stools - 2 episodes	Dressing ⊕ & Dry	- Inform (SOS)
	L/E - BWNL	
11/7/26	S/B Dr. Shreedevi	
2:30 PM	pt reviewed.	
Q/W	passed flatus; 2 ep. loose stools	
POD #1	O/E: afebrile	
BP 90/60 mmHg	GC fair	Plan
PR 94 bpm.	P° / PE°	- soft solid diet
SpO ₂ 99% @ RA	P/A wheeze w/c	- hydration.
Jenap ⊕	soft	- Hb / FBS / PPRS POD #2
	BS ⊕	- ambulate
BLB breast soft	dressing dry	
secretions minimal	L/E BwNL	
Baby M/S		
DBF		

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Postnatal Ess and advices Ms. Charulatha -

Signature: _____

Findings and Recommendations :

S/B Physiotherapist Notes Dr. Mohanaprasad S (PT)
OBG 2 gynae

Dos and Don'ts advised

- Avoid lifting weights.
- Avoid lifting Both legs up 90°
- Avoid Bending down to lift objects
- Postnatal advice given -
- Breastfeeding posture advised.

Consultant :

Name : Signature : Date & Time :

- Breathing Exercises.
- pelvic tilt.
- pelvic bridging Exercises
- Ankle mobilisation
- knee mobilisation
- Kegels.

Each exercise 10 x 5 secs hold 2 times Daily

Review after 2 weeks.

 11/07/26.

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS



Docu. No. : RCH / FRM / CLINIC

--- DOCTOR'S SHIFT CHANGE HANDOVER FORM


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Date:

Department:

Shift:

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date:

Department:

Shift:

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

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL

☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

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

Shifting From: MICU

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	Tab. GIMCOMETSR	500mg	PO	BIS		☐ C ☒ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Durgalakshmi

Date & Time: 9/7/2026 @ 3 PM

Nurse Name & Signature: Aruna

Date & Time: 9/7/26

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

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS



2

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MEDICATION RECONCILIATION FORM

Drug Allergies: ☐ Not known any Drug Allergies

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

Shifting From: Shifted to:

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature:

Date & Time :

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



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: ICU Shifted to: 4th 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	BD		☒ C ☐ DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD		☒ C ☐ DC
3	INJ. PARACETAMOL	1g	IV	TDS		☒ C ☐ DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD		☒ C ☐ DC
5	INJ. CLEXANE	40mg	SC	OD		☒ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shreedevi 182217

Date & Time: 10/07/2020

Nurse Name & Signature: M. Devi 100060

Date & Time: 10/7/2020 at 6.20 PM



PATIENT ADMISSION RECORD

Medication Administration: [] at the end of the shift
(Signature of Nurse in Charge)

Shift 7 AM

11/11/11

Sl. No.	Medication Name	Strength	Route	Frequency	Time	Signature
1	INT. SALINE	100ml	IV	BD	7 AM	/
2	INT. PAINKILLER	10mg	IV	BD	7 AM	/
3	INT. PAINKILLER	10mg	IV	BD	7 AM	/
4	INT. PAINKILLER	100mg	IV	BD	7 AM	/
5	INT. PAINKILLER	100mg	IV	BD	7 AM	/
6						
7						
8						
9						
10						

Medication History: []
Nurse's Signature: []

Date & Time: 10/01/2011

Nurse's Signature: []

Date & Time: 10/01/2011

Nurse's Signature: []

GUC-00084948 IP18-00036395
 Mrs CHARULATHA
 22-08-1997 28 Y 10 M 18 D (F)
 Dr. LUCETTA AMELIA DIAS



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: NICU

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	EMESET	400	IV	TDS		☒ C ☐ DC
2	TRADOL	100	IV	STAT		☐ C ☒ DC
3	INT CANBONACE	250mg	IM	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: C. SATYAN S J

Date & Time: 10/7/26

Nurse Name & Signature: Thani S J

Date & Time: 10/7/26 @ 2:30 pm

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

Patient S




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


BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 9/11/16 Drug Allergies: NIL ☐ 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



REGULAR PRESCRIPTIONS

Weight. 62 Ward. CDR

DRUG : <u>Ij. SUPACEF</u>				Date/Time	10/7															
Dose	Route	Frequency	Start Date	10/7	10/7															
1.5g	IV	BD	9/7	5AM	SP	SA														
Name & Signature of the Doctor Starting the Drugs:				 104285																
Additional Instructions:				4pm SP SA 5pm SP SA Time change																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>TAB GLYCOMET</u>				Date/Time	9/7	10/7														
Dose	Route	Frequency	Start Date	9/7	10/7															
500mg	P/O	1-0-1	9/7/26	8pm	SP	SA														
Name & Signature of the Doctor Starting the Drugs:				 122435																
Additional Instructions:				stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>INJ. SUPACEF</u>				Date/Time	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	10/7	11/7	12/7														
1.5g	IV	1-0-1	10/7/26	12Am	NS	SS														
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				12pm / 6pm / 12pm / 6pm / 12pm / 6pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>INJ. PANTOPRAZOLE</u>				Date/Time	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	10/7	11/7	12/7														
40mg	IV	1-0-1	10/7/26	12Am	NS	SS														
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				7pm / 12pm / 7pm / 12pm																
Daily Doctor's Endorsement by a Sign																				

Patient Stid



Weight. 62 Ward. 4DR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7	3:40pm	Ij: SVPACEF	0.1ml	ID	[Signature]	SP
9/7	4pm	Cap. BIFILAC	2 caps	PO	[Signature]	SP
9/7	10 pm	Ij: PETHIDINE	50mg	IM	[Signature]	SA
9/7	10pm	Ij: PHENERGAN	25mg	IM	[Signature]	SA
10/7	4:30am	DINOPROSTONE GEL	0.5mg	PIV	[Signature]	SA
10/7/26	6am	ENEMA	100ml	P/R	[Signature]	SA
10/7/26	9:50am	Ij DROGIN	1 amp	IM	[Signature]	SA
10/7/26	11AM	INJ. EPIDOSIN	2cc	IV	[Signature]	SA
10/7/26	10:40pm	INJ. PANTU	40mg	IV	[Signature]	SA

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

Weight: 62 Ward: CCF

Signature
 VERIFIED BY: Name

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
9/7/26	3:40pm	IVF 10 RL	IV	125 ml/hr	[Signature]	SP	9/7/26	[Signature]	SA SP
10/7/26	8:30am	Enj Synto 5 units in 10 RL	IV	12ml/hr	[Signature]	SP SP		[Signature]	
10/7/26	8:20am	IVF 10 RL	IV	125ml/hr	[Signature]	SP SP		[Signature]	
10/7	12:45 pm	RL 10	IV	[Signature]	SA PT		10/7	[Signature]	PT AG
10/7	1pm	RL 10	IV	[Signature]	SA PT		10/7	[Signature]	PT SA
10/7	1:30 pm	RL 10	IV	[Signature]	PT SA		10/7	[Signature]	PT SA
10/7	2pm	RL 10	IV	one 4 hr	[Signature]	PT SA			

Patient S



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.2 kg Ward 111

DRUG : <u>INJ. PARACETAMOL</u>				Date Time	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Dose <u>1g</u>	Route <u>IV</u>	Frequency <u>1-1</u>	Start Dt. <u>10/7/26</u>	<u>8am</u>	<u>E.P.</u>	<u>SM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>				<u>2pm</u>	<u>PK</u>	<u>A/A</u>	
Additional Instructions:				<u>10pm</u>	<u>PK</u>	<u>SS</u>	<u>KH</u>
Daily Doctor's Endorsement by a Sign							
DRUG : <u>JUSTIN SUPPOSITORY</u>				Date Time	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Dose <u>100mcg</u>	Route <u>PR</u>	Frequency <u>1-1</u>	Start Dt. <u>10/7/26</u>	<u>9am</u>	<u>E.P.</u>	<u>SM</u>	<u>PK</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>							
Additional Instructions:				<u>9pm</u>	<u>NS</u>	<u>SS</u>	<u>KH</u>
Daily Doctor's Endorsement by a Sign							
DRUG : <u>INJ. CLEXANE</u>				Date Time	<u>11/7</u>	<u>12/7</u>	
Dose <u>40mcg</u>	Route <u>SC</u>	Frequency <u>1-0-0</u>	Start Dt. <u>11/7/26</u>	<u>6am</u>	<u>NS</u>	<u>SS</u>	<u>KH</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG :				Date Time			
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Signature
VERIFIED BY : Name

Patient Sticker

REGULAR PRESCRIPTIONS

Weight Ward

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							



3

Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.2 kg Ward 7th Floor

DRUG : C. LACTARE				Date Time	10/7	11/7	12/7
Dose 2 tab	Route P/O	Frequency 2-2-2	Start Dt. 10/7	8am	10am	2pm	5pm
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> 121113				2pm	5pm	8pm	11pm
Additional Instructions:				10pm	NS	SS	
				10pm	NS	SS	
Daily Doctor's Endorsement by a Sign							

DRUG : GALACT GRANULES				Date Time	10/7	11/7	12/7
Dose 1 tsp	Route P/O	Frequency ✓-✓-✓	Start Dt. 10/7	8am	10am	2pm	5pm
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> 121113				2pm	5pm	8pm	11pm
Additional Instructions: 1 tsp in 1 glass of milk / water				10pm	NS	SS	
				10pm	NS	SS	
Daily Doctor's Endorsement by a Sign							

DRUG :				Date Time			
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date Time			
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Signature
 VERIFIED BY : Name

Patient Sticker

REGULAR PRESCRIPTIONS

Weight Ward

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Name: mos: Charulata

Weight: kgs

Sheet No: 0

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



MEDICATION CHART AUDIT CHECKLIST - IP

	10/7/17	11/7/17	14/7/17	14/7/17	14/7/17		
DRUG NAME	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
FREQUENCY	I.V.	I.V.	I.V.	I.V.	I.V.		
DOCTORS	CRPuroxin	pantoprazole	Paracetamol	Supposh	Clexane		
1. INCORRECT DRUG SELECTION	BD	OD	TDS	BD	BD		
2. NO/WRONG DOSE				using dose			
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES	✓	✓	✓	✓	✓		
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31. WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTRATION							
DISCREPANCY	1. NON-COMPLAINE YES/NO (If yes mention : Doctor/Pharmacist/Nurses), 2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVIATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

MEDICATION CHART AUDIT CHECKLIST - IP

	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
2. INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31. WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTRATION							
DISCREPANCY	1. NON-COMPLAINE YES/NO (If yes mention : Doctor/Pharmacist/Nurses), 2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVIATION USED IN THE MEDICATION CHART (TICK IF USED)).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

Patient



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		Time																							
9/7/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110																									
100																									
90																									
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	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																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

9/7/2026 FHR chart

8pm - 150b/m
9pm - CTU
10pm - 148b/m
11pm - CTU
10/7/26 12AM - 158b/m
1AM - 160b/m
2AM - 160b/m
3AM - 150bpm
4AM - 148bpm
5AM - 148bpm
6am - 156bpm
7am - 150bpm
8AM - 154b/m

9/07/2026 FHR

5pm - 142 b/m
6pm - 148 b/m
7pm - 152 b/m

GUC-00084946 IP18-00036395
 Mrs CHARULATHA
 22-08-1997 28 Y 10 M 17 D (F)
 Dr. LUCETTA AMELIA DIAS



Early Warning Observation Score Chart - Obstetrics

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

10/7/26

Date	Time	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30												
	21 - 30												
	11 - 20	22	22	24	22	22	22	22	22	22	22	22	22
	0 - 10												
Saturations	94 - 100 %	98	98	98	98	98	98	98	98	98	98	98	98
	< 94 %												
Administered O ₂ (L/min.)													
Temp °C	40												
	39												
	38												
	37	36.7	36.7	36.7									
	36												
	35												
	< 35												
Heart Rate	170												
	160												
	150												
	140												
	130												
	120												
	110	108	108	108									
	100												
	90												
	80												
	70												
	60												
	50												
	40												
Systolic Blood Pressure	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120	110	117	118	110	110	110	110	110	110	110	110	110
	110												
	100												
	90												
	80												
	70												
	60												
	50												
	40												
Diastolic Blood Pressure	130												
	120												
	110												
	100												
	90												
	80												
	70	70	74	74	70	70	70	70	70	70	70	70	70
	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	0	0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial		AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM



Early Warning Observation Score Chart - Obstetrics

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

TRIGGERS ONE CHANGE OR TWO YELLOW SCORES														
Date		Time												
11/7/20		11/7/26												
RESP (write rate in corresp. box)		> 30												
		21 - 30												
		11 - 20												
		0 - 10												
Saturations		94 - 100 %												
		< 94 %												
Administered O ₂ (L/min.)														
Temp °C	40													
	39													
	38													
	37													
	36													
	35													
	< 35													
Heart Rate	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80													
	70													
	60													
	50													
	40													
	Systolic Blood Pressure	190												
		180												
		170												
160														
150														
140														
130														
120														
110														
100														
90														
80														
70														
60														
50														
Diastolic Blood Pressure		130												
		120												
	110													
	100													
	90													
	80													
	70													
	60													
	50													
	40													
	NEURO RESPONSE [✓]	Alert												
		Voice												
	URINE mls / hour	> 30												
		< 30												
	Proteinuria	Protein ++												
		Protein > ++												
	Lochia	Normal												
Heavy / Foul														
Liquor	Clear / Pink													
	Green													
TOTAL YELLOW SCORES														
TOTAL ORANGE SCORES														
Nurse Initial														

GUC-00084946 IP18-00036395
 Patie Mrs CHARULATHA
 22-08-1997 28 Y 10 M 17 D (F)
 Dr. LUCETTA AMELIA DIAS




FLUID CHART

Sheet No. : 1

9/7/26

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm									200		
	05:00 pm	H ₂ O	200	P2	300					0		
	06:00 pm	H ₂ O	200							200		
	07:00 pm									100		
Total Intake : 400ml + 300ml					Total Output : 500ml							
	08:00 pm									200	0	SD
	09:00 pm	H ₂ O	100							0		SD
	10:00 pm	H ₂ O	100							100	0	SD
	11:00 pm	H ₂ O	100							200	0	SD
	12:00 am									100	0	SD
	01:00 am	H ₂ O	100							0		SD
Total Intake : 400ml					Total Output : 600ml							
	02:00 am										0	SD
	03:00 am	H ₂ O	150ml							200ml	0	SD
	04:00 am	H ₂ O	100ml							0		SD
	05:00 am	H ₂ O	150ml							150ml	0	SD
	06:00 am	H ₂ O	100ml							0		SD
	07:00 am	milk	150ml							100ml	0	SD
Total Intake : 650ml					Total Output : 450ml							
Total 24 hrs. Intake		1950ml										
Total 24 hrs. Output		1550ml										



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake		Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	Route	NG	Diarrhoea	Vomit	Drainage	Urine				
				I.V.	N.G.								
	08:00 am	AW	100ml	100ml	100ml					200	0	mt	
	09:00 am			200ml	100ml						0	mt	
	10:00 am	HW	100ml	300ml	100ml					100ml	0	mt	
	11:00 am	HW	100ml	200ml	100ml						0	mt	
	12:00 pm			100ml	100ml					200	0	mt	
	01:00 pm	AW	100ml	100ml	100ml				100	500ml	0	mt	
Total Intake :			1,180ml		Total Output :							1,000ml	
	02:00 pm			100ml						100ml	0	ren	
	03:00 pm			100ml						100ml	0	ren	
	04:00 pm			100ml						100ml	0	ren	
	05:00 pm	HW	50ml	100ml						100ml	0	ren	
	06:00 pm	TL	200ml	100ml						100ml	0	ren	
	07:00 pm			100						100	0	SD	
Total Intake :			250 + 600ml		Total Output :							650	
	08:00 pm			100ml						150	0	SD	
	09:00 pm	HW	150	100ml						100	0	SD	
	10:00 pm			125						150	0	SD	
	11:00 pm	Juice	150	125						200	0	SD	
	12:00 am	Juice	100	125						150	0	SD	
	01:00 am			125						100	0	SD	
Total Intake :			200 + 500ml = 900ml		Total Output :							850ml	
	02:00 am	Juice	100	125						250	0	SD	
	03:00 am	HW	150	125						200	0	SD	
	04:00 am			125						150	0	SD	
	05:00 am	Juice	100	125						250	0	SD	
	06:00 am			125						250	0	SD	
	07:00 am	Milk	100	125						250	0	SD	
Total Intake :			450 + 750 = 1200ml		Total Output :							1250ml	
Total 24 hrs. Intake			4,150ml		Total 24 hrs. Output			3,175ml					

GUC-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997

28 Y 10 M 19 D (F)

Dr. LUCETTA AMELIA DIAS



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

③

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		Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/7/20	08:00 am	H ₂ O 200		IM 100					self void 300	0	Sm	
	09:00 am	H ₂ O 200								0	Sm	
	10:00 am	H ₂ O 100								0	Sm	
	11:00 am	H ₂ O 150							self void	0	Sm	
	12:00 pm	H ₂ O 150							void	0	Sm	
	01:00 pm									0	Sm	
Total Intake : 800ml					Total Output : 2 times					0	Pk	
	02:00 pm								self void	0	Pk	
	03:00 pm	H ₂ O 200								0	Pk	
	04:00 pm									0	Pk	
	05:00 pm	Milk 150							50ml	0	Pk	
	06:00 pm									0	Pk	
	07:00 pm	H ₂ O 200								0	Pk	
Total Intake : 550ml					Total Output : 50ml					0	Pk	
	08:00 pm	H ₂ O 200ml							100ml	0	Pk	
	09:00 pm	Milk 200ml								0	Pk	
	10:00 pm	H ₂ O 100ml							100ml	0	Pk	
	11:00 pm									0	Pk	
	12:00 am								200ml	0	Pk	
	01:00 am	H ₂ O 100ml								0	Pk	
Total Intake : H ₂ O 500ml					Total Output : 400ml					0	Pk	
	02:00 am								400ml	0	Pk	
	03:00 am	H ₂ O 200ml								0	Pk	
	04:00 am									0	Pk	
	05:00 am	H ₂ O 200ml							200ml	0	Pk	
	06:00 am	H ₂ O 400ml								0	Pk	
	07:00 am									0	Pk	
Total Intake : H ₂ O 800ml					Total Output : 600ml					0	Pk	
Total 24 hrs. Intake		H ₂ O - 800ml			Total 24 hrs. Output		6 - 1800ml			M -		

Patient



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>mini 38 w/g</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known		
Surgery / Procedure: <u>Induction</u>		Post OP Day:				
BACKGROUND	Date	9/12/26	9/12/26	10/1/27	10/1/27	
	Shift	E	N	M	F	
BACKGROUND	Medical Condition (Any special condition to be noted):					
	Diet:	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.8°</u>	<u>98.8°</u>	<u>98.8°</u>	<u>98.8°</u>
		Res:	<u>24/m</u>	<u>20b/m</u>	<u>24/m</u>	<u>20b/m</u>
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>84/m</u>	<u>88b/m</u>	<u>84b/m</u>	<u>88b/m</u>
		BP:	<u>110/70</u>	<u>110/70</u>	<u>110/70</u>	<u>110/70</u>
	Fall Risk Score:	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
		Fall Risk Score:	<u>10</u>	<u>30</u>	<u>30</u>	<u>30</u>
Pain Score:		<u>0/10</u>	<u>2/10</u>	<u>2/10</u>	<u>2/10</u>	
Skin Integrity		<u>0/10</u>	<u>Normal</u>	<u>Normal</u>	<u>0/10</u>	
Safety Needs:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Recommendations	Physiotherapy:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	<u>NA</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	
	Critical Lab Test / Values:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	ADL (Dependent / Non Dependent):	<u>NA</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
	Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Handed Over By Name:	<u>Aur</u>	<u>Aur</u>	<u>Aur</u>	<u>Aur</u>	
Signature / ID:	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>9/12/26</u>	<u>10/1/27</u>	<u>10/1/27</u>	<u>11/1/27</u>		
Time:	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>		
Taken Over By Name:	<u>Aur</u>	<u>Aur</u>	<u>Aur</u>	<u>Aur</u>		
Signature / ID:	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>9/12/26</u>	<u>10/1/27</u>	<u>10/1/27</u>	<u>11/1/27</u>		
Time:	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>		

GUC-00084946 IP18-00036395
 Mrs CHARULATHA
 22-08-1997 28 Y 10 M 17 D (F)
 Dr. LUCETTA AMELIA DIAS



①

NURSING CARE RECORD

Rainbow[®]
 Children's
 Hospital
It takes a lot to break the little.

BirthRight[™]
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 9/7/26

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							
Afternoon	2pm	Achieve acceptable pain control & comfort	2:30 pm	Assessed level of pain provide comfortable bed position	Reduced pain	Reassessment is done	pay rano
Night	8pm	Achieve Acceptable pain control & comfort	8:30 pm	Assessed level of pain using pain scale provided comfortable position	Reduced pain levels	Reassessment was done	016808

GUC-00084946
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

IP18-00036395



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITAL S
Your Right to a Safe Delivery

Date: 10/7/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptance. Pain control and comfort.	8:30am	Assess pain using Pain Scale regularly. → Patient Perfect comfort. → Non Pharmacological measures.	Patient Vital signs Stable.	Reassess done	dey lara
Afternoon	2pm	Relieve pain and discomfort.	2:30pm	Assess pain using pain scale regularly. Position patient comfortably monitor effectiveness of pain relief measures	Patient feel better.	Reassessment done	Devi 20/7/20
Night	8pm	Assess the General condition Vital signs to be checked & Relief		Assessed the General condition Vital signs are checked & Relief	pt was co-operative was	Reassessment done	my Dey

GUC-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997

28 Y 10 M 17 D (F)

Dr. LUCETTA AMELIA DIAS



Patient Stick

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/11/20	3pm	On admission notes pt Mrs. Charulatha 28/F. she is primi 38wks GDM on off to hospital. pt came for admission got admitted under Dr. Lucetta admitted for induction of labour. CTG connected FHR & parts preparation done. vital signs checked & recorded. BP-110/74 PR-80bpm. FIR-18bpm. pt Clo case stool 1-episodic. Referred to Dr. Prayalaxmi (Dr. Shoredevi) seen here pt history collected.	Dr. Prayalaxmi
	3.40pm	Dr. Lucetta came did full examination & 2cm long & close. Advice to give 7. Bifidus to give the supply. FIR order carried out 14 placental down to 18 G vaginal back flow & the supply o/n test dose to given. as per doctor order.	Dr. Prayalaxmi
	3.50pm	CTG disconnected as per doctor order. provide comfortable bed position.	Dr. Prayalaxmi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4pm	pt vital signs checked & recorded. maintain low flow. Dr. Lucetta did per examination ex 2cm low as closed Foley's induction done intracervically. 20 F. Foley's 60ml water inflated. Advice to connect CTG. Rods carried out now re sutured. pt has no do allergy itching 2. supage 1.5gm in given as per doctor order. Post Foley's CTG connected FHR 1. Bi-filac 2 given as per doctor order. CTG checked as per doctor 31 ng/ml Tyfomal to Dr. Divyalakshmi	
	4.40pm	CTG disconnected as per doctor order. Dr. Divyalakshmi advice to check baby FHR. CTG at 3pm & 10pm order carried out.	
	6pm	pt vital signs checked & recorded. Encourage to take adequate oral fluid.	
	7pm	baby FHR monitoring done. provide comfortable bed position.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/11/20	7:30pm	pt care hand over given to night duty staff Night duty	Dr. Akshitha
	7:30 pm	patient care hand over taken from Evening duty staff Nurse patient was stable conscious & oriented IV line presents pattem Foley's Bulb also present pt general condition fair	Dr. Akshitha
	8pm	checked for vital signs decooded patient vital are stable CtO was connected as per doctor's orders FHR is 180b/min patient taking Tab: Ulycomet 500mg before food	Dr. Akshitha
	9pm	Dr. Akshitha Advised to stoped cwt 1 hrly FHR monitor Next cwt at 10:30pm Foley's toaction was done patient have a 3 contraction for 20 seconds Informed Dr. Akshitha	Dr. Akshitha
	10pm	Dr. Akshitha Advised to Inj: pethidine 1ml & Inj: Phenergan 1ml fix im given to patient checked for FHR is good 148b/min	Dr. Akshitha

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/2016	10:30 pm	Dr. Akshitha Advised to connected CEN FHR is good ⊕ TO Encourage adequate voids Foley's traction was done TO put Left lateral position	S/N Abdulla 01808
	11 pm	stopped CEN as per Doctor's orders FHR is good ⊕ hourly FHR monitor 4th hourly CEN monitor. No complaints	S/N Abdulla 01808
10/7/2016	12 AM	checked for FHR is 158bpm Informed Dr. Akshitha pt is sleeping well.	S/N Abdulla 01808
	1 AM	checked for FHR is 160 bpm Informed Dr. Akshitha pt was stable in line pattern. foley's is Not Expelled	S/N Abdulla 01808
	2 AM	patient was stable sleeping well pt is self voiding checked for FHR is good ⊕ 160bpm	S/N Abdulla 01808
	3 AM	patient is moving ease path done foley's was Expelled CEN was connected FHR is good ⊕ Informed Dr. Akshitha provided Left lateral position	S/N Abdulla 01808
	3.45 am	FHR good, fetal movements	S/N Abdulla 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



③
NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/20	contd	⇒ well. contraction checked 2 contraction 15-20 sec in 10 min.	sf/p parameswari 016808
	4.10 am	Dr. Akshitha saw the patient checked CTG advised to CTG disconnect. Doctors order carried out.	sf/p parameswari 016808
	4.30 am	patient voided. Dr. Akshitha saw the patient checked PV CX 2cm long, OS 2cm dilated ↓ SAP, PGE₂ gel kept Intracervically.	sf/p parameswari 016808
	5.30 am	post gel CTG @ 5.30 am post gel CTG connected. contraction checked 2 contraction 15-20 sec in 10 min. fetal movement well.	sf/p parameswari 016808
	6 am	CTG disconnected as per doctor advice. Enema given. RRS - 88 mg/dl Informed to Dr. Akshitha.	sf/p parameswari 016808
	6.30 am	patient stool passed. patient ambulation well. Dr. Akshitha advised to plan for Inj: Synto @ 9 am 12ml/hr.	sf/p parameswari 016808
	7 am	patient had lolly. patient	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☒ No Known Drug Allergies

- ☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/06		ambulation well. patient morning care done.	
	7:30 AM	patient details, files banded over given to morning duty staff.	S/n paramedic 016808
10/7/06	7:30 AM	→ Morning Duty ← Patient report heard over taken from night duty staff. She is conscious and oriented afebrile taking orally by nasogastric tube. Voiced freely.	→ Ally/01740
	8 AM	→ Patient vital signs checked by paramedic. General condition fair.	→ Ally/01740
	8:30 AM	→ GIB Discharge Note. Advice to Patient vital signs stable. Leg symptoms not as bad. L & R DVT ruled out, L & R DVT ruled out. Leg pain better. CBG 136 mg/dL. L & R foot to Discharge note. Advice to take blood.	→ Ally/01740
	9 AM	→ Leg symptoms similar. Patient vital signs stable, HR good, Feet good.	→ Ally/01740

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	9 ³⁰ AM	⇒ SIB Dr. Lucetta new. Advice to PE examination done 2030m detection. Arm ¹ done. Clear lines. Tuj Dr. 1011 See Int given. Patient in 1014 Position. CTO good, secretion → 1011/01746	
	10 AM	⇒ The good, Tuj Movement good. Tuj Syntoxin Bbulla on flow → 1011/01746	
	10 ¹⁵ AM	⇒ Patient Lany Pelling Position, early at 1011 Tuj Syntoxin 1012/01746	
	10 ³⁰ AM	⇒ Tuj Syntoxin 1012/01746 on flow. The good. Patient Vital sign stable. General condition Fair → 1011/01746	
	11 AM	⇒ SIB Dr. Lucetta new Advice to Tuj Syntoxin 1012/01746 Plan to given. CTO good.	
	1 ¹⁵ PM	⇒ Tuj Syntoxin 1012/01746 on flow. CTO good. Patient Vital sign stable. General condition Fair → 1011/01746	
	2 PM	⇒ SIB Dr. Lucetta new Advice to. PE examination done. Range PE. K-40 Put urine checked box → 1011/01746	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	12:40pm	Dr. Lucetta did per examinateing Rt. 5cm Cony 3cm distended. NPO, fecal thin msl. Advise to prepare the pt for Emergency LSC order carried out.	
		Dr. Suparg 1.5gm i.m. pain IV, Dr. Emosol IV given as per doctor order. Catheterization done by Dr. Shroder urine draining clear. pt care hand over given to OT staff	Dr. Suparg
	12:46pm	pt shifted to OT as per doctor order.	Dr. Suparg
		<u>OT Note</u>	
10/7/26	12:45pm	pt received from LDR to OT While receiving Patient ID Band Consent checked. → Anaesthesia given by Dr. Sethi under spinal Anaesthesia. → Surgery done by Dr. Lucetta → Foley's catheter insitu urine drains clear. → patient stable and conscious.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NP

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Baby Detail</u>	
		Baby: Boy	
		Time: 1:05 pm	
		Wt: 3.061 kg	
10/12/26	2:30 pm	1/2 patient shifted to M110 Pt handed over to M110 staff	<i>[Signature]</i> 10/12/26
	2:30 pm	receiving notes on 10/12/26 Patient received OT to mlu Patient conscious & oriented to time Present CBR Present Pt Genar Condition is good	<i>[Signature]</i> 10/12/26
	3:00 pm	patient vital count & recorded Pt npr in 3 hrs p/w bleeding minimal Pt passed motion B- Breast is soft no engorgement U- uterus is contracted B- Patient in CBR rest out put 100ml B- Breast Movement present L- Lochia rubra present no foul smelling R- REED assessment not applicable H- Homan's sign negative E- Patient emotional status is good	<i>[Signature]</i> 10/12/26
	4:00 pm	patient vital count & recorded Joints sup 2000 loony plh gln as per doctor ward patient Genar condition is good	<i>[Signature]</i> 10/12/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/1/26	5:30 ^{pm}	Patient procedure oral state no vomiting PIV bleeding minimal S/D on Lucetta mem. Examination in the patient shifted to ward	gen/10/26
	7:15 ^{pm}	Patient shifted to ward pt handing over to 7th floor staff to be followed dates out.	gen/10/26
		RECEIVING NOTES	
	7:15 ^{pm}	patient received from LDR to 7th floor. In line up present. pt was conscious and oriented PVS: PVS on POD 2, no other complaints. CBR/clear 6am T/F 185ml/hr no other complaints	10/1/26
	7:30 ^{pm}	pt details handing over gen's key night duty stop	10/1/26
	7:45 ^{pm}	Night duty on 10/1/26 pt Report taking orally & from duty stop	10/1/26
	8 ^{pm}	pt was unconscious & anoxic was taking orally & nil was vital signs are clear & Received manual DB about one medication given as per order on 6th floor nurse way. General condition is fair	10/1/26

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

GUC-00084946

Mrs CHARULATHA

IP18-00036395

22-08-1997

28 Y 10 M 18 D

(F)

Dr. LUCETTA AMELIA DIAS



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

BirthRight™
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Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/20		A - Breast soft NO Engorgement Nipple Patent	
		U - uterine Contractions weak	
		A - Bowel movement present	
		A - On CSB urine drains	
		U - Lochia Purge present	
		E - REEDR N/A	
		H - Homans Sign Negative	
		E - Emotional Status Happy	
	10pm	due medications do not change as per order	<i>[Signature]</i>
11/7/20	12am	Vital signs are checked & Receptor maintained to chart, due medication given as per order	
		General condition is fair	<i>[Signature]</i>
	11am	has normal lochia brown soft has no oozing (or) bleeding from the operative area	<i>[Signature]</i>
	11am	CSB removed as per order FBS / PPR / HR PDR to clinic given as per order	<i>[Signature]</i>
	12am	pt Receptor bandage due to (A) dirty site	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/9/27	7:30AM	Morning duty Pt's details Handover taken from night duty staff. Pt's conscious oriented, vitals are stable. Pt's CBD @ 6AM, Taj-Chin Ginan as per order, Pt's have soft diet, M/passed, Flatus passed. Hb1FBS/PBBS POD#2 →	Suf 607382
	8AM	Pt's vital signs checked and recorded. Vitals are stable. maintaining I/O chart. PUE moderation gives as per order. B- Breast is soft, no engorgement U- Uterus contraction well. B- Bowel movement (+) B- Urine voided freely L- Lochia rubra (+) E - Roods Scale NA H - Homan's sign negative E - Emotional status good →	Suf 607383
	10AM	Pt's vitals are stable. maintaining I/O chart. →	Suf 607384
	12pm	PUE moderation gives as per order. Pt's have soft diet, U/passed freely →	Suf 607385
	1:30pm	Pt's details hand over given to evening duty staff →	Suf 607386

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Evening duty</u>	
11/7/26	1.30pm	patient details handed over taken over from morning to evening. patient OK Remove, Hb, PBB, PBBS POD-2, + tomorrow bath + dressing.	→ P. Kannan 607261
	2.00pm	patient due medication Zy. para. 15m given and recorded.	
		B-Breast is soft, NO Engorgement U-Uterus is contracted and B-Bowel movement present B-Urine voided frequently L-Lodice Relbra is present E-Reeda not Applicable H-Homan Sign's Negative E-Emotional status good	→ P. Kannan 607261
	4.00pm	patient vitals checked and Recorded.	→ P. Kannan 607261
	7.00pm	patient is due medication given and recorded. o Antake/ out put Maintained noml Inform Dr. Vinu the advised measured.	→ P. Kannan 607261
	7.30pm	patient details handed over given to night duty staff	→ P. Kannan 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/66	8 pm	Night Duty patient detail case file handing over given to the evening duty staff. patient general condition is assessed. patient vitals are stable.	
	10 pm	patient medicine given to the bedside as per as doctors order and patient understanding and comply the patients.	→ 16/15 05/9/15
12/7/66	12 am	patient vitals are checking and recorded. patient is not medicine are given to the patients. patient side no lo of pain.	→ 16/15 05/9/15
12/7/66	6 am	B - Breast is soft & not engorged. U - uterus is contracted. B - Bowel movement is present B - Bladder CBD remove voided. L - Lochia rubra is present E - Readar scale is not applicable. H - Homan sign is not present. E - Emotional support is good.	→ 16/15 05/9/15 16/15

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient's Name:.....

IP18-00036395

MRD N

GUC-00084946

GUC-00084940
Mrs CHARULATHA

22-08-1997

A 10 M 17 D (F)

22-08-1997
Dr. LUCETTA AMELIA DIAS

Age :....

Sex: ☐ M ☐ F

Consultării

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 9/7/20

Time: 3.40pm

Location : D. m. carpa

Size : 126

Cannula inserted by : S/N Anusya

CANNULA 2

Date :

Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
9/5	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Red	Red
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
10/7	12AM	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	6am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	8am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	10am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	11am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
11/7	10am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	11am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	12am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	1pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	3pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	5pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	7pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	9pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	11pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	12am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	1pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	3pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	5pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	7pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	9pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	11pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	12am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	1pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	3pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	5pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	6pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	7pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	8pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	9pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	10pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	11pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	12am	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	1pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	2pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	3pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	4pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA
	5pm	☒ Yes ☐ No	☒ Yes ☐ No	Obs	SA

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

[illegible]

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 :

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

NOTE : * To be assessed within 30 minutes of insertion.

* Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

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

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

GUC-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997 28 Y 10 M 17 D (F)

Jr. LUCETTA AMELIA DIAS



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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/7	10/7	10/7	Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20		20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	10	10	10			
	Normal /On Bed Rest /Immobile	0		0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:				20	20			
		Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

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

Patient Sticker

Mrs. Chaturtha
28y IF

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category			Date / Time	11/7/26	12/7/26	Fall Risk Grading		
			Score					
History of Falling (immediately or w/in 3 months)	Yes		25			Risk Level	Morse Fall Score (MFS)	Action
	No		0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes		15			Low Risk	0 - 24	Standard Fall Precaution
	No		0	0	0			
Ambulatory Aid	Furniture		30			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker		15					
	None /Bed Rest /Nurse Assist		0	0	0			
IV / Heparin Lock or Saline	Yes		20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No		0	0	0			
GAIT / Transferring	Impaired		20					
	Weak (uses touch for balance)		10	10	10			
	Normal /On Bed Rest /Immobile		0					
Mental Status	Forgets limitations		15					
	Oriented to own ability		0	0	0			
Total Morse Fall Scale Score:				20	20			
			Signature	[Signature]	[Signature]			

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
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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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GUC-00084946
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

IP18-00036395

BRADEN 'Q' SCALE

Rainbow
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It takes a little to treat the little

BirthRight
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					Date :	9/12/2017	9/12/2017	9/12/2017	9/12/2017
					Time :	3pm	8pm	8AM	2pm
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	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						27	27	27	27
Evaluator's Name						Dr. L. A. Dias	Dr. L. A. Dias	Dr. L. A. Dias	Dr. L. A. Dias

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	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	⑩ Use same protocol as for "High Risk" Patients ⑩ 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

BRADEN 'Q' SCALE

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness. OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned. OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.
Moisture Degree to which skin is exposed to moisture	1. Consistently 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.
FRICION-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 lift up completely during move. Maintains good position in bed or chair at all times.
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.

Date: 10/17/17 Time: 11:17 AM

Evluator's Name	10/17/17	11/17/17	11/17/17	11/17/17
TOTAL SCORE	20	20	20	20

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	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	⑩ Use same protocol as for "High Risk" Patients ⑩ 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-00084946

IP18-00036395

Mrs CHARULATHA

22-08-1997 28 Y 10 M 17 D (F)

Dr. LUCETTA AMELIA DIAS



PAIN ASSESSMENT FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	3pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No		Abu 010m
9/7/26	8pm	2/10	Lower Abdom	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	comfortable position	Abu 01800
10/7/26	10AM	2/10	Lower Abdomen	☒ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	comfortable position	Abu 01800
10/7/26	6AM	2/10	Lower Abdomen	☒ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Abu 01800
10/7/26	8AM	2/10	Lower Abdom	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Abu 01800
10/7/26	12pm	2/10	Lower Abdom	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Abu 01800
10/7/26	4pm	2/10	Lower Abdom	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Abu 01800
11/7/20	9am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	Abu
11/7/20	10am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	Abu

Re-assessment Frequency:

- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdrawn, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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



Wong - Baker (Pediatrics) Above 7 Years



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		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 or 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 Hyperventilation 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



2

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	10 PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	P/ce 607261
11/7/26	8 PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	keti 607261
12/7/26	2 PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	keti 607261
12/7/26	8 AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	P/ce 607261
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Face	No Particular expression or smile	Occasional Grimace or Frown, withdrawn, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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



Wong - Baker (Pediatrics) Above 7 Years



Neonatal Pain, Agitation and Sedation Scale (up to 1 Month)

Assessment Criteria	Sedation		Pain / Agitation	
	-2	-1	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	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	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not settled)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle 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 Hyperventilation or apnea	Less than 10% variability from baseline with stimuli	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

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. Pain 38w/4
Diagnosis Do

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		
9/7/26	3pm	yes	Educate about the induction of Labour Consent	Patient	NO	verbal	none	oral	good	Chur
11/7/26	8am	yes	Explain about pain management	patient	no	oral	were	verbal	Good	SD
11/7/26	8pm	yes	Explain about the pain management	Patient	no	oral	none	oral	Good	SD
12/7/26	10am	yes	Explain about discharge process	patient	NO	oral	none	oral	good	P. 6020

Part - III: CODES

Who was taught: ☒ Patient ☐ Father ☐ Mother ☐ Spouse ☐ Son ☐ Daughter ☐ Caregiver ☐ Other (Specify)

Learning Barriers:

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

Teaching Tools Used: ☒ Audio ☐ Demonstration ☒ Video ☒ Oral ☐ Printed

Mechanism/s to overcome barrier/s:

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

Understanding: ☒ Verbalizes Understanding ☐ Demonstrates Understanding ☐ Needs Review



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Lucetta	Date of Delivery: 10/7/26
Assistant Surgeon: Dr. Pavithra	Time of Delivery: 1:05 PM
Anaesthetist's Name: Dr. Priyadhaashini	Gender of Baby: Boy
Type of Anaesthesia: SA	Weight of Baby: 3.061 kg
Neonatologist: Dr. Prasanna	AGPAR Score: 8/10 ; 9/10
Scrub Nurse: S/N Sundari	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primi | 38 weeks + 1 day | GDM on OHA

☐ Elective ☒ Emergency Indication: Non progression
 Urgency
☐ Immediate Threat to life of woman or fetus
☒ Maternal or fetal compromise not immediately life threatening
☐ No maternal or fetal compromise but needs early delivery
☐ Delivery timed to suit woman and staff

Decision time: Knief to rectus: 3 mins

CTG Description: Reactive

If there was a delay give the reasons: No

Surgical Procedure: ☐ Emergency lower segment cesarean section ↓ SA

Post Operative Diagnosis: POD-1 | P₁ L₄ | POST LSCS | GDM on OHA

Peri-Operative Complications:

Amount of Blood Loss: 400ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other

5th Palpable: 3/5th

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Cervical Dilatation: cm

Fetal Position: Deflexed; DOP

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☒ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstall ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☐ Intact ☐ Thinned out ☐ 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

Uterine Closure: ☐ One Layer ☒ Two Layers 1-VICRYL Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None Suture

Sheath Closure: 1-VICRYL Suture

Fat Closure: ☐ Yes ☐ No Suture

Skin Closure: ☒ Subcuticular ☐ Mattress 3-0-MONOCRYL Suture

Vaginal Evacuated ☐ Yes ☐ No

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

Catheter ☒ Yes ☐ No ☐ Remove in C/m 6 AM 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 3 hours

IV fluids @ 125ml/h (Syntho maintenance)

INJ. SYNTHO 200 in 500ml IV @ 100ml/h

Vitals monitoring - Hb/FBS/PTBS on POD 2

INJ. SUPACEF 1.5g IV 1-0-1 - I/O Charting

INJ. PARACETAMOL 1g IV 1-1-1

INJ. PANTOPRAZOLE 40mg IV 1-0-1

JUSTIN SUPPOSITORY 100mg PR 1-0-1

INJ. CLEXANE 40mg SC OD @ C/m 6 AM

CBD C/m 6 AM

Doctor Name: Dr. Lucetta

Doctor Signature: For [Signature]

Date & Time: 10/07/2020

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lucetta
Asst. Surgeon : Dr. Pratiksha Dr. Sindhu
Anaesthetist : Dr. Sathish
Scrub Nurse : S/N. Sundari

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 18 D (F)
Dr. LUCETTA AMELIA DIAS


Age : Gender :
Jery Name :
u.s.p.m. Out-time : 2:30pm



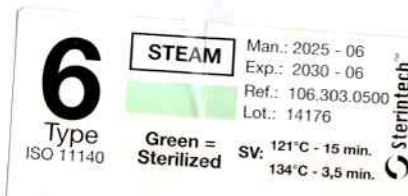
Before Induction of Anaesthesia >>

SIGN IN		Time: <u>12:49pm</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>C. SATYAN</u>		

Before Skin Incision >>

TIME OUT		Time: <u>1:02pm</u>
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: <u>2:20pm</u>
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 : <u>[Signature]</u>		
Name : <u>S/N. Sundari</u>		

IP-18-00036395

GUC-00084946 28 Y 10 M 18 D (F)

Mrs CHARULATHA
 22-08-1997
 Dr. LUCETTA AMELIA DIAS



Patient

URINARY CATHETER BUNDLE CHECK LIST

Parameters	Date of Insertion: 10/17/18		Date of Removal: 11/7/18		Shift Time		Time	
	Date	Time	Date	Time	Start	End	Start	End
Need for the Catheter	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Hand Hygiene	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Usage of Sterile Equipment	☒ 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
Check the Tube for Obstruction (Free of Kinking)	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Is Catheter dated as policy	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Collecting bag is been emptied regularly?	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Maintenance of closed system for the catheter	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Dressing clean and dry?	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Is the line removed as Policy?	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Performance of Perineal Care	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No	☒ Yes	☐ No
Onset of New Fever	☒ 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
Name of the Nurse	N. L. Dias		N. L. Dias		N. L. Dias		N. L. Dias	
Signature of the Nurse	<i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>	



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☐ a. Nipple well formed
☒ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Banu is mother side.

Continuity of Care:

Date:

10/7/26

L - 1	11/7/26	12/7/26
A - 1	L - 2	L - 2
T - 1	A - 2	A - 2
C - 2	T - 2	T - 2
H - 2	C - 1	C - 1
<u>7</u>	H - 1	H - 1
	<u>8</u>	<u>8</u>
	P. 60726	P. 60726

Handover given by

S/N Deni

Handover taken by

S. Marala

Signature

P. 60726

Signature

P. 60726

Date & Time:

10/7/26 at 6:00 PM

Date & Time:

10/7/26

PATIENT TRANSFER FORM

1

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS



Treating Consultant <i>Dr. Lucetta</i>	Date & Time of Admission <i>9/7/2024 at 3:22pm</i>	Date & Time of Transfer Order <i>9/7/2024 at 12:46pm</i>
Transfer Ordered by <i>Dr. Lucetta</i>	Reason for Transfer <i>Fertile</i>	
From Unit <i>2nd</i>	To Unit <i>OT</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>To file</i>	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 <i>Dr. Lucetta</i>	Name of Person Ordered Transfer <i>Dr. Lucetta</i>
--	---

Patient & Clinical Records Received by : *[Signature]*

Date & Time of Patient Received :

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

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

SI.No. 2668

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name : CHAKRINTHA	Age: 28	Gender: F	
UHID No: 701-00084946	IP No: 1P12-00036395	Date: 9/7/26	
Diagnosis: Pmri/320/16010 on OPIA		Time: 10PM	
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)	-	-
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Morphine Inj 10 MG / ML	-	-
4.	Pethidine 50 MG / 1ML	50mg/10	STAT.
Doctor Name: DR. AKSHITA		Doctors Medical Council Registration No. 127035	
Signature: <i>[Signature]</i>			

NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 1P12-00036395

Date: 9/7/26

Aadhaar No. of the patient(optional):

1.	Name	OLPAISAMBI			Remarks: 12H STAT
2.	Complete postal address (with contact number, if any)	KOTIPATTINAM, KANCHI DISTRICT, TAMIL NADU			
3.	Brief description of the illness	Pmri/320/16010 on OPIA			
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	-			
5.	Details of essential narcotic drugs dispensed				
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any	
9/7/26	INJ PETHIDINE	(1)			
-	-	-	-		

Dispensed by (Name & ID No.):

Signature: *[Signature]*

Received by (Name & ID No.):

Signature: *[Signature]*

Time: 10pm



**NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)**

2558

Sl. No.

Patient Name		Age		Gender	
Date		Time		Place	
Prescription of the following:					
S. No.	Drug Name	Remarks			
1.	100 mg. (100 mg. each)				
2.	50 mg. (50 mg. each)				
3.	10 mg. (10 mg. each)				
4.	50 mg. (50 mg. each)				
Doctor Name		Signature			

**NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3B
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)**

IN Registration No. _____
Address No. of the patient _____

1.	Name	Patient's
2.	Complete postal address (with postal number if any)	
3.	Short description of the disease	
4.	Whether registered with any other registered medical profession	
5.	Details of essential narcotic drug dispensed	
Date	Name of the Essential Narcotic Drug	Quantity
		Remarks (if any)

Signature

Signature

Dispensed by (Name & ID No.)

Received by (Name & ID No.)

Time



Name: Mrs. C GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F) Age: _____ Gender: Male ☐ Female ☐
UHID.No : _____ Dr. LUCETTA AMELIA DIAS

Date: _____

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

Handwritten text, possibly a name or title.

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs
Gender: ☐ Male ☐ Female
GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

UHID No :
Time :

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Lucetta

Consentee :

Signature : Charulatha A
Name : Charulatha A
Date & Time : 09/07/2026/04:15pm

Witness :

Signature :
Name :
Date & Time :

Patient Attendant :

Signature : Samuel Dias A
Name : Samuel Dias A
Relationship with Patient: Husband
Date & Time : 09/07/2026/04:15pm

Doctor (who is taking the consent) :

Signature : Dr. Shreedevi
Name : Dr. Shreedevi
Date & Time : 09/07/2026



PATIENT TRANSFER NURSING HANDOVER CHECKLIST		TRANSFERRED TO : MILD
Date & Time of Transfer: 10/12/26 @ 2:30pm		
	YES/NO	REMARKS
1 Patient Identification		
a. Patient Identification Patient name, age, UHID/hospital number confirmed	YES	
b. Surgical procedure & correct site verified	YES	
2 Airway & Breathing		
a. Oxygen delivery (mask/cannula/ventilator) secured	NA	
b. SpO ₂ within safe range	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	NA	
c. Catheter secure & urine output recorded	YES	
d. Splints/casts/traction devices stabilized	NA	
6 Medications Pre & Post-Op Orders		
a. Medications due time noted	NA	
b. Pre & Post-op instructions (NPO, position, mobilization) communicated	YES	
c. Emergency meds given in OT (time & dose documented)	YES	
7 Equipment Safety & Transport Preparedness		
a. Oxygen cylinder full & ambu bag at bedside	NA	
b. Bed/side rails up and brakes applied	YES	
c. Special positioning maintained as per surgery	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: 		

PATIENT TRANSFER FORM

GUC-00084948 IP18-00036395

Mrs CHARULATHA

22-08-1997 28 Y 10 M 18 D (F)

Dr. LUCETTA AMELIA DIAS



Date & Time of Admission 9/7/26 @ 3:02pm		Date & Time of Transfer Order 10/7/26 @ 2:30pm
Treating Consultant Name Dr. Lucetta	Transfer Ordered by Dr. Sathish	Reason for Transfer For Further management
From Unit OT	To Unit NICU	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 Dr. Sathish
Patient & Clinical Records Received by : M. Devi 10/7/26 at 2:30pm		
Date & Time of Patient Received : 10/7/26 at 2:30pm		
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



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/7/26 Time of Arrival: 3pm Time Seen by Nurse: 3¹⁰pm

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: Induction

3) Vital Signs: Temperature: 98.6 Pulse: 84 RR: 20 SpO₂: 99 BP: 100/70 Weight: 62kg

4) Gestational Criteria:

Gravida: G 1 P — L — A —

LMP: 16/10/25

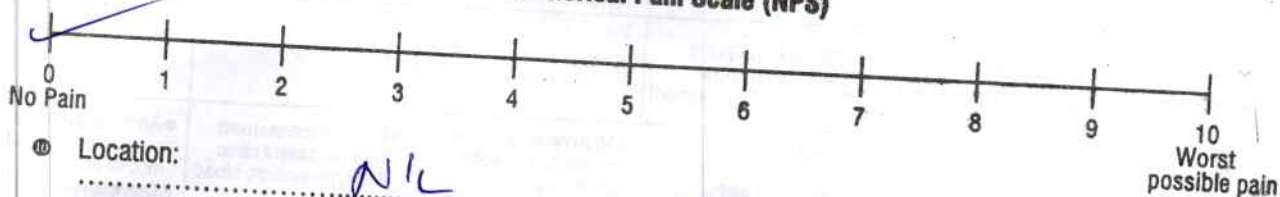
EDD: 23/7/26

Gestational Age: 38 wks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



⑩ Location: NIL

⑩ Duration: NIL Days / Weeks / Months (Strike out which is not applicable)

⑩ Character: NIL

⑩ Frequency: NIL

⑩ Interventions: NIL

6) Past History:

a) Surgeries: NIL

b) Medical: 4dm on OHA

Patient Sticker

7) Allergy: ☐ Yes ☒ No, If Yes :

8) Current Medications: ☐ Prenatal Vitamin ☒ None ☒ Others: 4 legomet SR 100mg
HR

9) Prenatal Medical History:

☐ None

☐ Chronic Hypertension

☐ Gestational Hypertension

☐ Diabetes

☐ Gestational Diabetes

☐ Low placenta

☒ Others if yes, specify UDM on OHD

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: 3:10 PM

Nurse Name: SN Nur 01081

Nurse Signature: [Signature] 01081

Date: 9/12/20 Time: 3:15 PM

Patient



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 9/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☒ Others: specify LDR
Primary Language: ☐ Telugu ☐ English ☐ Hindi ☒ Others: TAMIL
Do you require an interpreter? ☐ Yes ☒ No
Source of Information: ☒ Patient ☐ Family ☐ Others
Personal belonging if any: ☒ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets
handed over to: given to attendant
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints:

mm 38wks DOL Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Divya
Time Notified: 3pm

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

Past Medical History

Past Surgical History

Previous Hospital Admission

UDM on OHA

NIL

NIL

Blood Group: O+ve LMP: 16/10/25 EDD: 23/7/26 Gestational age during admission: 38wks
Contractions: NIL Vaginal Discharge: NIL
Obstetric History: G.....1 P..... L..... A..... Previous LSCS: NIL
Height: 158cm Weight: 62kg BMI: 25
Temp: 98°F HR: 84 Int RR: 20/min BP: 110/70 SpO₂: 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

☐ Heart Disease

☐ Hypertension

☐ Diabetes

☐ Stroke

☐ Seizures

☐ Kidney disease

☐ Liver disease

☐ Other

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

Fall Assessment: ☒ Yes ☐ No Score 10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 0/w (complete the Braden Q Sheet)

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

☐ Mobility problem

☐ Walking Problem

☒ No Abnormality Detected

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight

☐ Poor Appetite > 3 Days

☐ Needs Therapeutic Diet.

☐ Under Weight

☐ Diabetes Mellitus

☒ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☒ Calm & Cooperative

☐ Restless

☐ Depressed

☐ Agitated

☐ Confused

☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single

☒ Married

☐ Divorced

☐ Widow

2. Special Habits:

Smoker: ☐ Yes ☒ No

Alcohol Abuse: ☐ Yes ☒ No

Drug Abuse: ☐ Yes ☒ No

Social History: Lives With

her husband

Orientation has been given regarding the following aspects:

Call Bell in Reach: ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump: ☐ Yes ☒ No

Hand hygiene Explained: ☒ Yes ☐ No

☐ Others

Above information given to

ms. Charylath
patient

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature:

Nurse Name:

Date & Time:

9/2/26

Patient



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 9/2/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)		1
Obesity	☒	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37 ⁺⁰ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		<u>01</u>
Signature of the Nurse		
<i>S/n parameswari</i> <i>016808</i>		
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.

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		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			
	No	0	0	0	20
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	30
		Signature	01/08/18	01/08/18	01/08/18

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

Informed Consent for Surgery or Special Procedure

GUC-00084946 IP18-00036395

Mrs CHARULATHA

22-08-1997 28 Y 10 M 17 D (F)

Dr. LUCETTA AMELIA DIAS

Patient Name : Age : Gender :

UHID / IP No:


INSTRUCTION

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

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms)..... EMERGENCY LOWER SEGMENT CAESAREAN SECTION

IND - NON PROGRESS OF LABOR / THIN upon
 (Name of the Patient). MELONIUM STAINED LIQUOR

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and the refore 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 the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event there of.

Bleeding, infection, Blood transfusion, Anaesthesia Complication,
Bowel & Bladder injury, Niv stay, Niv stay

My signature on this form indicates that

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

Consignee:

Signature: Charulatha

Name: Mrs. Charulatha

Date & Time: 10/07/2026

Relative

Signature: [Signature]

Name:

Relationship with patient:

Witness:

Signature:

Name:

Date & Time:

Signature: [Signature]

Date & Time: 10/07/2026

Name of Doctor: Dr. Parvitha

CONSENT FORM FOR ANAESTHESIA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 17 D (F)
Dr. LUCETTA AMELIA DIAS



Patient Name :

Age : Gender : Male ☐ Female ☐

UHID NO:

Surgeon Name:

Anaesthesiologist : C. SATHYA CHANDRAN Operative procedure planned : LOWER SEAMANT

CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : HEADACHE

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : Charulatha

Name :

Relationship with Patient:

Date & Time :

Witness :

Signature : [Signature]

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : C. SATHYA CHANDRAN Date & Time : 10/7/21

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

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: CHARULATHA Age: _____ Sex: _____ UHID.No: _____

Date: 10/7/26 Time: _____ Proposed Operation: LSCS

Diagnosis: _____

B.P / CRT: 110/70 H.R: 70/m Weight: 62kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>12.7</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: _____	Alb: _____	HBS Ag: _____	ECG: _____
WBC: _____	Creat: _____	Total Bil: _____	HCV: _____	2D Echo: _____
Plate: _____	Na: _____	Dir. Bil: _____	Blood group: _____	Stress/Angio: _____
PT: _____	K: _____	LDH: _____	T3: _____	Other: _____
PTT: _____	Ca++: _____	Alk phos: _____	T4: _____	
INR: _____	Mg++: _____	Amylase: _____	TSH: _____	
	Cl-: _____	SGOT/SGPT: _____		

Allergies: Nu

Medical History: CVS: _____

RESP: _____

Diabetes: _____

CNS: _____

LDM on OHA

Renal: _____

Hepatic / GE: _____

Physical Activity: _____

Others: _____

Past Anaesthetic History: _____

Physical Exam:

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

Lungs: BAC (P)

Heart: S1S2 (P)

CNS: NMD

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: _____

Spine Exam for regional: _____

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

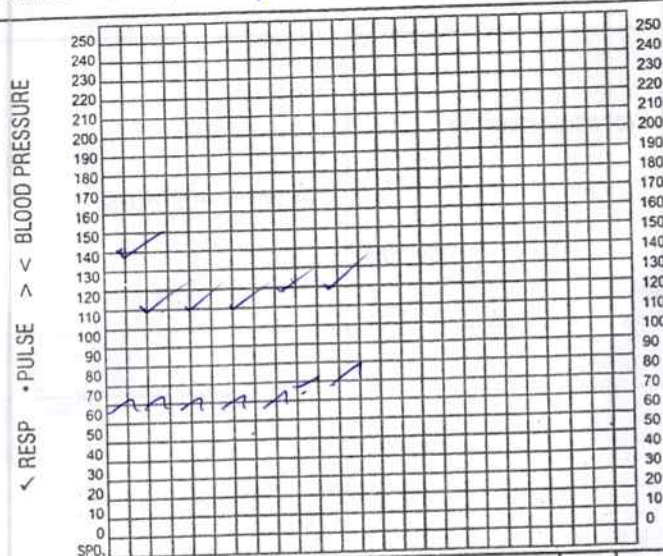
- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: _____

Signature: Sen Name: SATHYA

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Tharu Time Received: 2:30pm Time Discharged: _____



IV Cannula Site: _____
☐ O₂ 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			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	1	1	2			A Minimum Total Score of 8 is Required for Discharge
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2	2	2			Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2	2	2			
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2	2	2			
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2			
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name: SARAH

Anaesthesiologist Signature: Sah

Date & Time: _____

PACU Nurse Name: Tharu

PACU Nurse Signature: [Signature]

*Date & Time: 10/1/26 @ 2:30pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): [Signature]

Date & Time: 10/1/26 @ 2:30pm

Patient Sticker

Department of Anaesthesiology

Date: Time: Procedure done by

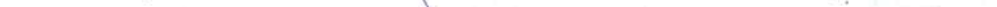
CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a) 

b)

[illegible]

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 :



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 12/02

TRANSFERRED TO: OT

1	Patient Identification	YES/NO	REMARKS
	a. Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b. Surgical procedure & correct site verified	Yes	
2	Airway & Breathing		
	a. Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b. SpO ₂ within safe range	Yes	
	c. If ETT: position confirmed, ties secure, cuff inflated	no	
3	Circulation & Hemodynamic Stability		
	a. IV lines secured & infusion running correctly	Yes	
	b. No active uncontrolled bleeding	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	Yes	
	b. All drains fixed, output noted	no	
	c. Catheter secure & urine output recorded	Yes	
	d. Splints/casts/traction devices stabilized	no	
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	Yes	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c. Emergency meds given in OT (time & dose documented)	Yes	
7	Equipment Safety & Transport Preparedness		
	a. Oxygen cylinder full & ambu bag at bedside	Yes	
	b. Bed/side rails up and brakes applied	no	
	c. Special positioning maintained as per surgery	Yes	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	Yes	
	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	Yes	
11	BIOPSY/HPE SENT	no	
12	Documentation		
	a. Documentation completeness	Yes	
	Transferring Nurse: <u>Nuth</u>		
	Receiving Nurse: <u>Amma</u>		
	Signature of Incharge: <u>Amey</u>		



SSI PREVENTION CHECKLIST

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

PATIENT TRANSFER FORM

GUC-00084946 IP18-00036395
Mrs CHARULATHA
22-08-1997 28 Y 10 M 18 D (F)
Dr. LUCETTA AMELIA DIAS



Date & Time of Admission <i>9/7/16 at</i>		Date & Time of Transfer Order <i>10/7/16 at</i>
Treating Consultant Name <i>Dr Lucetta</i>	Transfer Ordered by <i>Dr Vinita</i>	Reason for Transfer <i>pt shifted to ward</i>
From Unit <i>MU</i>	To Unit <i>4th floor</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>In file - ①</i>	Number of Imaging Films <i>CX - ①</i>	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 ☐ <i>pt shifted to ward, order by Dr Vinita</i>		
Name & Signature of Person who is Transferring <i>Dr Vinita</i>		Name of Person Ordered Transfer <i>Dr Vinita</i>
Patient & Clinical Records Received by : <i>Smeadly/60353 at 7:20pm</i>		
Date & Time of Patient Received :		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

10/1/01

10/1/01

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GLUC-00084946 IP18-00036395

Mrs CHARULATHA

22-08-1997 28 Y 10 M 19 D (F)

Dr. LUCETTA AMELIA DIAS



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/07/2026

Time: 12:20 PM

Origin: —

Height: 158 cm

Weight: 62 kg

BMI:

☒ ~ 26 kg/m²

☐ ~ 28 kg/m²

☐ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

Type of Diet: ☒ Liquid

☒ Soft

☐ Normal

☒ Diabetic GDM on OHA

☐ Vegetarian

☒ Non-Vegetarian

☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband

Signature:

Name: Samuel Ruban A

Date & Time: 11/07/2026 @ 12:30 PM

Dietician's

Signature:

Name: A. Sadiga Farkhan

Date & Time: 11/07/2026 @ 12:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
10/07/26	8:15AM	- Patient is on liquid diet. - Patient is stable - Oral intake is Adequate. - Advised to take plenty of Oral fluids - water, tender coconut water, fruit Juices (etc) <u>Fluids</u> - 2.5 - 3 l/d.	A.N. (018336)
	12:45PM	Pbn - EM-LSCS. Shift to OT.	A.N. (018336)
	2:30PM	EM-LSCS done. NPO x 3 hours. → clear liquids Overnight.	A.N. (018336)
11/07/26	8:40AM	- Patient tolerated Liquids. - Patient is stable. Oral intake is Better.	A.N. (018336)
	10:50AM	- Patient yet to start Soft diet - - Advised to take easy - digest foods. Consume small - frequent meals. Include galacto sugars foods for milk secretion - garlic, Oats and fennel (etc) <u>RDA. Values</u> - Energy - +600 Kcal. - Protein - +17-19g/d.	A.N. (018336)