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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: ... GUC-00094537 IP1&-
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 24 D
Dr. AISHWARYA PARTHASAR

.....

UHID No: .....

ender: .....

Ward: .....

oom 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	Nurse Sign S. Aruljothi	~~Pharmacy Sign~~
Date:	Date: 5/2/26	Date: 3/2/26
Time:	Time: 7.15Am	Time: .....

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

GUC-00094537 IP18-0
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 24
Dr. AISHWARYA PARTHASA

Rainbow Children's Hospital

GUC-00094537 IP1
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 24 D
Dr. AISHWARYA PARTHASARA

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		9.15pm	S/No 1435				
Activity Sheet update by Pharmacy							

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

ACTIVITY RECORD FOR BILLING

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Name: BARGAVI.

UHID No: 94357 IP No: 36702 Consultant: Dr. Aishwarya Dept: LDR

Date of Admission: 31/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/7/26	7pm	LDR	OT	Akalya 0180
31/7/26	8:20pm	OT	NICU	
1/8/26	2.20 AM	NICU	5th Floor	SN

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAE	31/7/26	1735023	Akalya 0180
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/8/12	CBC	24587.	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7	CTU ①			010332	Abalya 018082
31/7	CTU ②			010332	Abalya 01885
31/7/26	Infusion pump	8.30 pm	1/8/26 5AM	1735729	[illegible] 01680

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	IV placement	1	1735622	Abdya 01808
31/7/26	catheterization	1	1735622	Abdya 01808
31/7/26	Blood resection	1	1735631	[illegible]
1/8/26	Diet Counselling	1	1726282	[illegible] (c18336)
8/8/26	physiotherapy	1		

ANY OTHER INFORMATION:

procedure Name: Emergency LSCS.
Surgeon Name: Dr. Aiswarya parthasarathy Dr. Lucetta
Assist Surgeon Name: Dr. Pavithra
Anaesthetist Name: Dr. chitti
Anaesthesia: SA
In time: 7:05pm out time: 8:20pm

Date: 3/8/26 Time: 9.15am Prepared By: [signature] 100181

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

Rainbow Children's Hospital BirthRight

GUC-00094537 IP18-0
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 24 D
Dr. AISHWARYA PARTHASAR

DISCHARGE TRACKING SHEET

DOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		9.15am	S. Arof 2/9/35		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036702 **Admit Date** : 31-Jul-2026 **Admit Time** : 06:45 PM **UHID** : GUC-00094537

Patient Details :

Patient Name	: Mrs B.BARGAVI	**Age**	: 26 Y 7 M 22 D
Guardian	: Mr SIVA GANESH	**DOB**	: 09-12-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1 ST MAIN ROAD, BHEL NAGAR, MEDAVAKKAM Medavakkam Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 9561008141/ 9444689707
		E-mail	: siramailingam@deloitte.com

Admission Details :

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

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

Contact Details :

Name : Mr SIVA GANESH **Relationship** : Husband

Contact Address : 1 ST MAIN ROAD, BHEL NAGAR,MEDAVAKKAM Medavakkam Kanchipuram Tamil Nadu INDIA 600100 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. AISHWARYA PARTHASARATHY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr.. Aishwarya Parthasarathy **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Rainbow Children's Hospital
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs B.BARGAVI**	**Age :**	**26 Y 7 M 22 D**
IP No:	**IP18-00036702**	**Sex:**	**Female**
Consultant:	**Dr. AISHWARYA PARTHASARATHY**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 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: R. Baskaran.
Relationship: Father.
Date: 31/7/26 Time: 6:51 pm
Witness Name: V. Naveen Antony
Wittness Signature:

Patient Address:
1 ST MAIN ROAD, BHEL NAGAR,
MEDAVAKKAM Medavakkam
Kanchipuram Tamil Nadu INDIA
600100

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. B. Bhargavi	UHID Number : 94537
Self/Attendant Name : R. Baskaran.	Relation : FATHER
Self/ Attendant Signature : Phone Number : 9489730711	Name & Signature of Financial Counselor

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. LUCETTA.	Date of Delivery: 31/7/26
Assistant Surgeon: DR. PAVITHRA.	Time of Delivery: 7:17pm
Anaesthetist's Name: DR. CHITI.	Gender of Baby: Boy
Type of Anaesthesia: SPINAL ANAESTHESIA.	Weight of Baby: 2.991 kg
Neonatologist: DR. ANNAPOORNI.	AGPAR Score:
Scrub Nurse: S/N SIVA.	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Meconium Stained Liquor / Fetal Distress.

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

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

CTG Description: Repeated Variable Desaturations.

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

Surgical Procedure:

Emergency Lower Segment Caesarean Section.

Post Operative Diagnosis:

P1L1 Post LSCS.

Peri-Operative Complications:

Nil

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 2cm ..... cm

5th Palpable: ..... Fetal Position: ROP .....

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☐ No

Delivery of head: ☐ Manual ☐ Forceps

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

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

Cord Appearance: N Cord around the neck ☐ Yes ☐ No

Appearance of placenta: N Cavity explored ☐ Yes ☐ No

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

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

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

Sheath Closure: 1-PDS ..... Suture

Fat Closure: ☐ Yes ☐ No ..... Suture

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

Vagineal Evacuated ☐ Yes ☐ No

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

Ctheter ☐ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions

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

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

Post-Operative Notes:
- NPOX 3 hours.
- IVF @ 125ml/hour.
- Inj MAGNEX FORTE 1.5g IV 12H (ATD).
- Inj METRONIDAZOLE 500mg IV 12H
- T. PARACETAMOL 1g 1-1-1
- C-PANTOPRAZOLE & 40mg IV.
- DUSTIN SUPPOSITORY 100mcg PR 12H.
- CBD c/m 9am / clexane 40mcg SC OD 9AM
- CBC c/m 6AM

Doctor Name: Dr. Pavithra Doctor Signature:

Date & Time: 31/07/2026 @ 8:30PM.

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* c/o brownish discharge
* Pt came with c/o lower Abdominal Pain since today afternoon
* Able to PFm well (but decreased perception for 2 days)
* No c/o leaking PV

Obstetric Formula: $G_2 A_1$

Obstetric History:

G_1 - Miscarriage @ 8wks, MMA

G_2 - PP, Spontaneous conception

Present Pregnancy Record:

Booked and Immunised, NT Scan-(N)
Anomaly Scan - Normal

RISK FACTORS:

Hypothyroid x 5 years
Tab. THYRONORM 75mcg

Height: 167 cm
Weight: 88.5 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 90/min
BP: 100/60mmHg DTR:
CVS: $S_1 S_2$ (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 03/11/2025 EDD: 10/08/2026
Corrected EDD: GA: 38 weeks + 4 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term
M/S- 2 years ; NCM (26/20"/10l)
Ut. Activity: ☑ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5 ths
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

$G_2 A_1$	LMP- 3/11/25	GA - 38 weeks + 4 days
M/S- 2 years	EDD - 10/8/26	Hypothyroid
NCM	RMP	Spontaneous Labour
O+ve		

Patient Sticker

Family History:	Surgical History:
Mother- HTN, T2DM, Hypothyroid Father Hypothyroid	Nil
Medical History:	**Medication History:**
Hypothyroid x 5 years	T. THYRONORM 75mcg OD
Plan of Care:	**Investigations:**
C/I/T Dr. Aiswarya - Admission - Posts preparation - Secure IV line - CTG - W/F contractions	CTG- Repeated Variable decelerations.

Doctor Name: Dr. Pavithra / Dr. Shreeden

Signature: [signature] 182217

Date & Time: 31/7/26

Consultant Name: Dr. Aiswary

Signature: For [signature] 182217

Date & Time: 31/7/26

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Mrs B.BARGAVI IP18-00036702
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RESULT SHEET

Date	9/7/26	9/7/26	1/8/26			
Time						
Hb	10.8		10.4			O- POSITIVE
PCV	32.8		30			
RBC	3.44					HBsAg
WBC	11,300		15,930			HCV
N/L	69/26					VDRL } Negative.
Platelets	2.65		2.57			HIV I & II
CRP						
ESR						Rubella IgG - Positive
PCT						
RBS		FBS-70				
Na		1hr-132				
K		2hr-106				HbA1C - 5.2
Cl						
Ca/Mg						
Phosphate						
Urea						9/7/26
Creatinine						TSH - 1.99
ALP						T3 - 161.23
SGPT						T4 - 9.07
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	12.7/0.9					
APTT						
CSF Protein / Sugar						
Cells						
N/L						

182217 182217 182217

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 7/7/26 SLIUG 35wks +1 day. EFW - 2682 grams (54%.ile)

X-Ray : Cephalic Doppler - Normal

ECHO : Placenta - Posterior

CT : Liquor - Normal

MRI AFI - 15.3

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/2026	C/S/B Dr. Pavithra	
6:45PM		
	P/A - uterus @ Term	Advice
T-(N)	Mildly Acting (3c/20"/10')	- Emergency LSCS
PR- 88/min	Cephalic	in view of Grade III MSL
BP-110/70mmHg	FHS-good	- Pre-OP medications
	P/V- Cx - 1.5cm long	- Inform OT / NICU
	OS- 2cm dilated	- Catheterisation
	Membranes - Present	- Shift to OT
	Vertex @ -3	
	↓ SAP, ARM done Grade III MSL noted	
	(signature) 182217	
	Case Received in MICU.	
31/07/2026		
8:20PM	O/S/B Dr. Pavithra :	
POD		
	Pt reviewed	
T-(N)	o/e	Advice
BP-100/70	Pt ac fair	- NPO x 3 hours
PR-90/min	afebrile	- IVF @ 125ml/hour.
	P̄/Pe	- Vitals monitoring
P/c Breast soft	CVS / RS NAD	- Follow drug chart
Baby-NICU		- CBD / Clexane 40mg SC OD 9Am
	P/A - Ut firm & cont well.	- CBC c/m 6Am.
	Dressing Dry.	
UO-70ml	Y2- BWNL.	

30

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Pavithra	
10/05/2026 2pm POD 2	Pt reviewed.	
	O/E Pt GC fair afebrile P/PE	Advice - Clear liquid diet - Kanji c/m 7Am - Vitals monitoring - Follow drug chart - CBD / Clexane 40mg SC od 9Pm - CBC c/m 6Am
T-(N) PR-110/90 PR-90/min B/L Breast Soft Baby-NICU Not voided yet Flatus passed	CVS RS/NAD P/A - Ut firm & contracted Dressing Dry. C/S - No undue bleeding P/V	
	Shift to ward	
11/5/2026 POD-1 9:15 AM	C/S/B Dr. Akshitha / Dr. Shreedevi	
T-(N) PR- 82/min BP- 100/60mmHg B/L- Breast soft Baby - NICU Not voided Yet Flatus passed	Pt reviewed, Nil c/o O/E Pt GC fair, Afebrile P/PE CVS/RS/NAD P/A - Ut firm & well contracted Dressing (+) & Dry Soft, BS (+) Sluggish L/E - BWNL	Advice - Soft diet - Plenty of oral fluids - Vitals Monitoring - Follow drug chart - W/F ↑ Bleeding PV - Measure & Inform 1st void - Inform (SOS) - Ambulation

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

GUC-00094537 IP18-00036702
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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/b [illegible]	
1/8/2026 POD-[illegible]	Pt was watched.	
	Findings as noted	
		Adv
		Duration
		- T. THYRONORM 50mg [illegible] x 30 days
		- If all not [illegible] on Monday 3/8/2026.
Dr. [illegible]		- 3 doses [illegible]
1/8/26 3:35pm	C/S/B Dr. Vinitha / Dr. Shreedevi	
POD-1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of orals
PR - 82/min	CVS / RS NAD	- Ambulation
BP - 110/60mmHg		- Follow drug chart
	P/A - ut firm & well contracted	- W/F ↑ Bleeding PV
Baby - NICU	Soft, BS⊕	- Inform (SOS)
B/L - Breast soft	Dressing ⊕ & Dry	
Voided - 400ml	LE - BWNL	
Flatus passed		
	[signature] 48221	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 8pm	S/B Dr. Jenifer	
	P1L1A1 / Post Emergency LSCS / POD #1	
	PL received	
	No complaint	
T normal	O/E	
BP 90/60 mmHg	Pt afebrile	Soft diet
PR 82/min	pt/ne -	Plenty of oral fluids
SpO2 99% @ RA	CVS / RS NAD	Vitals Monitoring
Baby - NICU	P/A Soft BS ⊕	To follow drug orders
B/C Breast Soft	Ut firm contracted	w/c tolerated
	Dressing intact	
	No soakage	
	H/E BWNL	
		[illegible] 1/8/26 8pm
1/8/26 10.30pm	S/B Dr. Jenifer	
	[illegible]	Inj AVIL 2cc [illegible]
T normal	c/o itching all over the body	[illegible] 2cc [illegible]
BP 110/60 mmHg	O/E	To stop Inj Magnex forte
PR 86/min	pt/ne	Cont Inj [illegible] antimicrobials [illegible]
	CVS / RS NAD	
	P/A Soft BS ⊕ Ut firm contracted	
	Dressing intact	
	No soakage	
	H/E BWNL	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094537 IP18-0003
Mrs B.BARGAVI
09-12-1999 25 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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

S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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-00094537 IP18-00036702
Mrs B.BARGAVI 26 Y 7 M 23 D (F)
09-12-1999
Dr. AISHWARYA PARTHASARATHY

(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: LDR Shifted to: OT

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 : 3/7/2026 at 7pm

Nurse Name & Signature: S/N Akalya 01800 Sa 01800

Date & Time : 3/7/2026 at 7pm

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI 26 Y 7 M 22 D (F)
09-12-1999
Dr. AISHWARYA PARTHASARATHY

Patient Sti

(1)

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	75mcg	PO	OD		☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 31/07/2026

Nurse Name & Signature: Sathyakalya 018058

Date & Time : 31/7/26

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SYNTOCIN	25 IU	IV F 500ml RL	STAT	7.17 pm	☐C ☑DC
2	Inj. CARBOPROST	250 mcg	im.	STAT.	7.20 pm	☐C ☑DC
3	Inj. EMESET	4mg	IV	STAT	7.20 pm	☑C ☐DC
4	Inj. TRAPIC	1gm	in 500ml	STAT	7 pm.	☐C ☑DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] 89365 Dr. Chitta Subhar

Date & Time : 31/7 noon.

Nurse Name & Signature: Thanushya. T [signature] 60171

Date & Time : 31/7/21 @ 8:20pm

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

S.No	MEDICATION (GENERIC NAME CAPITAL)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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REGULAR PRESCRIPTIONS

Weight 88.5kg Ward LDR

Sheet No: .....

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

DRUG : Inj MAGNEX FORTE

Dose	Route	Frequency	Start Dt.
1.5g	IV	1-0-1	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
x (3) doses

Daily Doctor's Endorsement by a Sign

Date/Time	31/7	1/8	2/8
10am		KS	
10pm	TJ MD WH		
	D1	D2	

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	IV	1-1-1	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: IV over 1hr
x (3) doses

Daily Doctor's Endorsement by a Sign

Date/Time	31/7	1/8
8am		KS
6pm		SA
10pm	MD TJ	
	D1	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1	31/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	31/7	1/8	2/8	3/8
6am		KS	TP	T-P
12pm		KS	SA	
6pm	SA			
12am	MD	T-P	T-P	
	TJ			

DRUG : JUSTIN Suppository

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	1/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	1/8	2/8	3/8
9am	KS SA	T-P	T-P

Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

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

DRUG : C. PANTOPRAZOLE D

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-0	1/8

Date / Time: 1/8 (7AM PBT) 2/8 (TP) 3/8

Name & Signature of the Doctor Starting the Drugs: 124682

Additional Instructions:

Daily Doctor's Endorsement by a Sign: 7PM SN PBT

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
75MCG	PO	1-0-0	1/8

Date / Time: 1/8 (6AM PBT)

Name & Signature of the Doctor Starting the Drugs: 124682

Additional Instructions: dose change

Daily Doctor's Endorsement by a Sign

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
50mg	PO	1-0-0	2/8/26

Date / Time: 2/8 (6AM TP) 3/8 (TP)

Name & Signature of the Doctor Starting the Drugs: 182211

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/O	1-0-1	2/2/26

Date / Time: 2/8 (8AM 2PM PS 8PM NSM) 3/8

Name & Signature of the Doctor Starting the Drugs: 129435

Additional Instructions:

Daily Doctor's Endorsement by a Sign: 8PM TP

Patient Stic

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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DRUG CHART

Date of Admission: 31/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

REGULAR PRESCRIPTIONS

Weight 88.5 kg ... Ward. ....

DRUG : INJ CLEXANE

Dose	Route	Frequency	Start Date
40mcg	s/c	OD	31/7/26

Date	1/8	2/8	3/8
Time: 6am	8.40am SA	SA / FS	TP

Name & Signature of the Doctor Starting the Drugs: 62435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

Weight. 88.5 kg Ward. LDR

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/7/26	6:45pm	INJ. SUPACEF	0.1ml	Iv	182217	SA
31/7/26	6:45pm	INJ. PANTO	40mg	Iv	182217	SN
31/7/26	6:45pm	INJ. EMESET	4mg	Iv	182217	SA
31/7/26	7:10pm	INJ. SUPACEF	1.5g	Iv	182217	SN
31/7/26	7:20 pm	Inj. SYNBOCIN	25 IU	in 500ml RL	89816	PT
31/7/26	7:20 pm	Inj. CARBOPROST	250 mcg	IM STAT	89816	SK
31/7/26	7:30 pm	Inj' EMESET	4mg	IV	89816	PT
31/7/26	8:10 pm	T. MISOPROSTOL	600mcg	PR		SK
31/7/26	8:10 pm	Justin Suppository	100mcg	PR		PT
						SK

Patient Sticker

I.V. FLUIDS CHART

Weight. 80.5 kg Ward. HDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/7/26	6:30 pm	IVF RL 10	IV	125ml		SA SN	31/7/26		SA SN
31/7/26	7:10 pm	IVF RL - 1500 ml	IVF	Bolus	RL 5930	PT SK	31/7/26		IJ MD
1/8/26	1AM	IVF 1 RL	IV	100 ml/hr		IJ MD	1/8/26		PST

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow Children's Hospital
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 20.5 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
31/7	9:25PM	Inj MAGNEX FORTE	0.1ml	Id		TJ	MD
8/8/26	11PM	Inj AVIL	2cc	IM		TP	
1/8/26	11PM	Inj DEXA	2cc	IV		T.P	

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

(1)

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Early Warning Observation Score Chart - Obstetrics

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

		Date	31/7/26																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
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																										

On Admission

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient

(2)

Rainbow® Children's Hospital
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Early Warning Observation Score Chart - Obstetrics

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

1/8/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																	19				19			
	11 - 20	20				18				18				18											
	0 - 10																								
Saturations	94 - 100 %	98%				99%				99				99%				98%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	98.f				98.f				98				98.2°F				98.3°F				98.4			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	80				82				86				80				84				86			
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	103				110				109				106		101		100				102			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	62				60				62				51		65		60				64			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +									✓				–				–				–			
Lochia	Normal	✓				–				✓				–				–				–			
	Heavy / Foul																								
Liquor	Clear / Pink	–				–				✓				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
	Nurse Initial	[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

(3)

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early warning Observation Score Chart - Obstetrics

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

2/8/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20			20				20				20				18				19			
	0 - 10																								
Saturations	94 - 100 %	98%				99				99				98%				99%				98			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	98.2°F				98.1°F				98.4°F				98.3°F				98°F				98.3°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90				86bpm				86bpm				76bpm				80				82			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	96	108			100				100				98				102				104			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	54	68			60				60				64				62				64			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
	Normal	✓				✓				✓				–				–				–			
	eavy / Foul																								
	ear / Pink	–				✓				–				–				–				–			
	Green																								
	ORES	0				0				0				0				0				0			
	ORES	0				0				0				0				0				0			
	nitial	✓				✓				✓				✓				✓				✓			

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

31/7/2026

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
	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											
	05:00 pm											
	06:00 pm	PL								100	0	SD
	07:00 pm	500ml										
Total Intake :		500ml				**Total Output :**				100ml		
	08:00 pm	NPO	1500ml							200ml	0	Ter
	09:00 pm	NPO		125						250	0	Deri
	10:00 pm	NPO		125						100	0	Deri
	11:00 pm	NPO		125						120ml	0	Tee
	12:00 am	H20	50	125						150	0	Tee
	01:00 am	Tweed	150	125						150	0	Tee
Total Intake :		2325ml				**Total Output :**				970ml		
	02:00 am	H20	100	125						100	0	Tee
	03:00 am			125ml						70ml	0	
	04:00 am	H20	50ml	125ml						70ml	0	
	05:00 am	Tea	120ml	125ml						100ml	0	
	06:00 am			PL						100ml	0	
	07:00 am	H20	50ml	12						100ml	0	
Total Intake :		380ml + 450 ml				**Total Output :**				540ml		

Total 24 hrs. Intake	3,125 ml
Total 24 hrs. Output	1,610 ml

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/3/26												
	08:00 am	Ridy								8:45 am		
	09:00 am	H20	200							CBD Med	0	ey
	10:00 am	H20	50ml								0	ey
	11:00 am	Soup	120ml								0	ey
	12:00 pm	H20	150ml								0	ey
	01:00 pm	H20	100ml							120ml	0	ey
Total Intake :		620ml								Total Output :	120ml	
	02:00 pm	water	100ml							410ml	0	R
	03:00 pm										0	R
	04:00 pm	water	200ml								0	R
	05:00 pm	milk	100ml								0	R
	06:00 pm	water	200ml								0	R
	07:00 pm									500ml	0	R
Total Intake :		600ml								Total Output :	910	R
	08:00 pm	H20	180ml								0	R
	09:00 pm	H20	160ml								0	R
	10:00 pm	H20	200ml							180ml	0	R
	11:00 pm										0	R
	12:00 am	H20	100ml								0	R
	01:00 am										0	R
Total Intake :		640ml								Total Output :	180ml	
	02:00 am										0	R
	03:00 am									190ml	0	R
	04:00 am										0	R
	05:00 am										0	R
	06:00 am	H20	280ml								0	R
	07:00 am									200ml	0	R
Total Intake :		280ml								Total Output :	390ml	

Total 24 hrs. Intake	2,140ml	Total 24 hrs. Output	1,600ml

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2 A1 | 38+4 days | Hypothyroid | Spontaneous labour

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: Nil

Surgery / Procedure: Em LSCS / POD – 0

Post OP Day: Nil

		31/7 N	1/8 M	1/8 E	1/8 N	2/8 M	2/8 E
BACKGROUND	Date / Shift	31/7 N	1/8 M	1/8 E	1/8 N	2/8 M	2/8 E
	Medical Condition (Any special condition to be noted):	Hypothyroid	hypothyroid	Hypothyroid	Hypothyroid	hypothyroid	Hypothyroid
	Diet:	clear liquid	Clear liquid	soft diet	soft diet	soft diet	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98°F	98.2	98.2°F	98°/.	98.4°F
	Res:	26 b/m	20 b/m	20 b/m	18	20 b/m	20 b/m
	SpO₂:	99%.	98%.	98%	99%.	98%.	98%
	Pulse:	78	80 b/m	86 bpm	80	88 b/m	82 b/m
	BP:	99/60 mmHg	102/63	109/62	101/65	100/60	100/60
	LOC:	Concious	Conscious	Conscious	Concious	Concious	Conscious
	Fall Risk Score:			–	–	–	–
	Pain Score:	1/10	4/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Liquid	liquid	Soft diet	Soft diet	soft diet	N diet
	Critical Lab Test / Values:		–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:		POD – 0	–	–	–	–	–
Handed Over By Name :		Sharmila	Sujy	Sahana	Pdivy	Sujy	Thenmozhi
Signature / ID :		Sharmila	010184	01014	Pdivy	010184	[illegible]
Date:		01/8/26	1/8/26	1/8/26	2/8/26	2/8/26	2/8/26
Time:		@ 7:30 AM	2 PM	1:50 pm	7.30 PM	1:30 PM	7:30
Taken Over By Name :		Sujy 010184	Sahana	Pdivy	Sujy	S. Nisha	Pdivy
Signature / ID :		010184	01014	Pdivy	010184	[illegible]	Pdivy
Date:		1/8/26	1/8/26	1/8/26	2/8/26	2/8/26	2/8/26
Time:		8 AM	1:20 pm	7:30 PM	7:30 AM	2 pm.	7:30 PM

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

GUC-00094537 IP18-00036702
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09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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BirthRight
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Your Right to a Safe Delive

NURSING CARE RECORD

Date: 31/7/26

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							
Night	8pm	Assess the patient condition Vitals monitor I/O chart monitor medication	2pm	Assessed child condition vitals monitoring medication given as per drug chart order	Patient Vitals stable	Re-assessment done	Shruti 01/08/25

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NURSING CARE RECORD

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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

Date: 1/8/20

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 am	maintain good nutritional status	8 am	→ Encouraged to take [illegible]	Evaluate Input & output	Child stable	[signature]
Afternoon	2pm	To Maintain personal hygiene		To Maintain proper hand hygiene measure.	To Improved personal hygiene.	The pulse [illegible] sign stable	[signature]
Night	8pm	To Maintain Nutritionally Status		Maintained by encourage oral intake	Evaluate by Input & output chart	Nutrition Status well & Normal	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094537 IP18-00036702
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1

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
31/7/26	6pm	patient come for lower	
		Abdomen pain under	
		Dr: Aishwaiya she is G2P1	
		38+4days Blood grouping O+ve	
		Know case of Hypothyroid.	
		Parts preparation was done	
		CTG was connected FHR is good (+)	
		checked for vital signs recorded	
		pt vital are stable Dr: paritha	
		do p/v Examination findings	
		was she is 3cm dilatation	
		3cm long patient have a	
		3 Contraction 20seconds in 10mints	
		pt general condition fair	Alaiya
	6:30 pm	⇒ Dr: paritha Advised to	01808
		IV placement was done Blood	
		collected O units PRC reservation	
		IV fluids connected RL 500ml	
		connected FHR is good (+)	
		but Teach cardia. Advised to	
		O2 4 liters connected	Alaiya
	6:45 pm	⇒ Dr: paritha do ARM	01808
		Done a Grade III MSL Advised to	
		Em LSCS preparation provided	
		posto gown Inj. supacef 1.5gram	
		after dilution 0.1ml ID given	Alaiya 01808

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	Continue Notes	⇒ Inj. pan 40mg & Inj. Emeset 4mg given to pt catheterization was done by Dr. pavithra	
		pt care hand over given to OT Staff Nurse.	Natrakalya 01800
	7pm	⇒ pt shifted to OT pt was stable. No allergic reaction.	Anakalra 01800
		OT Notes	
31/7/26	7pm	→ patient received from LDR to OT. while receiving patient ID Band consent checked.	
		→ Anaesthesia given by Dr. chitti under spinal Anaesthesia.	
		→ Surgery done by Dr. Aishwarya Dr. Lucetti.	60781
		→ Foley's catheter insitu urine drain clear.	
		Baby detail	
		Baby : Boy	
		Time : 7:17pm	
		wt : 2.991 Kg.	
		→ Baby shifted to NICU.	
	8:20 pm.	→ patient shifted to MIW and patient handover to MIW Staff	60789

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(2)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		Receiving Notes 31/7/2026.	
	8.25pm	patient Received to MICU patient condition taken over PICU Staff Nurse Handing over Followed By ISBAR method. patient conious. oriented. patient vitals stable checked and record, patient IV line present position. IVF - RL 125ml / Hr ON. Foley catheter present position. → uterus contracted. PV Bleeding Normal. patient vitals stable Due medication given as per drug chart order.	Sharmi 01025
	9.15 pm	Child seen by Dr. Pavithra Advice Inj. Magnex Forte. Advice. Inj - Metrogyl →	Sharmi 01025
	9.25 pm	Inj - magnex Forte 1.1 0.5ml given as per drug chart order -	Sharmi 01025
	10pm	Monitored vitals and Recorded. Maintained I/O. IVF RL 125ml/hr as per doctor order. Pain assessment Done. PV Bleeding Minimal. No other complaints. Patient General condition fair. →	Sharmi 01672
	11pm	Monitored Vitals and Recorded. PV Bleeding Minimal. IVF RL 125ml/hr ON connected. No any other complaints. →	Sharmi 01672

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	11.30pm	Orals started as per doctor order. patient General Condition Fair. No any other complaints IVF D5NS 1bx on Connect	01/8/26
1/8/26	12AM	Patient Vitals Monitored and Recorded. Maintained I/O. IVF RL D5NS 1bx on connected. PV Bleeding Minimal. patient tolerated orals & watergiven. No other complaints B - Breast is Soft, No encouragement U - Uterus Contracted B - Bladder CBD present B - Bowel movement Present L - Lochia Rubra present E - EEDA Assesment Not applicable H - Homan Sign Negative. E - Emotional Status good	01/8/26
	1AM	Maintained I/O. Monitored Vitals and Recorded. PV Bleeding Minimal. patient General Condition Fair. Dr. Pavithra advised to shift the patient to ward. doctor order carried out	01/8/26
	2.30AM	patient Shifted From LDR to 5th Floor. Patient Cano Handing	

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/2/26		over given to 5th Floor Staff	[signature] 6170
		Receiving Notes.	
	2:30PM	patient details handover taken from the LDR staff. patient was conscious & oriented Dr. Ptne patter. CBD (+)	[signature]
	-	patient was stable.	
	4AM	check the vital signs vitals are the stable BP -> 100/60 mmhg. monitor D/o chart	[signature]
	6AM	TO collect the Blood sample CBC. Send to the Lab. monitor The D/o chart.	[signature]
	6:30AM	Due medication as given for the drug chart order	[signature]
	7:20 AM	Dr. pavithra mam phone call Advice. remove now CBD + Claxine.	[signature]
	7:30AM	patient details handover given to the Morning duty staff	[signature]

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← ready duty →	
1/8/26	7:30 am	→ patient detail Handing over taken by Night duty s/w	
		→ patient was conscious and oriented patient was active & alert for his pattern	OLsrg
	8am	→ vitals are checked and recorded vitals are stable	
	8:40 AM	→ CBD removed, Clexane given	OLsrg
		→ Due medication as given as per drug chart today	
	9am	→ Justin suppository as given	
	10am	→ Due medication as given as per drug chart today	
	11:30 am	→ Dr Aishwarya may saw the patient and agree to stop Ilyzonom discharges to Somey, and discharge on monday	019346
	12pm	→ Due medication as given as per drug chart today	
		→ vitals are checked and recorded vitals are stable	
		→ 1st void urine passed Done informed to LDR by Nurse 2nd void urine	OLsry

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NURSES NOTES

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ B - Breast Soft	
		U - Uterus Controlled	
		B - Bladder, urine voided	
		B - Bowel movement present	
		L - Lochia Rubra present	
		E - Reeda assessment not applicable	
		H - Humans' Signs negative	
		E - Emotional status good	Sy 219346.
	1pm	→ Maintaining records & reports	
	1.30pm	→ patient detail handed are given to evening duty s/n	Sy 219344
1/2/26	1.30pm	⇒ Evening duty ⇒ The patient hand over from morning duty. Patient conscious oriented. IV line present.	
	2.00pm	⇒ The patient is no any other complaints. Patient second time welcome.	[signature] 010974
	4.00pm	→ The patient vital sign cleary recorded	
		⇒ Due medication is given as per drug chart maintaining of document.	S. Anop 219371.

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Patient Sticker

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☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Due Medication is given as per drug chart maintain & document	
		→ The patient I/O chart maintaining & document	S/N [illegible]
	6:00pm	Due to medication as per drug chart order.	→ [illegible]
	7:00pm	I/O chart maintained & record.	
	7:30pm	patient details handed given to night duty staff.	→ [illegible]
		Night duty ([illegible]/8/26)	
	7.30 Pm	patient Handover taken from evening duty Staff Nurse and pt was concious & oriented and pt was under room air and IV line present.	[illegible]
	8pm	vitals are monitored & recorded and vitals are Stable	
	9pm	Due medication given as per drug Chart order & documented	[illegible]
	10.20pm	Went to give due medication that time patient had	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		complaints of rashes over the body and inform DDR doctor and advice to give Avil & Dexa & Inj. magnex withhold	Pdug 017307
	11 pm	Inj. Avil & Dexa given as per drug chart order & documented	Pdug 017307
2/8/26	12AM	vitals are monitored & recorded and vitals are stable	
		Due medication given as per drug chart order & documented	Pdug 017307
	2AM	patient was sleep well & normal no other complaints	
	4AM	vitals are monitored & recorded and vitals are stable	Pdug 017307
	6AM	Due medication given as per drug chart order & documented	
	7AM	Monitored Input & out put chart & documented	Pdug 017307
	7.30 AM	patient Handed over to morning duty Staff Nurse	Pdug 017307

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Morning duty →	
2/8/26	7:30 am	→ patient detail handing over taken by Night duty staff	
		→ patient was conscious and oriented patient was active & alert IV line patten	[signature] 2018270
	8am	→ vitals are checked and recorded vitals are stable	
		Time | CRT | CP | PP — | <3sec | ++ | ++	[signature] 2018270
	9am	→ Due medication as given as per drug chart delay	
		→ Dr Akshila mam advice to remove IV line and Bath today and antibiotic stat.	
		→ IV line removed, bath done [illegible] clearance wong advised	
		→ Due medicine given	[signature] 2018270
	9.30am	→ The details due medication is given as per drug chart maintained & document.	
	12.00pm	→ The patient vital sign clearly Record.	[signature]
		Due medication is given as per drug chart maintained & document	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: GUC-00094537 Mrs B.BARGAVI IP18-00036702
MRD No: 09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY
Age : ..... Sex: ☐ M ☐ F
Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 31/7/26 Time: 6:30pm
Location : Left metacarpal vein
Size : 18G
Cannula inserted by : S N Akalya 61800

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
31/7	8pm	☐Yes ☐No	☐Yes ☐No	Obr	[illegible]
	9pm	☐Yes ☐No	☐Yes ☐No	[illegible]	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
1/8/26	12AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	obsd	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	obsd	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obsd	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
2/8/26	12AM	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	obsd	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obsew	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

IV line is Removed

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow® Children's Hospital
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	31/7/20 (E)	31/7/20 (N)	1/8 (M)
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			0
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0			
GAIT / Transferring	Impaired	20			10
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			0
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			10	20	10
		Signature	[signature] 01800	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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

GUC:-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 12/26	N 18/26	N 21/8/26
		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			
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	10
		Signature			01854

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

GUC-00094537
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09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

BRADEN 'Q' SCALE

Rainbow Children's Hospital

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					Date :	31/7	31/7	1/8	1/8
					Time :	6pm	8pm	8a	2pm
						E	N	M	E
Mobility	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.'		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	27	27	28
					Evaluator's Name	[illegible] 018050	[illegible]	[illegible]	[illegible]

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓭ Regular Turning Schedule ⓮ Enable as much activity as possible ⓯ Protect the heels ⓰ Use pressure redistribution surfaces ⓱ Manage moisture, friction and shear ⓲ 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	⓳ Use the Same Protocol as for **"At Risk"** Patients ⓴ 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	㉑ Follow the same protocol as for **"Moderate Risk"** Patients ㉒ In addition to regular turning schedule ㉓ 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	㉔ Use same protocol as for **"High Risk"** Patients ㉕ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

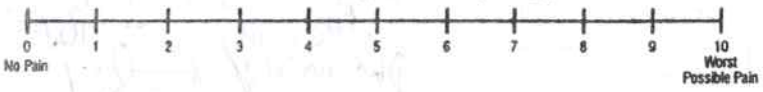
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
31 Aug	6pm	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible] 01885
31/7/26	8.30pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacology Therapy	[illegible] 016720
1/8/26	12AM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	[illegible] 016720
1/8	8a	1/10	Surgery site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	[illegible]
1/8	2pm	1/10.	Surg site.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
1/8	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 017384
2/8	12AM	[illegible]/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab para	[illegible] 01738
2/8	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 0173
2/8	6AM	1/10	Surgical site.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab para	[illegible] 01738
2/8	8a	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible] 019346

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil
Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak
Willingness to Learn: Yes ~~No~~
Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

1. Diagnosis USG 38/4 day
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	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
31/7/26	6pm	Yes	Explained about the pain management	patient	Education level	Oral	None	Yes	good	[illegible] 0180
1/8	8Am	yes	Explain about nutrition diet	Patient	Al.	Oral	None	Yes	good	24 [illegible]
2/8	8am	?	Explained about Infection Control measures	patient	No.	Oral	Nil	Yes	good	[illegible]

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Mother - HTN, T2DM, Hypothyroid Father - Hypothyroid

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 ..... 17 ..... (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 ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Baagani .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 31/7/25 at 6:40pm .....

GUC-00094537
Mrs B.BARGAVI IP18-00036702
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 31/7/2026 Time of Arrival: 6pm Time Seen by Nurse: 6pm

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 80bpm RR: 20b/m SpO_2: 100% BP: 100/60mmHg Weight: 88.5kg

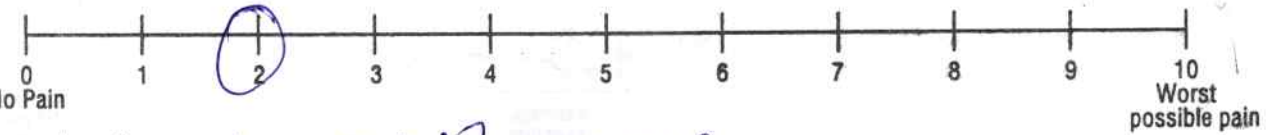
4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 3/11/25 EDD: 10/8/26 Gestational Age: 38+4day

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 31/7/26	Time 12pm	Frequency: 2 contraction for 30seconds in 10m
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset —	Time —	Fluid Color: —
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset —	Time —	Amount: —
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting —		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify: —		

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



- Location: Lower Abdomen pain
- Duration: 1 Day Days/ Weeks/ Months (Strike out which is not applicable)
- Character: mild contraction
- Frequency: 2 contraction / for 30seconds in 10 mins
- Interventions: Left lateral position

6) **Past History:**

a) Surgeries: NIL

b) Medical: Hypothyroid x 5 years

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

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: 6pm

Nurse Name : Shakaya 018050 Nurse Signature: SD 018050

Date: 31/12/26 Time: 6:40pm

GUC-00094537
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09-12-1999 26 Y 7 M 22 D (F)
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 31/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	7	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		1
Signature of the Nurse		01/8/26
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 31/7/26 Date of Removal: 8:40pm 1/8/26

Parameters	Date / Shift Time	E 31/7/26	N 31/7/26					
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Aishwarya 01805	Sharmila Devi					
Signature of the Nurse			020308					

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

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

Patient Stick

GUC-00094537 IP18-00036702
Mrs B.BARGAVI (F)
09-12-1999 25 Y 7 M 23 D
Dr. AISHWARYA PARTHASARATHY

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SSI PREVENTION CHECKLIST

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

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CONSENT FOR BLOOD TRANSFUSION

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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

UHID No.:.....Ward/Bed No. .....

Type of Blood Product : .....

I ..... hereby give my consent for whole blood transfusion / blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigens, Hepatitis C antibodies, Malaria and Syphilla. I have also been explained that transfusion transmitted infections can vary rarely occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carry risk of transfusion associated reactions.

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for the whole blood component transfusion to me / my Patient named .....

Name of Patient / Attendant

Signature of Patient / Attendant

Date

Time :

Relationship with Patient:

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Mrs B.BARGAVI
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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason ..... Baby NICU .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

P.T.O

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

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

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

9. Additional notes: Baby NPCU

Continuity of Care:

Date: 31/7/26

Handover given by S/N. Tumbelu 016720

Signature S/N. [signature] 016720

Date & Time: 31/7/26 at 9pm

Handover taken by

Signature

Date & Time:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Aishwarya Dr. Uma
Asst. Surgeon : Dr. Panitha
Anaesthetist : Dr. Chitti
Scrub Nurse : S/N. Siva

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

..... Age : ..... Gender : .....
y Name : .....
7:05pm Out-time : 8:20pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 7:07 pm

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

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : .....
Name : Dr. Chitti Subhan

Before Skin Incision ➤➤

TIME OUT Time: 7:13 pm

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews: Risk of Aspiration
- 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 : Dr. Panitha

Before Patient Leaves Operating Room

SIGN OUT Time: 8:20pm

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

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

Signature : .....
Name : Siva

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

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Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	3/7/26 at 6.45pm	1/8/26 at 2.30 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Aishwarya	Dr. Pavithra	Shifted to ward
From Unit	**To Unit**	**Information to Attendant**
LDR	5th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files	CTG - ②	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Magnex 1.5g	③
2.	10ml syringe, 10ml Dilution	③
3.	Inj. Neotrogyl	③
4.	RL 500ml	③
5.	Newmom pad, Fixator	④

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. [signature] 01/8/20	Dr. Pavithra

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 01/8/20 at 2:30 Am.

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

Unavailable Bed   Nurse not Available   Available Bed not ready

PATIENT TRANSFER FORM

(1)

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GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

	Date & Time of Admission	Date & Time of Transfer Order
	31/7/26 at 6pm	31/7/26 at 7pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Aishwariya	Dr. pavithra	Em28
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP files	CD4	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 ☐

Patient shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/nAkalya 01805	Dr. pavithra

Patient & Clinical Records Received by : 1005 607891

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Mrs B.BARGAVI
09-12-1999 25 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

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

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

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

FHD- Meconium Stained Liquor / fetal distress. upon (Name of the Patient)

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

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

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

Bleeding, infection, Blood transfusion, Anaesthesia complication, Bowel & bladder injury, NICU stay.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Aishwarya

Consentee :

Signature : B

Name : BARGAVI

Date & Time : 31/7/26 at 6.30pm

Patient Attendant :

Signature : R. Sivaganesh

Name : SIVA GANESH

Relationship with Patient: .....

Date & Time : 31/7/26 at 6.30pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Pavithra

Date & Time : 31/07/2026.

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MA

GUC-00094537
Mrs B.BARGAVI
09-12-1999
IP18-00036702
26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Ip no :- IP 18 - 00036702

Patient Name : B. Bargavi Age : 26 / F

Gender : M ☐ F ☑ - IP No : Consultant : Dr. Aishwarya Parthasarathy

Ward / Bed No. : Anaesthesiologist : Dr. Clitti Subhan

Operative procedure planned : Emergency LSCS [Meconium: G III liquor].

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease	☐ Hypertension	☐ Diabetes mellitus	☐ Renal failure
☐ Hepatic disorders	☐ Shock	☐ Multiple organ failure	☐ Polytrauma / RTA
☐ Incapacitating COPD	☐ Others : Risk of Aspiration		

Comments : Bradycardia, Hypotension

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : R. Sivaganesh

Name : BARGAVI

Relationship with Patient: SELF

Date & Time : 31/7/26 at 6pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : 89365

Name : Dr. Chitra Subhan

Date & Time : 7am 31/7/2026

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Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: B. Bargavi Age: 26 Sex: F UHID.No: GUC-00094532

IP18-00036702

Date: 31/7/2026 Time: 7.08 pm. Proposed Operation: Emergency LSCS.

Diagnosis: G2 A1 38w+4D | Hypothyroidism | Previous caesarean

B.P / CRT: 120/80. H.R: 102/m Weight: 88.5kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 10.8.
PCV: 32.8.
WBC: 11,800
Plate: 2.65L.
PT: 12.7
PTT:
INR: 0.91

Glucose: FBS - 70 mg/dl
Urea:
Creat:
Na:
K:
Ca++:
Mg++:
Cl-:

Protein:
Alb:
Total Bill:
Dir. Bill:
LDH:
Alk phos:
Amylase:
SGOT/SGPT:

HIV: } N/R
HBS Ag: } N/R
HCV: } N/R
Blood group: "O" pos itive
T3 161.23
T4 9.07.
TSH 1.99.

X-Ray:
ECG:
2D Echo:
Stress/Anglo:
Other:

Allergies: NKDA.

Medical History: CVS: - Diabetes: -

RESP: -

CNS: -

Renal: - Physical Activity: METS > 4.

Hepatic / GE: -

Others: Hypothyroidism on Tab Thyronorm 75mcg OD

Past Anaesthetic History: -

Physical Exam: Pt. conscious, oriented, afebrile Mentohyoid Distance: Neck: Teeth:

Airway: MP (1) 2 3 4 Mouth Opening:

Lungs: BAE (+)

Heart: S1S2 (+)

CNS: NFND Venous Access Site: (+) Spine Exam for regional: (N).

Pregnant: ☑Yes ☐No ☐NA

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — Inadequate. Last meal 2pm.
3. Informed Consent: ☑ Standard ☑ High Risk — Aspiration
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
IV antibiotics Inj. SUPACEF 1.5gm IV.

Signature: [signature] 89365 Name: Dr. Chitti Sobhan

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: Inadequate

Physical Status: Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 108/min B.P / CRT: 120/70 SpO_2: 98% RA R.R: 14/min

Pre-OP Diagnosis: G2 A1 / Hypothyroidism Operation: Emergency LSCS Last Feed: 2pm

Surgeon: Dr. Aishwarya Parthasarathy / Dr. [illegible] Anaesthesiologist: Dr. Chitti Subbhan Technician: Date: 31/7/2026

TIME	7.10	7.20	7.30	7.40	7.P	8pm	8.10pm
N_2O/AIR/O_2 LPM	← 4L/min →						
HALO/ISO/SEVO							

Drugs:
- Inj Syntocin 25 IU in 500ml RL →
- Inj Emeset 4mg IV ⊗
- Inj Zedpic 1gm in 500 →
- Inj Carboprost 1m stat 250mcg ⊗

FIO_2 / SaO_2
$ETCO_2$
ECG
Temperature
Urine Output

Fluids / Blood: RL 500ml + 500ml →; PL ← 500ml

Antibiotic ✓ Suppository ✓

Blood Loss: 500ml.

NOTES

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

(BP chart 0–240 plotted: systolic ~100–120, diastolic ~60, heart rate ~80–90)

LAB Values: ABG, GRBS, Others

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

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☑ Awake

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

Times:
Anaes Start: 7.10 pm
OP Start: 7.14 pm
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) Hand 18G
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L2-L3 Space
Needle Size: 27 G Depth: Whitacre Spinal Needle
Parasthesia ☑ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml of 0.5%
Bolus: Hyperbaric Bupivacaine +
Infusion: 0.4 ml of Inj. Buprenorphine
Block Level: Injected into Subarachnoid
Comments: Space after free flow of CSF - L0 T_4 adequate
Transportation to ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. Chitti Subbha
Signature of the Doctor: [signature]
89365

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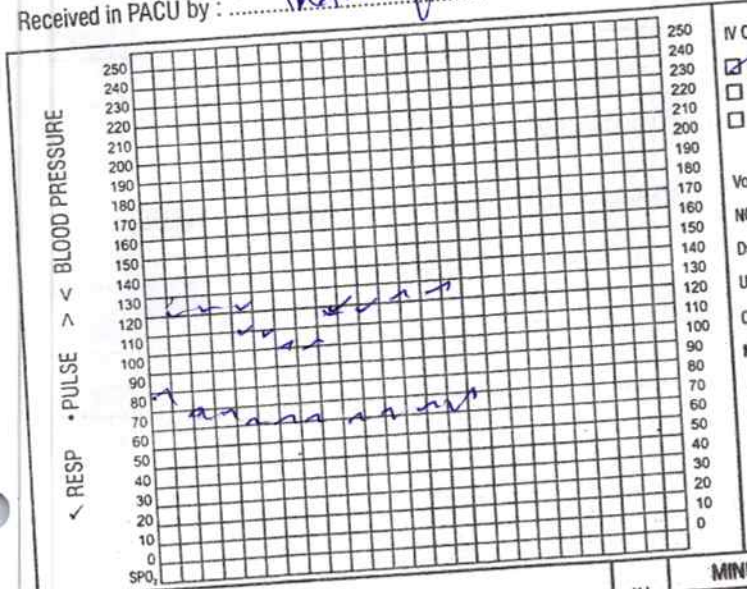
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanuja Time Received : 8:20pm Time Discharged : 9:45



IV Cannula Site : (L) Hand

- [x] O_2 Mask
- [ ] Tracheostomy
- [ ] Oral Airway
- [ ] Nasal Prongs
- [ ] T-Piece
- [ ] Nasal Airway

Vomiting : [ ] Yes [x] No Drug:

NG Tube : [ ] Yes [x] No

Drain: [ ] Yes [x] No

Urinary Catheter: [ ] Yes [x] No

Chest Tube: [ ] Yes [x] No

Nil Oral [x] Yes [ ] No × 4 hrs

IV Fluids: @ 100 ml/hr (RL)

Oral Feeds: 12 a.m.

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1				
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	RESPIRATION	2				
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic leve	= 2	CIRCULATION	2				
BP ± 20-50 of Pre Anaesthetic leve	= 1						
BP ± 50 of Pre Anaesthetic leve	= 0						
Fully awake	= 2	CONSCIOUSNESS	2				
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR	2				
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
		TOTAL	9/10				

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: [ ] N PASS [ ] FLACC [ ] Wong Baker [x] NPS

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. Chitra Subhan

Anaesthesiologist Signature: 89365

Date & Time: 31/7/2026 8.20 pm

PACU Nurse Name : Thanuja

PACU Nurse Signature:

Date & Time: 31/7/26 @ 8:20pm

Transferred to Unit by (PACU):

Date & Time: 31/7/26.

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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PATIENT TRANSFER FORM

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

Date & Time of Admission	Date & Time of Transfer Order
31/7/26 at 6.45 pm	31/7/26 @ 8:20pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Aiswarya Parthasarathy	Dr. Chitti	For Further management.

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Gowri	Dr. Chitti.

Patient & Clinical Records Received by : Sr. Fauziah 01/8/26

Date & Time of Patient Received : 31/7/26 8:30pm

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

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

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
09-12-1999 26 Y 7 M 22 D (F)
Dr. AISHWARYA PARTHASARATHY

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 31/7/26 @ 8.20pm OT **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	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)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	NA	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

/0094537 IP18-00036702
B.BARGAVI
12-1999 26 Y 7 M 23 D (F)
Dr. AISHWARYA PARTHASARATHY

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 01/08/26 Time: 01:35 AM

Origin: — Height: 167 Cm Weight: 88.5 kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☑ ~30 kg/m²

Food Allergies: NIL

Diagnosis: EMERGENCY LSCS. . Hypothyroid x 5 years.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: BargB

Name: BARGAVI B

Date & Time: 1/8/26 @ 1:20PM.

Dietician's

Signature: A.M (18336)

Name: A. Sadiqua Farheen

Date & Time: 01/08/26 @ 1:35PM

DIETARY NOTES

Date	Time	Notes	Sign
01/08/26	8:30 AM	EMERGENCY LSCS done	
		- Patient tolerated liquids.	
		- Patient had rice kanji.	A.B (C012336)
		· Stable. Oral intake is	
		Better.	
		· Soft Diet.	
		- Advised to take easy to	
		digest foods.	
		· Consume small-frequent meals	
		· Include galactogogues foods for	
		milk secreation - garlic, fennel	
		and Oats. (etc)	
		RDA: Values - Energy - 1600 Kcal	
		Protein - 117-19 g/d.	

GUC-00094537 IP18-00036702
Mrs B.BARGAVI
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SURGERY DETAILS

Date : 31/7/26

Patient Name: Mrs. Bhargavi Date of Birth: 9/12/1999 Age: 26y

Gender: Female Ward : OT UHID No.: 94537/36702

Date of Surgery: 31/7/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 7:05pm Time Out : 8:20pm

	NAME	AMOUNT
1. Surgeon	: Dr. Aiswarya Parthasarathy, Dr. Lucette	
2. Anaesthetist	: Dr. Chitti	
3. Assistant Surgeon	: Dr. Davithra	
4. OT Technician	: Mr. Thangam	
5. Circulating Nurse	: C/N Thanushya	
6. Assistant Nurse	: S/N Siva	

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

Signature of Circulating Nurse

Signature of the Surgeon

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

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

Emesis.

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 : Thanuja Technician : Thurgam Date : 21/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		3
HME filter : A / P / N		
Syringes : 10 cc		4
05 cc		4
02 cc		4
01 cc		1
Cautery plate : A / P / N		1
IV set		1
RL		4
NS : 10ml / 100ml / 500ml / 1000ml		1
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		1
Tab. Misoprost : 200mg		1

Surgical Disposables	Qty Issued	Qty Used
~~Major~~ Pack LSCS		1
Sutures 2347		2
1386		1
PDS 975 2		01
Gloves 7 P.F		3
6½ P.F		3
Surgical blade 22		1
NG tube		
Cautery pencil		1
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack R/O		3
Mop Pack		2
Steristrip		
Underpad		1
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		2
Plastic ~~Bed~~ Sheet APOH		2
Betadine Solution		1
Microshield		
Cotton Balls		
Latex Gloves		10pair
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		1
Suction Catheter 6 F.R RF		1+1
Feeding Tube 6 F.R		1
Vaccum Suction Set		
Surgical Gloves 6½ P.F		2
Gauze Pack		1
Syringe (1ml) / 2ml		1/1
Surgical Blade # 20		
Koochies (S)		
Metronidazole 100ml IV		1
Transofix		1
O2 mask A + ID		1+1
Bio zamic		2
Anawin Heavy		1
Bupvigesic		1
Protogown		2
Quick Table Sheet		1
Oxytocin		5
Needle 26x1½		1

Surgeon Anaesthesiologist Nurse OT Technician

Ordered by :

Order No. :

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036705	**Ward**	3F-NICU 1
Patient Name	Baby B/O B.BARGAVI	**Bed Name**	NICU 308
Age/Sex	0 Y 0 M 0 D 10 H / Male	**Order No**	18-0001735745
Date	01/08/2026 06:12	**Prescription No**	PRIP18-0630297
Payor	SELFPAY	**Dispensed Date**	01/08/2026 06:14
UHID	GUC-00094543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6106011	03/31	1	24.00	24.00
2	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26DO10693	03/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
5	SUCTION CATHETER 6 ROMSONS	ROMSONS	GENERAL	K26A010558	12/30	1	91.00	91.00
6	SUCTION CATHETER 8	ROMSONS	GENERAL	K25LO10489	11/30	1	91.50	91.50
						Total :	**315.75**	**315.75**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 01-08-2026 06:14

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	IP18-00036702	**Ward**	5F-SEMI PRIVATE
Patient Name	Mrs B.BARGAVI	**Bed Name**	SPVT 509
Age/Sex	26 Y 7 M 23 D / Female	**Order No**	18-0001735741
Date	01/08/2026 06:08	**Prescription No**	PRIP18-0630296
Payor	SELFPAY	**Dispensed Date**	01/08/2026 06:14
UHID	GUC-00094537		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	4	28.13	112.52
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
10	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
11	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
12	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
13	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
14	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26A040056	12/30	1	336.00	336.00
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	4	69.84	279.36
17	TRANSOFIX DEVICE-4090500	Bbraun Medical PvtLtd	GENERAL	24M22A8141	11/29	1	28.12	28.125
						Total :	**2,858.05**	**3,463.89**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 01-08-2026 06:14

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036705	**Ward**	3F-NICU 1
Patient Name	Baby B/O B.BARGAVI	**Bed Name**	NICU 308
Age/Sex	0 Y 0 M 0 D 10 H / Male	**Order No**	18-0001735746
Date	01/08/2026 06:12	**Prescription No**	PRIP18-0630295
Payor	SELFPAY	**Dispensed Date**	01/08/2026 06:13
UHID	GUC-00094543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	2603019005	03/29	2	128.00	256.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
						Total :	**270.00**	**498.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036702	**Ward**	5F-SEMI PRIVATE
Patient Name	Mrs B.BARGAVI	**Bed Name**	SPVT 509
Age/Sex	26 Y 7 M 23 D / Female	**Order No**	18-0001735742
Date	01/08/2026 06:08	**Prescription No**	PRIP18-0630294
Payor	SELFPAY	**Dispensed Date**	01/08/2026 06:12
UHID	GUC-00094537		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		15072026	06/29	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	2603019005	03/29	3	128.00	384.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	3	128.00	384.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	3	123.00	369.00
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6O03	12/30	1	1,066.00	1,066.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF051	05/30	2	949.00	1,898.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
11	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5005	08/30	1	1,026.00	1,026.00
12	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010726	06/29	2	250.00	500.00
13	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	26062OI	06/31	1	775.00	775.00
14	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	1	103.00	103.00
15	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
16	UNDERPADS CARE 60 X 90 (FRIENDS)			18072026	12/30	1	205.00	205.00
17	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010296	03/31	2	811.00	1,622.00
18	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	1	951.00	951.00
						Total :	**10,265.60**	**13,628.60**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 01-08-2026 06:12

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036702	**Ward**	5F-SEMI PRIVATE
Patient Name	Mrs B.BARGAVI	**Bed Name**	SPVT 509
Age/Sex	26 Y 7 M 23 D / Female	**Order No**	18-0001735787
Date	01/08/2026 08:24	**Prescription No**	PRIP18-0630324
Payor	SELFPAY	**Dispensed Date**	01/08/2026 08:25
UHID	GUC-00094537		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ACUGYL 500MG INJ		H1	1A260008	04/28	1	22.03	22.03
						Total :	**22.03**	**22.03**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 01-08-2026 08:25