Rainbow Children's Hospital

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6:30 am					
Activity Sheet update by Pharmacy							

GUC-00009593
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036290

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

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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BIL

Name: Mrs. Prantika

UHID No: 09593 IP No: 36290 Consultant: Dr. Mathangi Dept: .....

Date of Admission: 2/7/26 Time: 8.45pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	10.40pm	MICU	7th Floor	Dai 01786
3/7/26	8.40 Am	7th flow.	MICU	
3/7/26	9:15Am	LDR	OT	16808
3/7/26	11 AM	OT	MICU	
3/7/26	3:40pm	MICU	7th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	2/7/26	I720755	2/7/26
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
04/7/26	CBC	26021198	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	CTG ①			008843	0/6/26
2/7/26	CTG ②			008843	0/6/26
3/7/26	Infusion pump	11Am		1-21184	0/8/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	IV Placement	(1)	172458	
3/7/26	catheterization	(1)	172454	

ANY OTHER INFORMATION:

procedure Name: Elective LSCS.

Surgeon Name: Dr. Muthangi

Assist Surgeon Name: Dr. Sheela, Dr. Akshitha, Dr. Saideevi

Anaesthetist Name: Dr. Priyadharshini

Anaesthesia: SA.

In time: 9:15 am Out time: 11 am

Date: 2/7/26 Time: 6pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

IC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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SURGERY DETAILS

Date : 03/07/26

Patient Name: Mrs. prantika sinha Date of Birth: 06/05/1989 Age: 37y

Gender: Female Ward : OT UHID No.: 9593/36290

Date of Surgery: 03/07/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : ELECTIVE LSCS

Time in : 9:15 AM Time Out : 11 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. priyadharshini	
3. Assistant Surgeon	: Dr. Akshitha, Dr. Sridevi, DR. SHEELA	
4. OT Technician	: Mr. Raja	
5. Circulating Nurse	: C/N. Thanushya	
6. Assistant Nurse	: S/N: Sundari	

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

(007891)
Signature of Circulating Nurse

Signature of the Surgeon

Order No: Order by:

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

Record finalized done by Agalya 02432

Baby details

Baby : Female

Time: 9:44 Am

weight: 3.625 kg

~~Antibiotic~~ : Inj Supracef @. 9:10 Am.

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

mrs. pramitha
ELLSCS.

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CONSUMABLES OF OT

Circulating staff : Thanuja Technician : Mr. Raju Date : 3.7.26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		1	Inj Vit.K		
LMA			Sutures 2347		4	Cord Clamp		1
ECG leads (A) / P / N		3	1326		1	Suction Catheter		1
HME filter : A / P / N			2317		1	Feeding Tube GF		1
Syringes : 10 cc		1				Vaccum Suction Set		
05 cc		2	Gloves 6.5 P.F		5	Surgical Gloves		
02 cc		2+1	6.5 S.C		2	Gauze Pack		4 3
01 cc						Syringe 1ml / ~~2ml~~ 5ML		1/1
Cautery plate : (A) / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		4	Cautery pencil		1+1	Quick Table sheet		1
NS : 10ml / 100ml / (500ml) / 1000ml		1	Koochies			protective sheet		1
Spinal needle 25G (pencil whitacre)			Ointments			Disposable Gowns		01
Fentanyl Needle 26 1/2		1	Suction Catheter					
~~Morphine~~ ~~Spinal needle 25G~~			Cap, Mask					
~~Ketamine~~ Bupirigesic		1	Gauze Pack RLO		1/2			
~~Propofol~~ ~~Anesthetic~~			Mop Pack		3			
~~Rocuronium~~ Caboprost		1	Steristrip					
~~Glycopyrolate~~ Evatocin		5	Underpad		1			
~~Myopyrolate~~ Bioxanic		1+1	Draw sheet					
Ondansetron		1	Abgel		2			
Pencan 25g/ Spinal Needle 22			Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
~~Antibiotics~~ 5ML Emarold Spring		1	Romodrain bag					
Medazolam		1	Bandage					
Suppositories			Tegaderm 8591		1			
Anamol : 80mg / 250mg / 170 mg			Ioban					
Supridol : 100mg			Double J Stent					
Justin : 12.5 mg / 25mg / (100mg)			Vaccum Suction set		1			
Tab. Misoprost : 200mg		1	Plastic ~~Bed Sheet~~ Apron		3			
mom pad Fixator		1	Betadine Solution		1			
Baby diaper		1	Microshield					
Baby wipes		1	Cotton Balls					
Mom pads		1	Latex Gloves		10pairs			
			Ramdione Scrub					
			Saral					

Surgeon Dr Mathangi Anaesthesiologist Dr. Nurse 01390

Order No. : Ordered by : OT Technician

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036290	**Ward**	8F-OT COMPLEX
Patient Name	Mrs PRANTIKA SINHA	**Bed Name**	MICU 804
Age/Sex	37 Y 1 M 27 D / Female	**Order No**	18-0001721165
Date	03/07/2026 13:08	**Prescription No**	PRIP18-0624599
Payor	SELFPAY	**Dispensed Date**	03/07/2026 13:21
UHID	GUC-00009593		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	2	151.00	302.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	2	1,303.00	2,606.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	5	128.00	640.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	3	949.00	2,847.00
11	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
12	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		106693	01/31	1	210.00	210.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
15	PROTECTIVE SHEET 20X2O	Local		1010626	04/29	1	250.00	250.00
16	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
17	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
18	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	1	103.00	103.00
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	2	91.00	182.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
22	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
24	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J	C1	T5052	09/30	1	888.00	888.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	4	951.00	3,804.00
						Total :	**11,751.97**	**19,397.97**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 03-07-2026 13:21

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	IP18-00036290	**Ward**	8F-OT COMPLEX
Patient Name	Mrs PRANTIKA SINHA	**Bed Name**	MICU 804
Age/Sex	37 Y 1 M 27 D / Female	**Order No**	18-0001721164
Date	03/07/2026 13:08	**Prescription No**	PRIP18-0624602
Payor	SELFPAY	**Dispensed Date**	03/07/2026 13:23
UHID	GUC-00009593		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	3	11.25	33.75
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	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	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
12	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
13	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
14	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
16	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**2,906.25**	**3,371.99**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036301	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O PRANTIKA SINHA	**Bed Name**	CRDL-PVT-709-1
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	18-0001721173
Date	03/07/2026 13:20	**Prescription No**	PRIP18-0624601
Payor	SELFPAY	**Dispensed Date**	03/07/2026 13:22
UHID	GUC-00093367		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	10062026	12/30	1	255.00	255.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	3	100.00	300.00
3	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
						Total :	**394.00**	**594.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 03-07-2026 13:22

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	IP18-00036301	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O PRANTIKA SINHA	**Bed Name**	CRDL-PVT-709-1
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	18-0001721174
Date	03/07/2026 13:20	**Prescription No**	PRIP18-0624600
Payor	SELFPAY	**Dispensed Date**	03/07/2026 13:22
UHID	GUC-00093367		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY WIPES 72S BUTTERFLY		H	44RW44GU	03/28	1	299.00	299.00
						Total :	**299.00**	**299.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

for RAINBOW CHILDREN'S MEDICARE LIMITED

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D01069 3	03/31	1	63.00	63.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**137.48**	**137.48**

INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036301 Ward 7F-PVT/SUITE

Patient Name Baby B/O PRANTIKA SINHA Bed Name CRDL-PVT-709-1

Age/Sex 0 Y 0 M 0 D 3 H / Female Order No 18-0001721172

Date 03/07/2026 13:20 Prescription No PRIP18-062460 3

Payor SELFPAY Dispensed Date 03/07/2026 13:24

UHID GUC-00093367

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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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.

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	02/7	03/7	4/7						
Doctor's Orders	Yes	YES	YES						
Carried out or not	Yes	YES	YES						
Bed Side									
Structured Handover done	Yes	YES	YES						
IV Site	YES	YES	YES						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	YES	YES	YES						
Skin Care	NA	NA	NA						
Eye Care	NA	NA	NA						
Mouth Care	NA	NA	NA						
Sterillum Bottle, Stethoscope	YES	YES	YES						
Suction Bottle (Should be clean & empty)	YES	YES	YES						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	Sunil								
Signature :									
Date & Time:	02/7 8PM	03/7 8AM	4/7/26 8PM						
Hand Over Taken By Name :									
Signature :									
Date & Time:	3/7/26 8AM	3/7/26 8PM							

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036290 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:45 PM **UHID** : GUC-00009593

Patient Details :

Patient Name	: Mrs PRANTIKA SINHA	**Age**	: 37 Y 1 M 26 D
Guardian	: ANKIT SAINI	**DOB**	: 06-05-1989
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO -1 BLOCK A 1 PLAZA GREEN ACRES JUDGE VEERASAMY ROAD KAMARAJ NAGAR VTC PERUNGUDI Perungudi Chennai Tamil Nadu INDIA 600096	**Phone No**	: 9830680005
		E-mail	: PPANTIKA.SINHA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : ANKIT SAINI **Relationship** : W/O

Contact Address : FLAT NO -1 BLOCK A 1 PLAZA GREEN ACRES JUDGE VEERASAMY ROAD KAMARAJ NAGAR VTC PERUNGUDI Perungudi Chennai Tamil Nadu INDIA 600096 **Phone No** : 9830680005

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.67

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs PRANTIKA SINHA**	**Age :**	**37 Y 1 M 26 D**
IP No:	**IP18-00036290**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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: > ANKIT SAINI
Relationship: > SPOUSE
Date: 02-07-2026 Time: 8:45
Witness Name: ASWIN
Witness Signature:

Patient Address:

FLAT NO -1 BLOCK A 1 PLAZA GREEN ACRES JUDGE VEERASAMY ROAD KAMARAJ NAGAR VTC PERUNGUDI Perungudi Chennai Tamil Nadu INDIA 600096

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 : > PRANTIKA SINHA	UHID Number : 9593
Self/Attendant Name : > ANKIT SAINI	Relation : > SPOUSE
Self/ Attendant Signature : > Phone Number : > 9811716191	Name & Signature of Financial Counselor

00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

Pati

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to Pfm well.
Pt came for Elective Rpt LSCS

Obstetric Formula:
G2P1L1

Obstetric Hostory:
1- 9, 6Yrs, LSCS, Ind-fetal Tachycardia, 3-3kg, @ Rainbow Hospital., A & H.

NT-(N) / 27S- low risk.

Present Pregnancy Record:
Anomaly Scan -(N).
Growth Scans -(N).

RISK FACTORS:
GDM on MNT.

Height: 166 cm
Weight: 76.8 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: Np
Icterus: Edema: No.
Temp: (N) PR: 80/min
BP: 110/70 DTR:
CVS: $S_1 S_2$ (F) RS NVBS (N)
Liver/Spleen: Urine Output:

LMP: 2/10/2025 EDD: 9/7/2026.
Corrected EDD: 14/7/2026. GA: 38wks + 2days.
Menstrual History: Regular ☑ Yes ☐ No
Obstetric Examination M/S - 6½ Yrs, NCM.
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (-)
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS

37Yrs G2P1L1 Prev LSCS O/E Spont. Concep.	LMP- 2/10/2025 C.EDD-14/7/2026	GA - 38WKS + 2days.

GDM on MNT / Mild Polyhydramnios + (N) Doppler

(P.T.O)

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Father - DM mother - Cardiac problems.	LSCS x1.
Medical History:	**Medication History:**
GDM on MNT.	
Plan of Care:	**Investigations:**
C/I/O Dr. Mathangi - Admission CTG. - Plan Elective Repeat Lower Segment Caesarean Section. - NPO X 12Am. - Catheterisation. - Inj. Supacef 1.5g IV stat. - Inj Pan 40mg IV stat. - Inj Emeset 4mg IV stat.	

Doctor Name: Dr. Panithra
Signature: .....
Date & Time: 2/7/20 @ 9pm

Consultant Name: Dr Mathangi
Signature: .....
Date & Time: 2/7/20 @ 9pm

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Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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RESULT SHEET

Date	12/6/26					
Time						
Hb	13					
PCV	39					
RBC	4.06					
WBC	8.06					
N/L	77/18/3				Bld (G / O) (T)	
Platelets	1.50					
CRP						
ESR					HIV	
PCT					HBsAg / VDRL	NR.
RBS						
Na						
K					FBS - 76	
Cl					PPBS - 85.	
Ca/Mg						
Phosphate					ECG / Echo - (N) Study	
Urea						
Creatinine					6/11/26 S. TSH - 1.89	
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(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 : 23/6/2021 SLIUG

X-Ray : Cephalic

ECHO : Placenta - Posterior

CT : Liquor. mild Polyhydramnios

MRI (AFI - 21.4 | SDP - 8.7)
EFW - 3409 gm

Others (ECG, Contrast Studies etc.,) : (N) fetal Doppler.

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Mrs PRANTIKA SINHA (F)
37 Y 1 M 26 D
...-1989
Dr. MATHANGI RAJAGOPALAN

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	pt received in MICU	
11 Am	S/B Dr. Akshitha / Dr Dingalakshmi	
	pt reviewed.	
POD-0	O/E: pt GC fair, afebrile	Advice
	pol/PE	- NPO x 2 hours
T=N		- IVF @ 125ml/hr.
PR= 60/min	P/A: Soft	- monitor vitals
BP= 113/66mmHg	ut. firm and contracted	- follow diet chart
SpO2= 98% @ RA	dressing dry	- W/F ↑ bpv.
Receiving		- I/O charting
U/O - 150ml clear	L/E: No undue bleeding pv	- CBD / Clexane @ 10pm
	CBD insitu	- CBC c/n 6am
Baby m/s		- Inform SOS.
Breasts soft	[signature] 104285	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/01/2026	C/S/B Dr. Dhivyalakshmi / Dr. Shreedevi	
2pm	Pt tolerating liquids well	Advice
	Pt revived, Nil c/o	- Liquid diet
T-(N)	O/E Pt G/C fair, Afebrile	- Kanji @ 6pm
PR-75/min	P°/PF°	- Soft diet @ 8pm
BP-116/80mmHg	CVS /	- Plenty of oral fluids
	RS / NAD	- Vitals Monitoring
Baby - m/s	P/A ut firm & well contracted	- Follow drug chart
B/L - Breast soft	Soft, BS⊕	- CBC C/M 6AM
UO - 50 ml, concentrated	Dressing ⊕ & Dry	- I/O Charting
	L/E - BWNL	
		Shift to ward
	182217	
	S/B Dr. Deepa	
3/1/26 9pm	POD #0	
	Pt reviewed / No complaint	
↑ Normal	O/E Pt afebrile	Soft diet
BP 110/80 mmHg	PT/PR -	Plenty of oral fluid
PR 80/min	CVS / RS / NAD	Vitals Monitoring
U/O - 300ml clear	P/A Soft BS⊕	To follow drug order
CBC 6AM tomorrow	Ut firm & contracted	
	Dressing dry	
	Nil wound soakage	
	HR BWNL	1940

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
08-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26. 8:45 AM.	S/B Dr. Abslita	
POD#1	P2L2 / POD#1 / EL LSCS	
	pt reviewed.	
Hb = 11.8 TC = 11730 PT = 1.07	voiding freely	
BP 118/72 mmHg	passed flatus	Plan:
PR 80 bpm.	o/E afebrile	- monitor vitals
Temp (N)	GC fair	- soft solid diet.
SpO2 99% @ RA	P° / PE°	- plenty of fluids.
	P/A: uterus wc	- ambulate.
B/L breast soft	soft	
secretions minimal	BS (+)	
	dressing dry	228235
Baby m/s	L/E: BWHL	
DBF.		
	S/B Dr. Vijayalakshmi	
4/7/26 4 pm	pt. reviewed	
	c/o mild pain abdomen	
POD-1	O/E: pt GC fair, afebrile	Advice
	P° /PE°	- Ambulation
T-N	mild	- Syp. DUPHALAC
PR - 88 /min	P/A: soft, BS (+), gaseous distension	15ml po @ 9pm
BP - 100/70 mm	ut contracted	- monitor vitals
passed flatus & stools	dressing dry	- follow diet chart
		- Inform SOS.
voiding freely	L/E: BWNL	
Baby m/s		164281

Docu. No. RCH/FRM/CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	S/B Dr. [illegible]	
9 AM		
O/the	pt reviewed	
POD#2		
	passed stools	
	voiding freely	
BP 100/60mmHg	O/E: afebrile	
PR 80bpm	GC fair	Plan:
SpO2 99% @ RA	P° / PE°	- monitor vitals
temp (N)	P/A: uterus WC	- normal diet
B/L breast soft	soft	- Ambulate
secretions ⊕	BS ⊕	- hydration.
Baby m/s	L/E: BWNL	- follow drug orders
DBF		
		[signature] 128435

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: 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	-		-		-	☐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. Panitena

Date & Time : 29/7/26 at 8.30 pm

Nurse Name & Signature: N Devi

Date & Time : 29/7/26 at 8.30 pm

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Mrs PRANTIKA SINHA
08-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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(2)

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: 7th Floor ..... Shifted to: ..... ICU .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : 3.11.18 @ 8.30 AM

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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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	Inj: SUPACEF	1.5g	IV	STAT	3/7/26	☐C ☐DC
2	Inj. PAN	40mg	IV	STAT	3/7/26	☑C ☐DC
3	Inj: EMESET	4mg	IV	STAT		☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

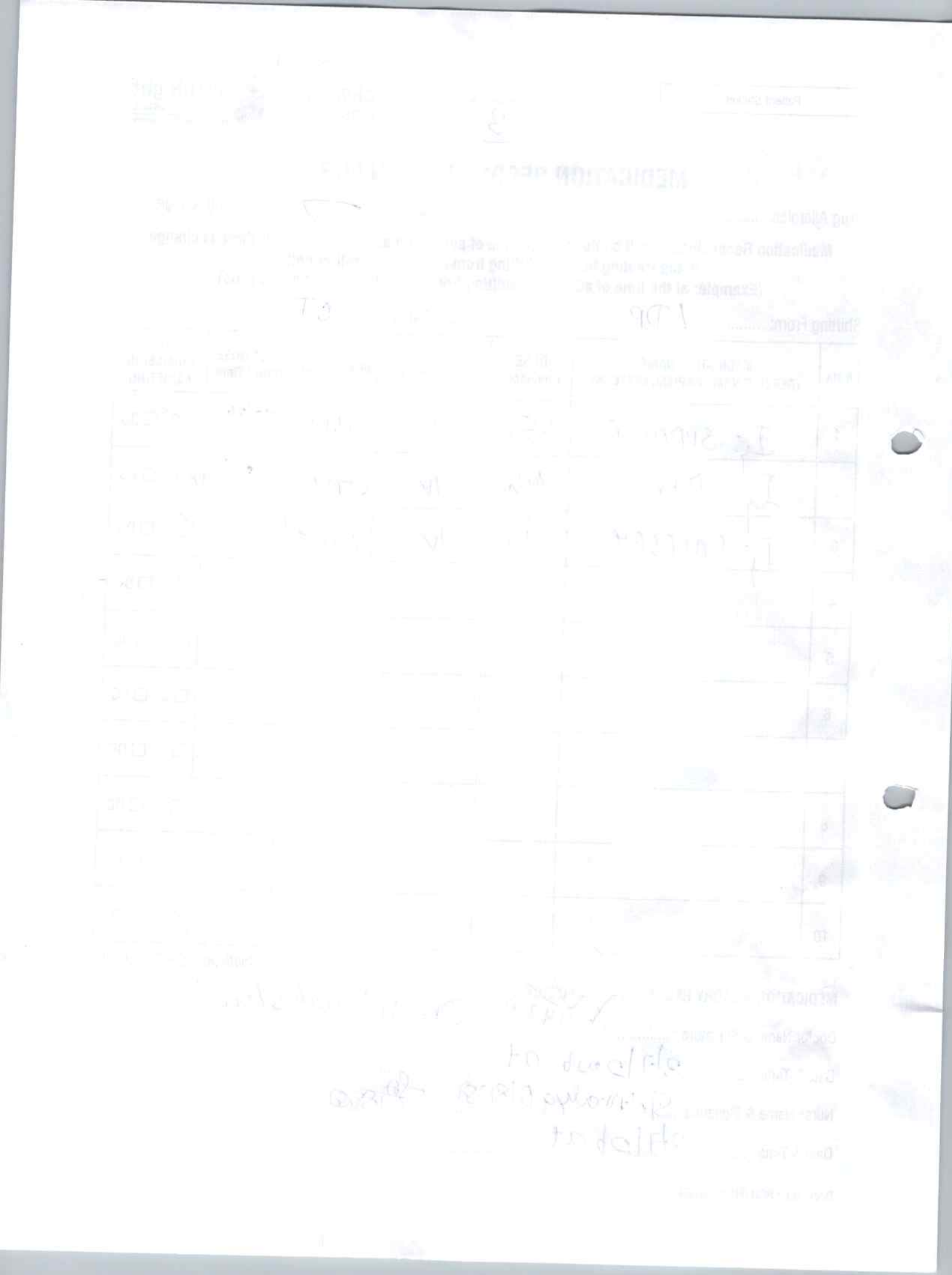
Doctor Name & Signature : 16428 Dr. Durgalakshmi

Date & Time : 3/7/2026 at

Nurse Name & Signature: Shilpakalya 018058 ~~Lo 018058~~

Date & Time : 3/7/26 at

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



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Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

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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: 7th floor.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	TDS	3/7/26 9:10PM	☐C ☐DC
2	INJ. CLEXANE	40mg	SC	OD		☐C ☐DC
3	C. PAN D	40mg	PO	BD		☐C ☐DC
4	T. ACTON OR	1g	PO	QID	3/7/26	☐C ☐DC
5	JUSTIN SUPPOSITORY	100mg	PR	BD		☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 82217

Date & Time : 3/7/2026

Nurse Name & Signature: S. Murthy 101796

Date & Time : 3/7/2026

	MEDICATION NAME (GENERIC NAME ONLY)	DOSE (mg, mcg)			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 76kg Ward. ADR

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5gm	IV	1-1-1	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: × 3 doses

Daily Doctor's Endorsement by a Sign

Date	3/7	4/7
Time		
1AM		SM VA
9AM		P.K S.S
6pm	AA PK	

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	OD	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	3/7	4/7	5/7
Time			
10pm		S.M V.A	S.N V.A

DRUG : Cap. PAN-D

Dose	Route	Frequency	Start Date
40mg	PO	BD	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	3/7	4/7	5/7
Time			
7AM		SM VA	NS AA
7PM	AA PK	B	

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Date
1gm	PO	1-1-1-1	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	3/7	4/7	5/7
Time			
12AM		S.M V.A	S.N V.A
6AM		SM VA	NS PK
12pm		P.K S.S	
6pm	AA PK	B	

Patient

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 76kg Ward. IDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7	8.30 AM	Inj SUPACEF	0.1mL	iv		ES / DR
3/7	9:10AM	Inj SUPACEF	1.5g	2V		ES / DR
3/7	8.30AM	Inj PANTOPRAZOLE	40mg	2V		ES / DR
3/7	8.30AM	Inj EMESET	4mg	2V		ES / DR
2/7	9:25AM	INJ SYNTO	5U	IV		PT / SK
3/7	9:50AM	INJ TRAPUL	1g	IV		PT / SK
3/7	9:55AM	INJ EMESET	4mg	IV		PT / SK
3/7	10AM	INJ CARBOPROST	250mg	IM		PT / SK
3/7	11AM	INJ METHERGINE	0.2mg	IM		PT / SK

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 76kg Ward. HDU-1

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/7/26	5Am	IVF 1 RL	IV	125ml/hr		SM VA	3/7/26	16428	SP SA
3/7	9:20 Am	RL 1	IV	?		PT SA	3/7		PT SA
3/7	10 Am	RL 1	IV	discard		PT SA	3/7		PT SA
3/7	10:30 Am	RL 1	IV			PT SA	3/7		PT SA
3/7	10:45 Am	RL 1 E20 U-SMART0	IV	over 4 Hr		PT SA	3/7 @ 10:45 Am		
3/7	10:45 Am	RL 1	IV	100ml/hr		PT SA			

Signature .....

VERIFIED BY : Name .....

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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STAT / ONCE ONLY DRUGS

Name: Mrs. Prantika Sinha

Weight: 76.4 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
3/7/16	3:40 pm	INJ. EMESET	4 mg	IV		SA	SP
4/7/16	9pm	Syp. DUPHALAC	15ml	p/o		SA	V. A

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

Prantika

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 71kg Ward 7th floor.

DRUG: JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	BD	3/7

Date/Time: 3/7 9AM; 4/7 9PM

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: TAB CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/o	1-0-1	4/7/26

Date/Time: 4/7 8AM; 5/7; 8PM

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: TAB METROGYL

Dose	Route	Frequency	Start Dt.
400mg	P/o	1-1-1	4/7/26.

Date/Time: 4/7 8AM; 5/7; 5PM; 10PM

Name & Signature of the Doctor Starting the Drugs: 127435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG:

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient S

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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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	2/7/26																						
		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														26				22				22			
	0 - 10																									
Saturations	94 - 100 %														99				99%				98%			
	< 94 %																									
Administered O_2 (L/min.)															NIL				RA				RA			
Temp°c	40																									
	39																									
	38																		98.6°F							
	37														98.1				(1)				(1) 98.6°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																		(1) sobni							
	90																									
	80														80				(1)				(1) 98.6°F			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														110				110				118			
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																		(74)				(78)			
	80																									
	70																									
	60																									
	50																									
	40														50				70				72			
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			
TOTAL ORANGE SCORES															0				0				0			
Nurse Initial															V				a				r			

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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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	03/7/26																				
		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		20	20		20	20		18	18					20				20				22			
	0 - 10																									
Saturations	94 - 100 %		99%	99%		100%	100%		99%	99%					99%				100%				99%			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA		RA	RA		RA	RA					RA				RA				RA			
Temp °C	40																									
	39																									
	38			38.2°F	38°F																					
	37					98°F	98°F								98.6°F				99.08°F				98.1°F			
	36								98.4°F	98°F																
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			77		60	60			80					80				82				80			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			110	120																					
	110					113	112																			
	100																									
	90								119	118					115				128				118			
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60					65	60			60					60				80				78			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓		✓	✓		✓	✓					✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓		✓	✓		✓	✓					✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓	✓		✓	✓		✓	✓					✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		✓	✓		✓	✓		✓	✓					✓				✓				✓			
	Green																									
TOTAL YELLOW SCORES			0	0		0	0		0	0					0				0				0			
TOTAL ORANGE SCORES			0	0		0	0		0	0					0				0				0			
Nurse Initial																										

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
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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

4/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30	22				20				22				22				20				22			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %	99%				98%				98%				98%				98%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA															
Temp°C	40																								
	39																								
	38																								
	37																								
	36	97.6F				97.5F				97.8F				97.6F				97.8				97.8			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	74				70				80															
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	100				98				110				110				120				160			
	80																								
	70																								
	60																								
	50																								
	40																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50	68				50				62				60				82				60			
	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		AA				AA				AA				AA				AA				AA			

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient :

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1

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

2/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	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											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	water	from							100ml	no	fine
	10:00 pm	H20	100								Fulln	no
	11:00 pm	H20	150								NOTU	fine
	12:00 am										Line	fine
	01:00 am	H20	100							200	NO IV line	fine
Total Intake :		500ml				Total Output :				300ml		
	02:00 am	N									NO	Sun
	03:00 am										IV	Sun
	04:00 am	P								200	line	Sun
	05:00 am			125								Sun
	06:00 am	O		125						150	O	Sun
	07:00 am			125						100	O	Sun
Total Intake :		+375				Total Output :				450ml		

Total 24 hrs. Intake	875ml

Total 24 hrs. Output	750ml

GUC-00009593 IP 16-00038290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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.

03/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	N/20		125ml						100ml	0	
	09:00 am			125ml						100ml	0	
	10:00 am			150ml						100ml	0	SA
	11:00 am	N/		125						150	0	SA
	12:00 pm			125						150	0	SA
	01:00 pm			188						100	0	SA
Total Intake :		2,125ml				Total Output : 700ml						
	02:00 pm	H20	100	125						50ml	0	SA
	03:00 pm	ORS	100ml	125				✓		50	0	SA
	04:00 pm	H20	100ml	125				✓		45	0	
	05:00 pm	Soup	100ml	125						25	0	MY
	06:00 pm	H20	150ml	125						25	0	
	07:00 pm	H20	100ml	125						100ml	0	
Total Intake :		650ml + 750ml = 1400ml				Total Output : 895ml						
	08:00 pm			125						150	0	SMV
	09:00 pm	H20	200	125						150	0	SMV
	10:00 pm	H20	200	IVF 80ml						CBOR	0	SMV
	11:00 pm	H20	100								0	SMV
	12:00 am										0	SMV
	01:00 am	H20	100								0	SMV
Total Intake :		600ml				Total Output : 300ml						
	02:00 am										0	SMV
	03:00 am	H20	100							350	0	SMV
	04:00 am										0	SMV
	05:00 am	H20	100								0	SMV
	06:00 am	H20	200								0	SMV
	07:00 am	H20	200								0	SMV
Total Intake :		600ml				Total Output : 350ml						

Total 24 hrs. Intake	4,725ml

Total 24 hrs. Output	16,45ml

GUC-00009593
Mrs PRANTIKA SINHA IP18-00036290
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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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.

4/7/24		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	150							250		
	09:00 am										0	P.U
	10:00 am	H20	250								0	P.U
	11:00 am										0	P.U
	12:00 pm	H20	200							250	0	P.U
	01:00 pm										0	P.U
Total Intake : 600										Total Output : 500	0	P.U
	02:00 pm										0	
	03:00 pm	H20	100ml								0	
	04:00 pm	H20	150ml							200ml	0	
	05:00 pm										0	
	06:00 pm	H20	100ml								0	
	07:00 pm	H20	100ml							300ml	0	
Total Intake : 450ml										Total Output : 500ml	0	
	08:00 pm										0	
	09:00 pm	H20	200ml								0	
	10:00 pm										0	
	11:00 pm	H20	300ml							300ml	0	
	12:00 am										0	
	01:00 am										0	
Total Intake : 500 ml										Total Output : 300ml	0	
	02:00 am	H2O	200ml								0	
	03:00 am										0	
	04:00 am	H2O	100ml							100ml	0	
	05:00 am										0	
	06:00 am	H2O	100ml								0	
	07:00 am									100ml	0	
Total Intake : 400ml										Total Output : 200ml	0	

Total 24 hrs. Intake	1,950	Total 24 hrs. Output	1,500 ml

Patient Sti

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

Rainbow® Children's Hospital
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BirthRight
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 / Pm. LSCS / [illegible] 3days

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

BACKGROUND Date / Shift	2/7/26 N	3/7/26 M	3/7/26 E	3/7/26 N	4/7/26 M	4/7/26 E
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	N diet	NPO	liquid	N diet	N 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
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Vital Signs: Temp:	98	98.2°F	98°F	98.2F	98.1F	97.6°F
Res:	20	20 b/m	24/mt	24 b/m	19 b/m	20 b/m
SpO_2:	100%.	99% (RA)	100%	100%.	100%.	100%.
Pulse:	80	80 b/m	84/mt	80 b/m	89 b/m	72 b/m
BP:	110/70	110/60	110/70	110/80	104/84	110/72
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	2/10	0/10	0/10	0/10
Skin Integrity	Intact	Healed	Intact	Intact	Intact	Intact
Recommendations Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	NA	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
Special Diet:	N diet	NPO	liquid	liquid	liquid	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):	Not depend	Dep	Depen	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	/	—	—	—
Handed Over By Name :	Devi	E. Prema	Sneha	V. Abirami	Mohila	Sudhini
Signature / ID :	[illegible]	[illegible]	01[illegible]	60778	Puro	[illegible]
Date:	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26	4/7/26
Time:	9.00pm	7.30 am	2pm	7:30pm	8.pm	7pm
Taken Over By Name :	E. Prema	Sneha	V. Abirami	P. [illegible]	[illegible]	V. Abirami
Signature / ID :	[illegible]	01[illegible]	60778	P. [illegible]	[illegible]	60778
Date:	3/7/26	3/7/26	3/7/26	3/7/26	4/7/26	4/7/26
Time:	7.30	2pm	7pm	1.30pm	1:30pm	7:20pm

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSING CARE RECORD

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

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: 2/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8.30 pm	Improve knowledge and promote	9pm	* Teach medication Regimen and Followup Care * Encourage question to Clarify	Improved knowledge to some extend	Reassessment Done	2/7/26

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
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NURSING CARE RECORD

Date: 03/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30pm	- Assess the patient General condition - provide psychological support	10pm	- Assessed the patient General condition - Provided psychological support	Provided psychological support	Patient feel better	
Afternoon	2pm	=> ~~Assess~~ the Patient Achieve acceptable Pain Control and Comfort.	2pm	=> Assess the Patient using Pain Scale => Position Patient Comfortably. => Provide non-Pharmacological measure.	Patient Vital Sign Stable.	Reassessment done	10/7/26
Night	8pm	Assess the patient achieve acceptable pain control and comfort	9pm	Assess the patient using pain scale position patient Comfortable	Pt vitals Sign Stable	Re-assessment was done	6.07.26

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
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Pa

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	8.30pm	Admission notes (2/7/26) Mrs. prantika sinha/ 37 years/ Female got admission under Dr. Mathangi mam. Patient Diagnosis IS G2P1L1/ Pre LSCS/ 32 weeks + 2 days/ GDM on MNT/ Mild Polyhydramnios admitted For Elective LSCS. Monitored Vitals and Recorded. Maintained I/O. CTG connected. FHR Monitored. Pain assessment Done. Orientation given. No any other complaints. Patient General Condition Fair	Stw 01/6/26
	9pm	Pre anaesthesia Consultation Done by Dr. Ranjith. advised NPO from 12am. Surgery consent taken from patient and attender.	Stw 01/6/26
	10pm	Dr. Pavithra advised to shift the patient to ward. doctor Order Carried out.	Stw 01/6/26
	10.30pm	Patient Shifted from LDR to 4th Floor. patient care Handing over given to 4th Floor Staff	Stw 01/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
02/7/26	10:30pm	Pt's details Hand over taken from LDR staff, pt's vitals are stable. Pt's NPO till 12AM, tomorrow plan for EL-LSCS at 9:30AM, IV line secure at 5AM, IVF RL 500ml ē 100ml on flow, catheterization insert, RO shift LDR at 8:30AM. →	Sd/- 6072
	11PM	Pt's vital signs checked and recorded. Vitals are stable, maintained I/O chart →	Sd/- 6072
03/7/26	12AM	Pt's explained NPO 12AM, Pt's sleeping well, no other complaints, maintained I/O chart. →	Sd/- 6072
	2AM	Pt's sleeping well, no other complaints →	Sd/- 6072
	4AM	Vitals are stable, parts preparation done, Bath done. →	Sd/- 6072
	5AM	Pt's IV line secure, IVF RL 500ml 100ml/hr on flow, maintained flowchart. maintained phlebitis chart. 0/5 →	Sd/- 6072

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
03/7/20	6AM	pt's catheterisation done, Foley's catheter 16 Fr insert 15ml D water given. Urine Drained well. →	
	7:30am	pt's details Hand over given to morning duty staff →	[signature]
		Morning duty on 3/7/21	
	8.30 AM	patient details handing over taken from night duty staff patient conscious and oriented IV line patent. patient NPO from 12 AM. IVF RL 125/h on flow of the patient. Today EL LSCS @ 9.30am plan. Catheterization done. Urine draining clearly →	[signature]
	8am	Vitals/signs checked and recorded →	[signature]
	8.30	Inj. Pan 40mg, Inj. Emeset 4mg given IV stat. Inj. [illegible] 0.1mg given intradermal [illegible] →	[signature]
	8.35	Patient details handing over [illegible] S/N Akalya →	[signature]
		Receiving Notes	
	8:40Am	patient is receiving from 7th floor to LDR pt care hand over taken from 7th floor staff Nurse →	S/N Akalya 01800

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Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26		⇒ NO Allergic reaction so Inj: supacef 1.5 gram full Dose given to patient checked for vital signs recorded patient are stable checked for FHR ✓	
	9.15 am	pt case hand over given to OT staff Nurse pt shifted to OT	S/Nakaya 018080
		OT Notes	
3/7/26	9:15 AM	⇒ patient received From LDR to OT. While receiving patient I Band, consent checked.	
		⇒ Anaesthesia given by Dr. priyadharshini under Spinal Anaesthesia.	
		⇒ Foly's catheter present.	
		⇒ Surgery done by Dr. Mathangi	
		Baby detail	
		Baby: Female	
		Time: 9:44 AM	
		weight: 3.625kg.	
	11 AM.	⇒ patient shifted to NICU patient handover to NICU staff.	607821

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26	11AM	Receiving Notes	
		patient is receiving from OT	
		to MICU patient case hand	
		over taken from OT staff	
		Nurse patient was stable	
		conscious & oriented IV line	
		present & patten. checked for	
		vital signs & recorded pt vital	
		are stable minimal of Bleeding	
		pt is NPO pt general condition	
		fair No compliants	S/N Akalya 08057
	12pm	B - Breast is soft No Enlargment	
		U - uterus was contracted & well	
		B - Bowel movement present	
		B - patient is CBD present	
		L - Lochia Rubra present	
		E - REEDA is Not applicable	
		H - Homan signs negative	
		E - pt Emotional good	S/N Akalya 01808
	1pm	=> patient is stable	
		minimal of Bleeding IVF syntocinon	
		RL500ml @ 125ml/hr ongoing pt	
		general condition fair	S/N Akalya 01808
	2pm	=> Patient vital signs	
		stable general condition fair.	
		CBD urine drained clear &	
		adequate	=> [illegible] /01174

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA (F)
06-05-1989 37 Y 1 M 27 D
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10u1. 08/7/86	Continue Notes	Orals Started No Vomiting Tc water given	→ [illegible]
	3:30 pm	⇒ patient is vomiting Inj. Emeset 4mg IV given to pt Dr. Divyalakshmi Advised to catheter Bag charge. new meter charged pt shifted to ward	→ [illegible]
	3:50 pm	⇒ patient shifted to ward pt care hand over given to 7th floor staff Nurse	→ [illegible] 01800
		Receiving Notes.	
	3:50pm	Handover Received from LDR. staff. patient is concious and oriented. IVF - RL - 125ml/hr. on flow. patient urine output is concentrated. patient total 2 episode vomiting present. already LDR staff given Inj - Emeset 4 mg. CBD removal @ 10pm.	[illegible] 0195?
	4pm	patient had 1 episode. vomiting. Inform Dr. Divya lakshmi mam. mam told continue liquid diet. water and Juice. with hold Tc water. kanji @	[illegible]
	4:30pm	7pm. urine output. 45ml. Inform Dr. divya mam advice	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/21		to engauage. oral fluid.	
	5pm.	Dr. Divya mam came and seen the patient Urine output - 25ml. mam check CBD tubing. Dr. divya mam told IVF RL-50ml. such. fluid.	Soniya 09559.
	6pm	patient urine output - 25ml Inform. Dr. Divya mam. advice to Push. IVF - RL - 100ml.	Soniya 01908.
	7.30pm.	Patient due Medication & drug given as per drug chart Order IV fluid on flow. IV line Pattern. Patient details handing over to Evening duty staff. → NIGHT DUTY	02mgs
3/7/21	7:30pm	patient details handing over taken from evening duty staff today CBD removed at 10pm. pt on soft diet 8pm. follow dry chart vital monitoring	100mgs
	8:00pm	Vitals was checked and recorded maintain I/O chart no other Complaints medication was given as per doctor order	07738

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10:00pm	CBD was removed pt	
		taken a soft diet. pt was	
		ambulated. no other	
		complaints.	60332
4/7/26	12:00am	vitals was checked	
		and recorded maintain	
		I/O chart no other complaints	60332
	2:00pm	B - Breast is normal	
		U - uterus is contracted	
		B - Bowel movement is normal	
		B - Bladder CBD removed urine not void	
		L - lochia Rubra is present	
		E - Edema is not applicable	
		H - Homans sign is negative	
		E - emotional status	
	3AM	urine passed 1st voided 350ml.	60332
	4:00am	vitals was checked and	
		recorded maintain	
		I/O chart. no other complaints	60332
	6:00am	CBC sample was collected	
		and sended to lab	60332
	7:00am	maintain I/O chart and	
		recorded. no other complaints	60332
	7:30am	Pt details handing over	
		feels by morning duty	
		staff	60332

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
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(5)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty	
4/7/26	7.30am	patent details handover taken over from Night to morning duty. patent is CBD remove after voided, IV line ⊕, Flatus passed	P. [illegible] 607261
	8.00am	patent vitals checked and Recorded	P. [illegible] 607261
	9.00Am	patent due medication given, Dr. Akasitha mam come and see advised changed afternoon oral medicine,	P. [illegible] 607261
		B-Breast is soft, No engorgement	
		U-Uterus is contracted	
		B-Bowel movement present	
		B-urine voided freqently	
		L-Lochia rubra is present	
		E-Reeda Not applicable	
		H-Homans signs Negative	
		E-Emotional status good	P. [illegible] 607
	12.00pm	patent vitals checked and recorded. patent Dr. Akasitha mam phonecall order Dulcolax-2 given and recorded.	P. [illegible] 6072
	1.30pm	patent details handover given to Evening duty	P. [illegible] 6072

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty	
	2pm	patient details case file handover taken from morning duty staff. patient vitals are recording and reporting.	→ Hari 60795
	3pm	Patient vitals are stable patient general condition is assessed for the doctors and doctor rounds is done. Medication is given to the as per as doctor's order and patient side there is no c/o of pain.	→ Hari 60795
	3:30pm	Patient is continues maintain I/O and patient is passed urine and flatus is passed. patient abdomen suture side is assessed to the doctors. patient intake of water is adequate.	→ Hari 60795
	4pm	patient vitals are monitoring and recording. patient vitals are stable / patient maintain continues I/O chart and continues DBF is maintain. Baby handling is well grooming and Hygiene.	→ Hari 60795
	7.30pm	Patient attach ... [illegible] discharged	

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/7/26	3/7/24	3/7
		Score	0	0	0
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	0
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15	0	0	0
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	20	20
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		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

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Mrs PRANTIKA SINHA
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 3/7/26	M 4/7/26	E 4/7/26
		Score	0	0	0
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	0
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15	0	0	0
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ 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

Pa

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	4/7/26	5/7/26		Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0						
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15	0	0				
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0				
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:			20	20				
		Signature	[signature]	[signature]				

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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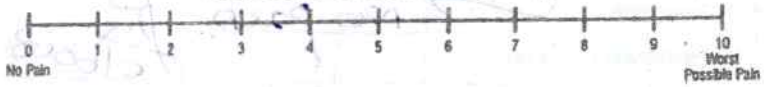
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	9pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Devi 01720
3/7/26	3/7/26	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
3/7/26	9am	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[illegible] 016808
3/7/26	11AM	2/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☑ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 01800
3/7/26	3pm	2/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	[illegible]
3/7/26	8pm	2/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
4/7/26	10AM	2/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
4/7/26	6am	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 600734
4/7/26	10AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfort position	[illegible]
4/7/26	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Cont..t, 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

Patient Sticker

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

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
5/7/26	9am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
5/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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(P.T.O)

PAIN ASSESSMENT TOOLS

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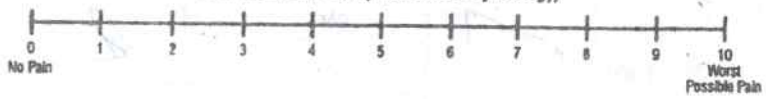

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
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BRADEN 'Q' SCALE

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	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.	Date: 9/7/20	9/7	3/7	3/7
					Time: D	M	E	N
Mobility					4	4	4	4
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	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	20	20	20	20
				Evaluator's Name	Dan			

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

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

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②

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BRADEN 'Q' SCALE

					M	E	N	M
				Date :				
				Time :	4/7	4/7	4/7	5/7
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
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				TOTAL SCORE	28	28	28	[illegible]
				Evaluator's Name	[illegible]	[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

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: ....

MRD NO: GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F) F
Age : .... Dr. MATHANGI RAJAGOPALAN

Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 03/7/26 Time: 6Am
Location : (1) Anesthetic Vein
Size : 18G
Cannula inserted by : S/N Madhumitha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
03/7	6Am	☐Yes ☑No	☐Yes ☑No	Pattern	SM
	7Am	☐Yes ☑No	☐Yes ☑No	Pattern	Sm
3/7	8Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	10Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	12pm	☐Yes ☑No	☐Yes ☑No	Obsa	SA
	2pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	4pm	☐Yes ☑No	☐Yes ☑No	Obsa	Dy
	6pm	☐Yes ☑No	☐Yes ☑No	Obsa	Dy
	8pm	☐Yes ☑No	☐Yes ☑No	Obsew	VA
	10pm	☐Yes ☑No	☐Yes ☑No	Obsew	VA
4/7	12am	☐Yes ☑No	☐Yes ☑No	Obsew	VA
	2am	☐Yes ☑No	☐Yes ☑No	Obsan	Sm
	4am	☐Yes ☑No	☐Yes ☑No	Obs	Sm
	6am	☐Yes ☑No	☐Yes ☑No	Obs	Sm
	8AM	☐Yes ☑No	☐Yes ☑No	Pattern	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Pattern	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	Pattern	[illegible]
4/7	2pm	☐Yes ☑No	☐Yes ☑No	Patta	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Pattern	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Patta	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	Patt	[illegible]
5/7	12am	☐Yes ☑No	☐Yes ☑No	Patte	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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Mrs PRANTIKA SINHA (F)
06-05-1989 37 Y 1 M 26 D
Dr. MATHANGI RAJAGOPALAN

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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 C12P14 / [illegible]
2. Treatment and Care

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
2/7/26	9 pm.	Informed consent	Patient explain to surgery procedure and consent.	Spouse	Educational level	Oral.	Respect values	Verbalizes understanding	Good.	[illegible]
3/7/26	8-30am	[illegible]	Provided psychological [illegible]	Patient	No learning barrier	Oral	None	Verbalizes understanding	[illegible]	[illegible]
4/7/26	10 Am	yes	explain nutrition	patient	none	oral	No	[illegible]	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 Stic

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

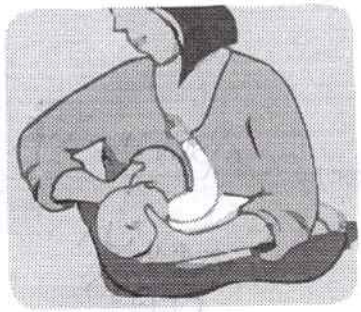
1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

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

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

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



Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
- ☐ b. No

7. For Caesarian mothers:

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

8. NICU admission: N/A

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

9. Additional notes: ...

Continuity of Care: Date: 3/7/2026

Baby is mothes side
good latching 4/7/26

L - 2	L - 2
A - 1	A - 2
T - 2	T - 2
C - 2	C - 1
H - 2	H - 1
9	8

P. Vbooza

Handover given by S/N Akalya 0.1808 — Handover taken by Sowmiya

Signature 0.1808 — Signature Sowmiya 01755

Date & Time: 3/7/2026 — Date & Time: 3/7/26 @ 4pm

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Patie

URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion: 3/7/26 at 6AM Date of Removal: 03/7/26 at 10pm

Parameters	Date / Shift Time	M 3/7	E 3/7					
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 Removed at 10pm	☐ 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		S/N Aley	S/N Aley					
Signature of the Nurse			011740					

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi. R.	Date of Delivery: 03/07/2026
Assistant Surgeon: Dr. Ahzuta / Dr Shreedevi	Time of Delivery: 9:44 Am
Anaesthetist's Name:	Gender of Baby: Girl
Type of Anaesthesia: Spinal	Weight of Baby: 3.625 kg
Neonatologist: Dr. Srilakshmi	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N Sundari.	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis: G2P1L1 / 38w2D / prev LSCS / polly / GDM on MNT.

☑ Elective ☐ Emergency Indication: Previous LSCS.

Urgency

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

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

CTG Description: Reactive.

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

Surgical Procedure: Elective, Repeat lower segment caesarean section.

Post Operative Diagnosis: P2L2 / POD#0 / El. LSCS.

Peri-Operative Complications: NIL.

Amount of Blood Loss: 350-400 ML. Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

–

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....
Cervical Dilatation: .... - .... cm

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

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

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

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

. Thick adhesions noted between anterior surface of uterus and peritoneum.
. Omental thin adhesions towards left side of uterus. & same released.

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other. Bladder drawn up & adherent.

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 Head high up.

Abundant liquor drained

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

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

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

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

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

Raw area noted at the area where adhesions were released, hemostatic sutured placed.

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

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

Sheath Closure: ....1 vicryl).... Suture

Fat Closure: ☐ Yes ☑ No .... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..10 pm.. 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: NBM x 3 hours

CBD / clexane 40mg 10pm today

CBC c/m 6AM

I/O charting

INJ SUPACEF 1.5gm IV 1-0-1

TAB PARA 1gm IV 1-1-1

CAP PAN D P/O 1-0-1

JUSTIN SUPPOSITORY 1 P/R 1-0-1

w/f ↑ bleeding P/V

IVF @ 125ml/hr

Doctor Name: ....Dr. Mathangi R.... Doctor Signature: ....[signature] 12835....

Date & Time: ....3/7/26....

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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 EMESET	4mg	IV	STAT	3/7	☐C ☐DC
2	INJ TRAPIC	1g	IV	STAT	3/7/26	☐C ☐DC
3	INJ SYNTO	5V	IV	STAT	2/7/26	☐C ☐DC
4	INJ CARBOPROST	250mcg	IM	STAT	3/7/26	☐C ☐DC
5	INJ METHERGINE	0.2mg	IM	STAT	3/7/26	☐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 Priyadharshini

Date & Time : 3/7/26

Nurse Name & Signature:

Date & Time : 3/7/2026 at 11Am

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. :
Anaesthetist : Dr. :
Scrub Nurse : S/N. Sundari

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Mrs PRANTIKA SINHA
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..... Age : ..... Gender : .....
Surgery Name : .....
..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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 Priyadharshini

Before Skin Incision ➤➤

TIME OUT Time:.....

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

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

Anticipated Critical Events

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

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

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

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

Before Patient Leaves Operating Room

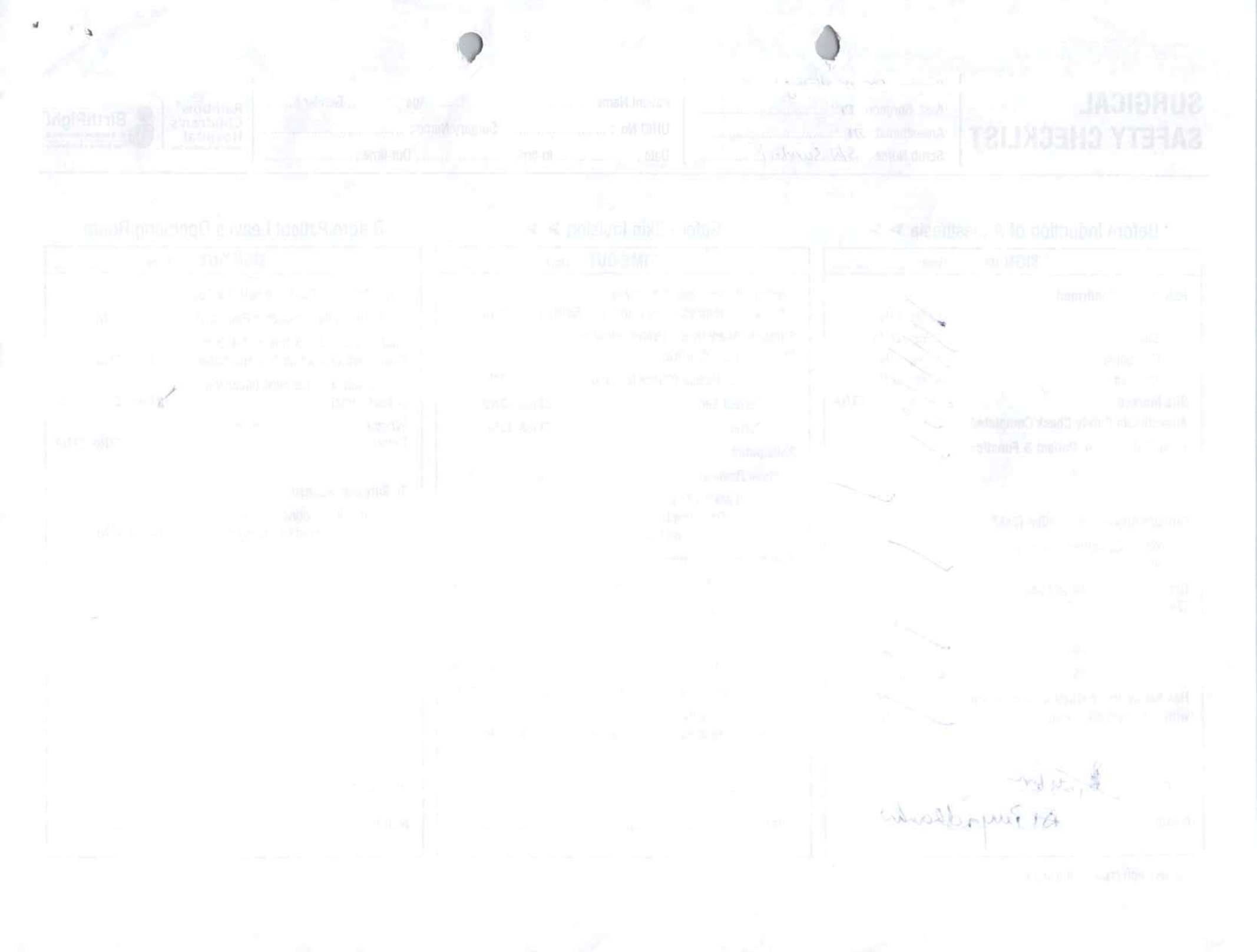
SIGN OUT Time:.....

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 : .....



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00009593 IP18-00036290
Patient Nan Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN
UHID No : ..

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

..... Date : .....

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

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

ELECTIVE REPEAT LOWER SEGMENT CAESAREAN SECTION.
AND - PREVIOUS LSCS. 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, Adhesiolysis, MICU 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. Mathangi.

Consentee :

Signature : Prantika Sinha.
Name : Prantika Sinha
Date & Time : 2.7.2026 9:30 pm.

Patient Attendant :

Signature : Ravi
Name : ANKIT SAINI
Relationship with Patient: SPOUSE
Date & Time : 2.7.26

Witness :

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

Doctor (who is taking the consent) :

Signature : .....
Name : Dr. Pavithra.
Date & Time : 2/07/2026

CONSENT FORM FOR ANAESTHESIA

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Your Right to a Safe Delivery

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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

UHID NO: ..... Surgeon Name: .....

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

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : GDM on Ref. Md.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : ANKIT SAINI

Relationship with Patient: SPOUSE

Date & Time : 2.7.2026 9:06 PM.

Witness :

Signature : Prantika Sinha

Name : Prantika Sinha

Date & Time : 2.7.2026 9:08 PM

Doctor (who is taking the consent) :

Signature : ..... Name : ..... Date & Time : 2/7/26 9:11 pm

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Date: ..... Proposed Operation: Elective LSCS

Diagnosis: Previous LSCS

B.P / CRT: 110/70 mm H.R: 80/m Weight: 78.1 Y ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5 – Pregnancy – GDM

Laboratory Data:

Hgb: 13	Glucose: 76.6 / 85.5	Protein:	HIV:	X-Ray:
PCV: 39	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 8060	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 150 000	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKA

Medical History: CVS : –

RESP : –

Diabetes : GDM on Medication

CNS : –

Renal : – Renal Stones not under any Treatment

Hepatic / GE : –

Physical Activity: –

Others : –

Past Anaesthetic History: Prev LSCS – 2020 – SAB –

Physical Exam: CVS, Chest, RS

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

Lungs : NAD (N)

Heart: RS (N)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Rajagopalan

Patient Sticker

ANAESTHESIA CHART

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

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Pre Induction Assessment:

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

H.R.: 90/min B.P / CRT: 120/70 SpO₂: 100% R.R.: 20/min Last Feed:

Pre-OP Diagnosis: G₂P₁L₁/Prev LSCS Operation: Repeat LSCS Date: 9/7

Surgeon: Dr Mathangi Anaesthesiologist: Dr Priya Technician: Mylogh

TIME: 9.20am. 10.20am 11am

N_2O /AIR /O_2 LPM

HALO /ISO /SEVO

Drugs:

Inj Syntocinon 5U IV + 20U IV infusion

Inj. Taxim 1g IV

Inj Emeset 4mg IV

Inj Carboprost 250 mcg IM

Inj Methergine 0.2mg IM

FIO_2 / SaO_2

$ETCO_2$

ECG: sinus rhythm

Temperature

Urine Output

Fluids / Blood: 1 RL, 2 RL, 3 RL, 4 RL, 5 RL

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: ....
☐ 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: 9.20am
OP Start: ....
OP End: ....
Leave OR: 11 am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: 18 G Rt
☐ IV: ....
☐ IV: ....

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

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

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

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

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: L3-L4
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2.2ml 0.5% (H) Bupivacaine + 0.2ml Buprenorphine
Bolus: ....
Infusion: ....
Block Level: ....
Comments: T6 level (+)
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr Priya

Signature of the Doctor: [signature]

Patient Sticker

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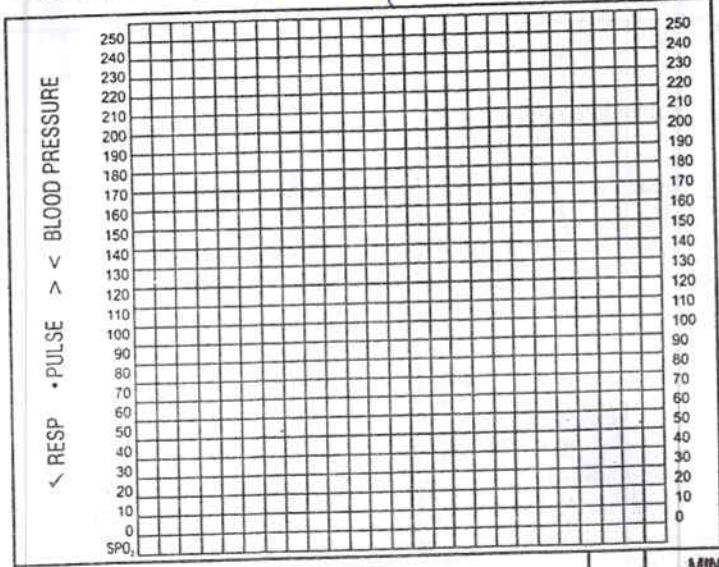
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/7		0/10	NPO x 2 hours	ISU 62

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

Anaesthesiologist Name : Dr Pujari
Anaesthesiologist Signature : ISU 62
Date & Time : 3/7/26.

PACU Nurse Name : Thanu
PACU Nurse Signature : [signature]
*Date & Time : 3/7/26 @ 11AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): [signature]
Date & Time: 3/7/26 @ 11AM

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 : .....

PRE - OPERATIVE CHECK LIST

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Date: 03/7/26

Patient's Name : MRS. PRANTIKA SINHA Age : 37Y/F Gender : ☐ M ☒ F

Blood Group : ..... UHID : 9593

Planned Surgery : EL. LSCS Surgeon : DR. MATHANGI

Anesthetist : ..... Date & Time of Operation : 03/7/26 at 9:30Am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : .....

Billing Executive Signature : .....

Date & Time : .....

Nurse In-Charge Name : S. Madhu

Signature of Nurse In-Charge : .....

Date & Time : 03/7/26 at 8 AM

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

GUC-00009593 IP18-00038290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

I PREVENTION CHECKLIST

Rainbow Children's Hospital

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

RCH/GDY/FRM/CLINICAL/598

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 3/7/26 @ 8.30Am 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.SpO₂ within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	Circulation & Hemodynamic Stability		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NA	
	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	N/A	
	b.Reassessment done	Yes	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	N/A	
	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	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	Equipment Safety & Transport Preparedness		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	High-Risk Patient Safety (if applicable)		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NA	
10	REPORTS AND LABS HANDED OVER	Yes	
11	BIOPSY/HPE SENT	No	
12	Documentation		
	a.Documentation completeness	Yes	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

2

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 3/7/2026 @ 9.15 am LDR

TRANSFERRED TO: OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	yes	SPO2-99%
	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	NA	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse:	S/N Paramaswari	
	Receiving Nurse :	Thaddani	
	Signature of Incharge:	S/N Anusya	

RCH/GDY/FRM/CLINICAL/598

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 03/7/26 @ **TRANSFERRED TO :** MIW'

1	**Patient Identification**	**YES/NO**	**REMARKS**
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	yes	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	yes	
3	**Circulation & Hemodynamic Stability**	yes	
	a.IV lines secured & infusion running correctly		
	b.No active uncontrolled bleeding	yes	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed		
	e.Dressing Intact	yes	
4	**Pain Assessment**	✓	
	a.Pain score assessed & analgesia given		
	b.Reassessment done		
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	yes	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized		
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	yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**		
10	**REPORTS AND LABS HANDED OVER**		
11	**BIOPSY/HPE SENT**		
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse: Shwta		
	Receiving Nurse : SNAFealy 01800		
	Signature of Incharge: [signature]		

RCH/GDY/FRM/CLINICAL/598

PATIENT TRANSFER FORM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 2/7/26 at 8:45pm	Date & Time of Transfer Order: 2/7/26 at 10.30 pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: for Parithma	Reason for Transfer: Pt shifted to ward,
From Unit: NICU	To Unit: ward	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP file - 1	Number of Imaging Films: CT - 2	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt shifted to ward under Dr for Parithma.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Don' 2/7/26	Dr. Parithma.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 2/7 PM 10.35

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-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

PATIENT TRANSFER FORM

(2)

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	Date & Time of Admission	Date & Time of Transfer Order
	2/7/26 @ 8.45pm	2/7/26 @ 8.30Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Anshitha	EL.CS
From Unit	**To Unit**	**Information to Attendant**
[illegible] floor	1Dn	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Ip file - (1)	CTG - (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Supoeif 1 gm	(1)
2.	Ryl. Stoma [illegible]	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sowmya.	Dr. Anshitha

Patient & Clinical Records Received by : [signature] 018080

Date & Time of Patient Received : 3/7/2026 at 8:40Am

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

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

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

PATIENT TRANSFER FORM

(3)

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
Dr: mathangi	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: EL LSCS
From Unit: LDR	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP Files	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Pt shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Akalya 01898	Dr: Akshitha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 3/7/26 at 9.15 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

(4)

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 03	Date & Time of Transfer Order: 03/07/26 @ 11AM
Treating Consultant Name: Dr. Mathangi Rajagopalan	Transfer Ordered by: Dr. Divyalakshmi.	Reason for Transfer: For Further Management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 1 IP file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607891	Dr. Divyalakshmi.

Patient & Clinical Records Received by : S/N Akshaya / 01805 7

Date & Time of Patient Received : 3/7/2026 at 11Am

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

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

PATIENT TRANSFER FORM

(5)

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GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 2/7/26 at 8:45pm	Date & Time of Transfer Order: 3/7/26 at 3:40pm
Treating Consultant Name: Dr: mathangi	Transfer Ordered by: Dr: Akshita	Reason for Transfer: Observation
From Unit: LDR	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP Files	Number of Imaging Films: CT4	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sd/- Akshita 01800	Dr. Akshita

Patient & Clinical Records Received by : Soumya 01955. @ 4pm.

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

GUC-00009593 IP18-00036290
Mrs PRANTIKA SINHA
06-05-1989 37 Y 1 M 26 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/7/26 Time of Arrival: 8.30pm Time Seen by Nurse: 8.30pm

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: Admitted For EL LSCS

3) **Vital Signs:** Temperature: 98F Pulse: 76 bpm RR: 20 b/m SpO₂: 99% BP: 110/70 Weight: 76.2kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 2/10/25 EDD: 9/7/26 Gestational Age: 33+2days

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: LSCS x 1

b) Medical: NIL

(P.T.O.)

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: 8:40pm

Nurse Name : S/N. Tamilselvi 0162 Nurse Signature: [signature] 0162

Date: 2/7/26 Time: 8:30pm

Patient Sticker

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Mrs PRANTIKA SINHA
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 2/7/26

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	✓	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	03	
Signature of the Nurse		
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

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.