Rainbow Children's Hospital

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 9 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		8AM					
Activity Sheet update by Pharmacy		8:26					

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It takes a lot to treat the little.

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ACTIVITY RECORD FOR BILLING

[illegible] IP [illegible]
Mrs SOWMIYA (F)
31-05-1997 29 Y 1 M 6 D
Dr. MATHANGI RAJAGOPALAN

Name: .... Consultant: .... Dept: ....

UHID No: .... Date of Discharge: .... Time: ....

Date of Admission: .... Time: .... Suggested Billable bed type: ....

Room / Bed No: .... Ward: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26.	9-30 am	612	LDR	[signature] OTR
7/7/26	10:30 AM	LDR	OT	[signature]
7/7/26	10:50 AM	OT	NICU	[signature]
7/7/26	9:30 pm	NICU	6th floor	Devi

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	pre-anesthesia check up	7/7/26	1723159	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/7/26	Blood grouping, Indirect coombs test, Serology	21653	[illegible] 07/07/26
8/7/26	CBC	1823	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Infusion pump	5am	7/7/26 9PM	1723158.	
6/7/26	CTG	①		9098	
6/7/26	CTG	②		9098	
7/7/26	CTG	③		9098	
7/7/26	CTG	④		9098	
7/7/26	CTG	⑤		9098	
7/7/26	CTG	⑥			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
7/7/26	IV line placement	(1)	1723160	
7/7/26	catheterization	(1)		
8/7/26	Diet Counselling	(1)	4275	
8/7/26	physio	(1)	4274	

ANY OTHER INFORMATION:

Procedure Name: Elective LSCS

Surgeon Name: Dr. Malthangi

Assist Surgeon Name: Dr. priyadharshini, Dr. pavithra, Dr. Sridivya

Anaesthetist: Dr. mohan, Dr. priyadharshini

In time: 10:30 am out time: 11:50 am.

Date: 9/7/26 Time: 6pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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SURGERY DETAILS

Date : 07/07/2026

Patient Name: Mrs. Sowmiya Date of Birth: 31/05/1997 Age: 29y

Gender: Female Ward : OT UHID No.: 92656/36352

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

Name of the Surgery : Elective LSCS

Time in : 10:40 AM Time Out : 11:50 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. Mohan, Dr. priyadharshini	
3. Assistant Surgeon	: Dr. priyadharshini, Dr. Pavithra, Dr. Sidivya	
4. OT Technician	: Mr. Sudhashan	
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 .....

Dr Mathangi
Signature of the Surgeon

TCOI 607391
Signature of Circulating Nurse

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

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

Baby: Female

Time: 10:50Am

wt : 1.281 kg.

Inj Supracef 1.5 g @ 10:30AM.

Patient Sticker

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Ms. Thanushya Technician : Mr. Sudhakaran Date : 07/07/18 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		1
LMA			Sutures 2347		3	Cord Clamp		1
ECG leads : A / P / N		3	1326		1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6Fr		1
Syringes : 10 cc		3				Vaccum Suction Set		
05 cc		2	Gloves 7 SIZE (PF)		02	Surgical Gloves 6.½ P.F		1
02 cc		3	6 PF 6½ P.F		5/2	Gauze Pack		1
01 cc			S.C 6½		2	Syringe 1ml / 2ml		1
Cautery plate : A / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
BL			Cautery pencil		1	Anavin heavy		1
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			Dupigesic		1+1
			Ointments			Spinal needle 22		1
			Suction Catheter			Needle 26 G 1½		1+1
Fentanyl			Cap, Mask			OXYTOCIN		5
Morphine			Gauze Pack RD		2	Bioxamic		2
Ketamine			Mop Pack		2	5mc Pancuron		1+2
Propofol			Steristrip			Combiprex		1+1
Rocuronium			Underpad		1	Paed Cannula 24 Blue		
Glycopyrolate			Draw sheet					1
Myopyrolate			Abgel			SPinal needle 25G		1
Ondansetron		1	Foleys catheter			Quick Table sheet		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			proto gown		2
Antibiotics			Bandage			LVP 2%		1
			Tegaderm 3591		1	Mezolam		1
Suppositories			Ioban			ATROPIN		1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			D water 10ml		3
Supridol : 100mg			Vaccum Suction set		1	O2 nasal (N)		1
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet Apron		3			
Tab. Misoprost : 200mg		1	Betadine Solution		2			
mom pad Fixator		1	Microshield					
mompad		1	Cotton Balls					
Baby diapers		1	Latex Gloves		10 pairs			
Baby wipes		1	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036361	**Ward**	3F-NICU 2
Patient Name	Baby B/O SOWMIYA	**Bed Name**	NICU 321
Age/Sex	0 Y 0 M 0 D 5 H / Female	**Order No**	18-0001723535
Date	07/07/2026 15:53	**Prescription No**	PRIP18-0625598
Payor	SELFPAY	**Dispensed Date**	07/07/2026 15:54
UHID	GUC-00093550		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**115.92**	**115.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 15:55

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	IP18-00036352	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SOWMIYA	**Bed Name**	MICU 803
Age/Sex	29 Y 1 M 7 D / Female	**Order No**	18-0001723530
Date	07/07/2026 15:47	**Prescription No**	PRIP18-0625599
Payor	SELFPAY	**Dispensed Date**	07/07/2026 15:55
UHID	GUC-00092656		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
3	Encore Microptic gloves-6.5		H	260501801T	05/29	2	128.00	256.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
8	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
10	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
11	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		106693	01/31	1	210.00	210.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
14	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
15	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	2	91.00	182.00
18	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	5	128.00	640.00
19	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
20	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
21	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
22	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**10,662.97**	**15,435.97**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 15:55

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	IP18-00036352	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SOWMIYA	**Bed Name**	MICU 803
Age/Sex	29 Y 1 M 7 D / Female	**Order No**	18-0001723529
Date	07/07/2026 15:47	**Prescription No**	PRIP18-0625595
Payor	SELFPAY	**Dispensed Date**	07/07/2026 15:53
UHID	GUC-00092656		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	2	31.10	62.20
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	2	318.50	637.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	3	12.00	36.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	3	11.25	33.75
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	3	2.58	7.74
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
12	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
13	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144328	11/27	1	33.30	33.30
14	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
15	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	2	3.38	6.76
16	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
17	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	G26A040141	12/30	1	255.00	255.00
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
19	RAMS N4900 WHITE	Imported		20250068	02/30	1	2,953.12	2,953.125
20	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
21	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
22	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**6,756.66**	**7,440.03**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 15:53

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	IP18-00036361	**Ward**	3F-NICU 2
Patient Name	Baby B/O SOWMIYA	**Bed Name**	NICU 321
Age/Sex	0 Y 0 M 0 D 5 H / Female	**Order No**	18-0001723536
Date	07/07/2026 15:53	**Prescription No**	PRIP18-0625605
Payor	SELFPAY	**Dispensed Date**	07/07/2026 16:02
UHID	GUC-00093550		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
						Total :	**228.00**	**228.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

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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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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036352	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SOWMIYA	**Bed Name**	MICU 803
Age/Sex	29 Y 1 M 7 D / Female	**Order No**	18-0001723531
Date	07/07/2026 15:47	**Prescription No**	PRIP18-0625600
Payor	SELFPAY	**Dispensed Date**	07/07/2026 15:56
UHID	GUC-00092656		

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
2	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	2	128.00	256.00
						Total :	**427.00**	**555.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

GUC-00092656 IP184000036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- _ FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt	9/4/26 @ 11am				
	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					

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 : IP18-00036352 **Admit Date** : 06-Jul-2026 **Admit Time** : 03:57 PM **UHID** : GUC-00092656

Patient Details :

Patient Name	: Mrs SOWMIYA	**Age**	: 29 Y 1 M 6 D
Guardian	: Mr ANANDHA KUMAR .G	**DOB**	: 31-05-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 113 B & 114 ST SAI NAGAR TAMBARAM WEST Tambaram West Kanchipuram Tamil Nadu INDIA 600045	**Phone No**	: 9600344401
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr ANANDHA KUMAR .G **Relationship** : Husband

Contact Address : 113 B & 114 ST SAI NAGAR TAMBARAM WEST Tambaram West Kanchipuram Tamil Nadu INDIA 600045 **Phone No** : / 9600344401

Signature

Doctor Details :

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

Referral Doctor : Google **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Soumiya	UHID Number : GUC-00092656
Self/Attendant Name : ANANDHAKUMAR. G	Relation : Husband
Self/ Attendant Signature : G. Anandhakumar Phone Number : 9600344401	Name & Signature of Financial Counselor A. Sn

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 SOWMIYA**	**Age :**	**29 Y 1 M 6 D**
IP No:	**IP18-00036352**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: G. Anandha

Name: Mr. Anandha
Relationship: Husband
Date: 06/07/2026 Time: 03:57 PM
Witness Name: A. Sivasankari
Witness Signature: A. Sr

Patient Address:

113 B & 114 ST SAI NAGAR
TAMBARAM WEST Tambaram West
Kanchipuram Tamil Nadu INDIA
600045

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi	Date of Delivery: 07/07/2026
Assistant Surgeon: Dr. Priyadharshini / Dr. Pavithra / Dr. Shreedevi	Time of Delivery: 10:50AM.
Anaesthetist's Name: Dr. Mohan.	Gender of Baby: GIRL
Type of Anaesthesia: Spinal Anaesthesia.	Weight of Baby: 1.281 KG.
Neonatologist: Dr. Poojitha.	AGPAR Score:
Scrub Nurse: S/N Sundari	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: BREECH / SEVERE FGR with doppler changes

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: 3mins

CTG Description: Reactive

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

Surgical Procedure:

Post Operative Diagnosis: P_2L_2 | POST LSCS | POD - 0

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

* Breech delivered as easy breech extraction
* Lower uterine segment not formed

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☑ Breech ☐ Other ....
Cervical Dilatation: .... cm
5th Palpable: ....
Fetal Position: ....
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☑ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☑ None ☐ + ☐ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

* Lower uterine segment vascular

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other ....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☐ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive
Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: Normal .... Cord around the neck ☑ Yes ☐ No — 2 loops of cord around the neck
Appearance of placenta: Small placenta .... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal
Sterilization: ☐ Yes ☑ No

* Bowel adherent to posterior surface of uterus on lower side

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 ...@ 10pm... days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☐ Yes ☑ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:
- NPO x 2 hours
- vitals monitoring
- IVF 1 ⓞ RL @ 125ml/hr
- INJ. SUPACEF 1.5g IV 1-1-1
- C. PAN D 40mg PO 1-0-1
- T. PARACETAMOL 1g PO 1-1-1-1
- JUSTIN SUPPOSITORY 100mcg PR 1-0-1
- INJ. CLEXANE 40mcg SC @ 10pm
- CBC C/M 6AM
- CBD removal @ 10pm
- I/O charting

Doctor Name: Dr. Mathangi ....
Doctor Signature: For [signature] 62217

Date & Time: 7/7/25 ....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. mathangi
Asst. Surgeon : Dr. priyadharshini. Rajagopal
Anaesthetist : Dr. mohan. Rajagopalan
Scrub Nurse : S/N. Sundari

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

..... Age : ..... Gender : .....
ry Name : .....
10:20 Out-time : 11:30 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:38 am

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 : [signature]
Name : Dr Reeja

Before Skin Incision ➤➤

TIME OUT Time: 10:46 AM

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 : for [signature] 10425
Name : Dr. Mathangi

Before Patient Leaves Operating Room

SIGN OUT Time: 11:30 AM

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 : [signature] 11:30 AM
Name : S/N. Sundari

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F) S. Sowmiya
Dr. MATHANGI RAJAGOPALAN

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to PFM well. Admitted for safe confinement

LMP: 29/10/2025 EDD: 11/08/2026

Corrected EDD: GA: 34 + 6 weeks

Obstetric Formula: G 2 P 1 L 1

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History: M/S: 5 years, NCM

I - ♀, FTNVD, 2.8 kg @ Cuddalore H/O GMTN 10d on R

II - PP, Spontaneous conception

Present Pregnancy Record:
- Booked & Immunised
- NT (N)
- Anamy scan (N) dopplers.

RISK FACTORS:

Early onset FGR
RH Negative
positive EDF from 32+1 week

Obstetric Examination

Fundal Height: ~32 weeks

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

Liquor: ☐ Adequate ☐ Oligo ☑ Poly

PP: ☑ Cephalic ☑ Breech Others _____

Head Fifths Palpable: _____

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

Height: 157.5 cm
Weight: 81.5 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Pallor: NO
Icterus: NO Edema: NO
Temp: (N) PR:
BP: DTR: (+)
CVS: S1S2 (+) RS B/L AE (+)
Liver/Spleen: soft Urine Output: adequate

DIAGNOSIS

$G_2P_1L_1$ O Negative	Rh Negative Prev. NVD	34^{+6} weeks	Early onset FGR + Doppler changes

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Both parents – T2DM HTN	NIL
Medical History: Antenatal steroids covered on June 4th & 5th 2026. H/o FCR from 29+2 weeks AC < 3rd, CFW-8th centile on follow up.	Medication History: Tab. ASPIRIN 150mg OD
Plan of Care: I/t Dr. Mathangi Advice - Admission - parts preparation - plan: elective LSCS on 7/7/26 10:30 AM i/v/o FGR + doppler changes. - Informed consent. - Inform OT/NICU. - NICU counselling - Follow premeds - Shift to LDR - CTG Q4H. - NPO from 12 AM - IVF @ 125ml/hr	Investigations: CTG

CMV-IgG Positive

Doctor Name: Dr. Divyalakshmi
Signature: [signature] 14478
Date & Time: 6/7/26

Consultant Name: Dr. Mathangi
Signature: for [signature] 14478
Date & Time: 6/7/26

[illegible] [illegible]
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
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RESULT SHEET

Date	2/7/26	8/7/26			O NEGATIVE	
Time						
Hb	11.6	10.2				
PCV	34.5	30				
RBC		3.52				
WBC		7.36			ICT - Negative	
N/L		73/24				
Platelets	2.3	1.97				
CRP					HIV	
ESR					HBsAg	Negative.
PCT					HCV	
RBS	F-70.					
Na						
K					TSH - 2.35	
Cl						
Ca/Mg						
Phosphate					GCT - 137	
Urea	23.5				1.5 hr	
Creatinine	0.86					
ALP					HbA1c - 4.65	
SGPT						
SGOT						
T.Bill/Conj					17/6	
T.Protein					urine Albumin - Neg	
S.Albumin						
S.Globulin						
A/G Ratio					18/6/26	
Uric Acid					TORCH panel	
S.Amylase					CMV IgG >180	
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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 : .....

.....

.....

.....

6/7/20

Radiology : USG : SL.IUG - 34+6 weeks

X-Ray : [Breech]

ECHO : PI - anterior

CT : AFI - 16.6

MRI EFW - 1447g (2% centile)

Others (ECG, Contrast Studies etc.,) : SPD, MC, AC - 4th centile

FL - 5th centile

MCA - (N) flow

CPR - Reduced

MCA PSV < 1.5 MOM. No Fetal anemia

umbilical artery Intermittent AEDF

GDC-00092030 IP 18-00050532
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Vinitha	
10:30 PM	Pt reviewed, No 4o	FM (+)
	O/E: GC fair; Afebrile	
	P/A: Ut term;	
CTG - Reactive	Breech; Relaxed	
BP: 118/68	FH good	
PR: 76 bpm		Adv:
SpO₂: 97% RA		· NICU counselling
		· Consent obtained ✓
		· Follow premeds
		· Shift to LDR at 9:30am.
[signature]		· CTG Q4H
12113		· Blood grouping + ICT;
		Serology.
07/07/2026	Patient received in MICU	
12pm		
Dos	Pt reviewed, Nil c/o	Advice
	O/E pt GC fair, Afebrile	- NPO x 2 hours
T (N)	P°/PE°	- Vitals monitoring
PR - 60/min	CVS / RS NAD	- Follow drug chart
BP - 110/70mmHg		- W/F ↑ Bleeding PV
UO - 100ml, clear	P/A - ut well contracted	- Follow drug chart
Baby - MICU	Soft	- CBD / clexane @ 10pm
B/L - Breast soft	Dressing (+) & Dry	- CBC c/m 6Am
	LE - BWNL	- Trace and Inform
	[signature] 18221	Baby's blood group.

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

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/2026	C/I/T Dr. Mathangi	
	Mother's Blood group - O - Negative	
	ICT - Negative	
	Baby's Blood group - O positive	
	DCT - Negative	
	Hence INJ. ANTI-D 300mcg IM given ~~given~~	
	[signature] 182217	
7/7/26 3PM	S/B Dr. Shalika	
POD #0	P2L2 / EL LSCS @ 32WOD (FGR) / POD #0	
	pt reviewed	
	not passed flatus	
	c/o/b: afebrile	
BP 130/70 mmHg	GC fair	Plan:
PR 78 bpm	P° / PE°	- CBD/clexane 10pm
SpO2 99% @ RA	P/A: uterus WC	- CBC C/M 6AM
Temp (N)	soft	- monitor vitals
	BS ⊕	- in bed ambulate
	dressing dry	- follow daily orders
	C/G: BWNL Foley's intake	- kanji 5pm
	clear urine	- soft solid diet 8pm
	LHVO = 40ml [signature] 128435	

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/20	S/B Dr. Mohana / Dr. Dingalakshmi	
9:30 pm	pt reviewed	
	Nil C/o	
POD	O/E: pt GC fair, afebrile	Advice
	PO / PEO	- Soft diet
	CVS / RS / NAD	- oral fluids
T - N		- monitor vitals.
PR 57/min		- follow daily chart.
BP - 120/70 mmHg	P/A: soft, BS (+)	- CBD / Clexane
SpO2 - 100% @ RA	wd. contracted	@ 10 pm
	dressing dry	- CBC 6 AM
U/O 250 ml clear		- In bed ambulation
	L/E: BWNL	- I/O charting
		- Measure & inform 1st void
Baby NICU		- Shift to ward.
Anti D given		

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

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2026	C/S/B Dr. Vinitha / Dr. Shreeden	
8:45 AM		
POD-2	PA reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of orals
PR- 90/min	CVS /	- Ambulation
BP- 120/60 mmHg	RS / NAD	- vitals Monitoring
	P/A - ut well contracted	- Follow drug chart
Baby - NICU	Soft, BS(+)	- Bath & dressing today
B/L-Breast Soft	Dressing (+) & Dry	- Plan (D) today
voiding freely	L/E - BWNL	
Passed stools		

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

31-05-1997 29 Y 1 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : ....

Hospital : ....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

08/7/26 POD-1 12:10PM

S/B COB Gr physiotherapist
- Patient is Conscious, Oriented & Afebrile

O/E - chest - B/L Symmetry
Type - Abdominothoracic breathing

DVT Assessment
Autar (0-7) No Risk.

Functional Assessment
FIM score - grade 7

Consultant : Physiotherapist

Name : Sangari T Signature : [signature] Date & Time : 08/7/26, 12:10pm

Doc. No. : RCH / FRM / CLINICAL / 049

Adv

- Diaphragmatic breathing
- Bed Mobility Exercise.
- Pelvic bridging & Tilting.
- TA Activation.
- pelvic floor Contraction.

Sangavi T
MPT(OBG)

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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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: 612 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. ECOSPIRIN	150mg	PO	HS		☑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 : ..... 16428 Dr. Priyalakshmi

Date & Time : ..... 26/7/26 @ 6pm

Nurse Name & Signature: ..... RTC.

Date & Time : 7/7/26 6pm

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

GUC:-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 7/7/20

Nurse Name & Signature: .....

Date & Time : 7/7/20 at 9.38 pm

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

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

Rainbow Children's Hospital
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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	7/7	☑C ☐DC
2	INJ TRAPIC	1g	IV	stat	7/7	☐C ☑DC
3	INJ SYNTO	5U	IV	stat	7/7	☐C ☑DC
4	INJ CARBOPROST	250mg	IM	stat	7/7	☐C ☑DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. A1 Priya R

Date & Time : 7/7/21

Nurse Name & Signature: Thanu (60789)

Date & Time : 7/7/21 @ 11:50AM

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

UC-00092656 IP18-00036352
Irs SOWMIYA
1-05-1997 29 Y 1 M 7 D (F)
r. MATHANGI RAJAGOPALAN

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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: MICU Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj: SUPACEF	1.5gm	IV	TDS	7/7 bb at 10:30 Am	☐C ☐DC
2	Inj: CLEXANE	40mg	SC	OD	-	☐C ☐DC
3	Cap. PAN-D	40mg	po	BD	7/7 bb at 7pm	☑C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	7/7 bb	☑C ☐DC
5	T-ACTON OR	1gm	PO	QID	7/7 bb at 6pm	☐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 : 7/7/2018

Nurse Name & Signature: S. Mathangi 018080 ~~SA~~ 018080

Date & Time : 7/7/2018 9:30pm

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

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 81.5 Ward. 612

DRUG : INJ. SUPACEF

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

Name & Signature of the Doctor Starting the Drugs: 182211

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7
8Am		JB / PS
2pm		SG / MM
10pm	SP / BL	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
7AM		SP / BL	SP / VR
7pm	NP / SA	SG / MM	

DRUG : T. PARACETAMOL

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

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
12AM		SP / BL	SP / VR
6AM		SP / BL	SP / VR
12PM		PS / JB	
6PM		SG / MM	

DRUG : JUSTIN SUPPOSITORY.

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

Name & Signature of the Doctor Starting the Drugs: 164283

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
6AM		JB / PS	DP / DB
10PM	SP / BL	SP / VR	

UC-00092656 IP18-00036352
Mrs SOWMIYA
1-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Mrs. Sowmya

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ..81.5kg.. Ward ....LDR....

DRUG : Inj: CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	7/7

Name & Signature of the Doctor Starting the Drugs: 184284

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
10pm	SP VR	SP VR	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/7	9/7
8Am	/	DA DB
8pm	SP VR.	

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/7	9/7
8Am	/	DA DB
2pm	/	
10pm	SP VR	

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 ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 81.5 Ward. 612

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	9.15am	Inj. SUPACEF	0.1ml	ID	1642	
1/7/26	10.30 am	Inj. SUPACEF	1.5g	IV	1642	
1/7/26	9.15AM	Inj. PAN	40mg	IV	1642	
1/7/26	9.15AM	Inj. EMESET	4mg	IV	1642	
1/7	10:35AM	INJ EMESET	4MG	IV		PT
1/7	10:40 AM	INJ MVG	SV	IV		PT
1/7	10:53 AM	INJ CARBOPROST	250mg	IM		PT
1/7	10:55 AM	INJ PAN'L	1g	IV		PT
1/7/26	11:40AM.	T. MISOPROSTOL	600 mcg	PR	62217	PT

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 81.5 Ward. 612

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7	5 AM	IVF RL 1©	IV	125 ml/hr		[signature]	7/7	[signature]	ND / SA
7/7	10:30 AM	RL 1©	IV		[signature]	PT / SA	7/7	[signature]	PT / SA
7/7	10:55 AM	RL 1©	IV	rushed	[signature]	PT / SA	7/7	[signature]	PT / SA
7/7	11:10 AM	RL 1©	IV		[signature]	PT / SA	7/7	[signature]	PT / SA
7/7	11:20 AM	RL 1© ĉ do U syn 10	IV	over 4 hrs	[signature]	PT / SA	7/7/26	[signature]	ND / SA
7/7/26	1:00 pm	IVF 1© RL	IV	75 ml/hr	[signature]	SA / ND	7/7/26	[signature]	ND / SA
7/7/26	6 pm	IVF 1© RL	IV	75 ml/hr	[signature]	SA / ND	7/7/26	[signature]	ND / SA

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

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 81.5 kgs

Sheet No: 0

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7/26	11:40am	JUSTIN SUPPOSITORY	100 mcg	PR	162217	PT	SA.
7/7/26	5:20 pm	INJ. ANTI-D	300mcg	IM	162217	SP	MD
7/7/26	3.0 pm	INJ GLYCOPYRROLATE	0.1mg	IV		MD	SP
8/7/26	10:30 PM	Syp. DUPHACAC	5 ml	P/O			

GDC-00052000 IP 10 00030032

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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Early Warning Observation Score Chart - Obstetrics

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

	Date																								
6/7/26	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																	24b/m							
	11 - 20									18/m				20b/m								20			
	0 - 10																								
Saturations	94 - 100 %									97%				99%				99%				100%			
	< 94 %																								
Administered O_2 (L/min.)										RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38									97.8F															
	37													98.2°F				98.4F				98.6			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110									76bpm															
	100													80bpm				72bpm				b/m			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150									118															
	140																					115			
	130													110				103							
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60									(78)												(72)			
	50													(74)				(69)							
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80													68								64			
	70																	60							
	60									68															
	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			
TOTAL ORANGE SCORES										0				0								0			
	Nurse Initial									[signature]				[signature]				[signature]				[signature]			

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

GUC-00092656 IP 18-00036532
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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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

7/7/26	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																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

UC-00092656 IP18-00036352
Mrs SOWMIYA
-05-1997 29 Y 1 M 7 D (F)
. MATHANGI RAJAGOPALAN

(3)

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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

Date: 8/7/26

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

Parameter	Range	8	12	4	8	12	4
RESP (write rate in corresp. box)	> 30						
	21 - 30						
	11 - 20	20b/m	18b/m	20b/m	20b/m	20b/m	20b/m
	0 - 10						
Saturations	94 - 100 %	100%	100%	99%	98%	97%	98%
	< 94 %						
Administered O_2 (L/min.)		RA	RA	RA	RA	RA	RA
Temp °c	40 – < 35	98.2°F	98.8°F	98.2°F	97.4°F	98.4°F	97.1°F
Heart Rate	170 – 40	60b/m	58b/m	84b/m	85b/m	80b/m	90b/m
Systolic Blood Pressure	190 – 50	128 (93)	111 (86)	114 (84)	109 (80)	115 (77)	120
Diastolic Blood Pressure	130 – 40	81	57	56	61	60	60
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	
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 10

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.

6/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	—				on received						
	07:00 pm	H2O	200ml							L	NOTE	MS
Total Intake :		200ml				Total Output :				1 time		
	08:00 pm	H2O	100ml									Rmla
	09:00 pm	H2O	200ml							L	No	
	10:00 pm	Milk	21oml								By	Rml
	11:00 pm	H2O	100ml							L		
	12:00 am	N									line	Rml/M
	01:00 am											
Total Intake :		600ml				Total Output :				2 times.		
	02:00 am											
	03:00 am	P								✓	No EX line	Rmla
	04:00 am											
	05:00 am	O								L		Rmla
	06:00 am			125ml								
	07:00 am			125ml								
Total Intake :		250ml				Total Output :				2 times.		

Total 24 hrs. Intake	850ml.	Total 24 hrs. Output	5 times.

GUC-00092656 IP1840036332
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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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.

4-7-26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am		N	125						100ml	0	Rohini
	09:00 am		P	125						150ml		
	10:00 am		0	125ml						200ml	0	Rohini
	11:00 am		NPO	100ml						70ml	0	SP
	12:00 pm			125						100ml	0	Devi
	01:00 pm			125						100ml	0	Devi
Total Intake : 338ml						Total Output : 720ml						
	02:00 pm	Coco	50ml	125ml						100ml	0	Devi
	03:00 pm	Tea	200ml	125ml						40ml	0	Devi
	04:00 pm	Coco	100ml	125ml						30ml	0	Devi
	05:00 pm	Tea	100ml	125ml						30ml	0	Devi
	06:00 pm	Tea	200ml	125ml						30ml	0	Devi
	07:00 pm	Coco	100ml	125ml						30ml	0	Devi
Total Intake : 1500ml						Total Output : 260ml						
	08:00 pm	H2O	100ml	125ml						100ml	0	
	09:00 pm	H2O	100ml	Stop.						250	0	SA
	10:00 pm									20ml	0	SA
	11:00 pm	H2e	200ml.									
	12:00 am										0	Ramya
	01:00 am	H2O	100ml.					1st void		✓		
Total Intake : 500ml.						Total Output : 600ml of 1½ hr.						
	02:00 am	H2e	200ml								0	Ramya
	03:00 am											
	04:00 am	H2e	100ml					2nd void		400ml	0	Ramya
	05:00 am											
	06:00 am	H2e	200ml								0	Ramya
	07:00 am	Milk	200ml									
Total Intake : 700ml.						Total Output : 400ml.						

Total 24 hrs. Intake	6,025 ml.

Total 24 hrs. Output	1,980 ml of 12 hrs.

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s SOWMIYA
05-1997 29 Y 1 M 7 D (F)
MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 3

8/7/2026

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

8/7/26 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	H2O	200ml							✓	0	Dr
	09:00 am	H2O	100ml							✓		
	10:00 am	H2O	100ml								0	Dr
	11:00 am	H2O	100ml							✓		
	12:00 pm	H2O	200ml							✓		
	01:00 pm	H2O	200ml							✓	0	Dr
Total Intake :			900ml			Total Output :				4 times		
	02:00 pm	H2O	100ml							✓	0	Nyl
	03:00 pm	H2O	100ml							✓		
	04:00 pm	H2O	200ml									
	05:00 pm	H2O	100ml							✓	0	Nyl
	06:00 pm	H2O	200ml									
	07:00 pm	H2O	100ml								0	Nyl
Total Intake :			800ml			Total Output :				4 times		
	08:00 pm	H2o	200ml							✓	0	MB
	09:00 pm	H2o	100ml									MB
	10:00 pm	Milk	250ml							✓	0	MB
	11:00 pm											MB
	12:00 am	H2o	100ml							✓	0	MB
	01:00 am											MB
Total Intake :			650ml			Total Output :				3 times		
	02:00 am										0	MB
	03:00 am									✓		MB
	04:00 am	H2o	200ml								0	MB
	05:00 am											MB
	06:00 am	H2o	200ml							✓	0	MB
	07:00 am	Milk	200ml									MB
Total Intake :			500ml			Total Output :				2 times		

Total 24 hrs. Intake	2800 ml	Total 24 hrs. Output	13 times

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15-1997
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	prevent fall risk and safe	7pm	Keep bed side rails in low position	patient low position maintained	patient was stable	[illegible]
Night	8pm	promote adequate nutrition for healing & recovery.		- Assess nutritional status & appetite. - Provide balanced diet rich in protein & vitamin.	To encourage oral intake. output monitor [illegible]	Patient was clinically.	[illegible]

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NURSING CARE RECORD

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Date: 7/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Patient & Family education	9am	Explain about pre-op orders	Continue npo at 12mn	Continue reassessment	[signature]
Afternoon	2pm	patient and family education.	2.30 pm	explanation to the post op order monitoring vital signs.	Pt feel better	reassessment done.	[signature]
Night	8pm	Achieve acceptable pain control & comfort	8.30 pm	Assess pain using pain scale regularly Patient feel better	patient feel better	patient pain level reduced	[signature]

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Mrs SOWMIYA
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Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Receiving Notes
6/7/26	6 pm	→ patient detail hand over taken from LDR on Admission patient conscious & oriented NO IV line CTOT 4th July, TOMMOROW 9AM SHIFTING and NICU counselling to parents — Duty Doctor
	7pm	→ patient intake & output chart maintained & record — Duty Nurse
	7.30pm	→ patient detail hand over given to night duty SIN — Duty Nurse
		Night duty notes.
6/7/26	7.30pm	patient details Hand over taken from Evening duty Staff. patient was conscious and oriented → Praveena Staff Nurse
	8pm.	patient vitals checked and Recorded - vitals Normal → Praveena Staff Nurse
	9pm	patient ETOT is removed sterile. No complaints. → Praveena Staff Nurse
	10.30pm.	Dr - vinitha mam seen the patient advice from NPO @ 12Am. and IV F @ 4Am. Follow pre medication CT Cr 4th July, Blood grouping + RCT serology. → Praveena Staff Nurse
7/7/26	12am	patient vitals checked and Recorded vitals Normal → Praveena Staff Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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MATHANGI RAJAGOPALAN

NURSES NOTES

(USE BALL POINT PEN ONLY)

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
7/7/26	2Am	patient CTG is Started.
		3.30Am completed. CTG photo sended to Dr. Vinitha mam → Praveena
	4Am	patient vitals checked and Recorded. vitals Normal. Part preparation done. IVF is Started. New IV line putted. → Praveena maintained. Intake and output chart → Praveena
	5Am	patient CBD is putted. No pain. no complaints. → [illegible]
	7Am	maintained Intake and Output chart. → Praveena
	7.30Am	Hand over given from Morning duty staff. → Praveena
		Morning duty
7/7/26	7.30am	patient condition taken from night duty staff. patient conscious and oriented. 2 line pattern. Continue 2IF- RL 125ml/hr patient is on npo at 10am. CBD in position. Urine drain clearly. → [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	8am	patient vitals are checked	
		& recorded. pre-op checklist	[signature]
		cleared. Consent done.	
	9-30 am	→ patient condition informed	
		LDR & shifted patient	[signature]
		to LDR. pre medication	
		given. no any allergy	
		reaction.	
	9.		
		Receiving Notes 7/7/26.	
	950 Am	Report Received from 6th floor	
		staff to LDR staff	
		patient conscious & Oriented	
		IV line patent, No swelling	
		patient is NPO - IVF DC connected	
		CBD ⊕ urine drained well -	[signature]
		vital sign checked & Recorded	
		vital sign are stable.	
		Inj. supacef 0.1ml. Id No Allergy	
		Reaction, patient Blood group. O Negative	
	1030 Am	Inj. supacef 1.5gm IV full	
		dose given.	
		patient shifted to OT	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Mrs SOWMIYA
1-05-1997 29 Y 1 M 7 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
		OT Notes	
7/7/26	10:30 AM	=> patient received From LDR to OT. While receiving patient ID band consent checked.	
		=> Anaesthesia given by Dr. Mohan. under spinal Anaesthesia.	
		=> Surgery done by Dr. Mathangi	
		=> Foly's catheter in situ urine drain clear.	
		Baby details	
		Baby: Girl	
		Time: 10:50 Am	
		Weight: 1.281 kg	
		Baby shifted to NICU.	
7/7/26	11:50 AM	=> patient shifted to MICU and Patient handover to MICU staff.	607871
	12.40 pm	Receiving Notes on 7/7/26 Pt received OT to MICU Pt consious & oriented IV line present CBD present Pt in NPO & has p/v bleeding minimal pt general condition is good,	[illegible] 01060
	01.30 pm	patient vital checked & recorded IV per [illegible] on flow urine out put clear pt general condition is good p/v bleeding minimal.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092656 IP18-00036352
Mrs SOWMIYA 29 Y 1 M 7 D (F)
31-05-1997
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
		B- Breast is soft engorgment	
	continue	U- uterus is connected	
		B- Patient is CBD present.	
		last out put 200ml	
		B- Bowel movement present.	
		L- Lochia drain present no	
		foul smelling	
		R- REEDA assessment not	
		applicable.	
		H- Homan's sign negative	
		E- patient emotional status	— [illegible]
		is good.	
	2.00pm.	patient vital checked &	
		recorded IVF RL 12ml/hr flow	
		pt after procedure oral start,	— [illegible]
		no vomiting	
		patient pulse 40b/mt informed	
	3pm	Dr: Priya mam. she advice	
		Inj. Glycopyrolate. 0.1mg + IVF RL 500ml	
		IV connected pt general	— [illegible]
		condition is good.	
	5.00pm	patient vital checked & recorded,	
		pt general condition is good	
		IVF RL 12ml/hr flow pt [illegible]	
		[illegible] no vomiting PV bleeding	
		minimal. pt general condition	— [illegible]
		is good	

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SOWMIYA
05-1997 29 Y 1 M 7 D (F)
MATHANGI RAJAGOPALAN

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

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/16	6.00pm	pt. vital checked & recovered	
		Inj. pr. 10ml on flow plu bleeding	
		minimal due medication given	
		as per doctors order.	
	7.00pm	due medication given as	[illegible]
		per doctors order drain out	
		put 30ml Informed to [illegible]	
		[illegible]. pt general condition is good	
	7.30pm	pt time handing over to	[illegible]
		night duty staff. to be	
		followed doctors order	
	7:30 pm	Night duty	[illegible]
		patient care hand over	
		taken from Evening duty	
		Staff Nurse patient was stable	
		Conscious & oriented IV line	
		present & pattern minimal of	
		Bleeding pt vital are stable	
		More fall risk Assessment was	
		Done. Score is 20 pain Assessment	
		was Done score is 2/10 pt	
		general condition fair	[illegible] 018050
	8pm	checked for vital signs	
		recorded pulse - 84 b/m, Bp - 122/75	
		mmHg Spo2 - 99 %. output	
		100ml a clear only Informed	
		Dr. Divya lakshmi.	[illegible] 018050

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SOWMIYA
05-1997 29 Y 1 M 7 D (F)
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(4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	9pm	⇒ B Breast is soft NO Enlargment	
		U - Utrus was contracted & well.	
		B - Bowel movement present	
		B - PT is CBD present	
		L - Lochia Rubra present	
		E - REEDA Not applicable	
		H - Homan signs negative	
		E - PT Emotional good →	S/N Akalya 01808
	9:30 pm	⇒ Dr. Monisha Advised to PT given to soft Diet given to PT Shifted to ward Advised to monitor pt vital signs. Enlowage Adequate cramps →	S/N Akalya 01808
	9:35 pm	⇒ patient care hand over given to 6th floor staff Nurse → Received notes:-	S/N Akalya 01808
	9.40 pm	patient received from LDR to 6th floor. patient consious & oriented. patient activity are good & like ① CBD ②: →	Jay 01009
	10.00 pm	patient mobilized. CBD Removed as per dr. order. Inj. dexin 4 amp sc given as per order.	
	12pm	vital signs checked & Recorded vital are stable now	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
8/7/26	12am	Due medication are given	
		as per order	
		patient sleeping well no	
		special complaints	Jeey
	1.30	patient after CBD removed	Srooya
	am	urine passed but no	
		measured.	
		vital signs checked &	
	4am	recorder. vitals are	
		stable now	Pravee
	6 Am	Due medication are given	
		as per drug chart order	
		I/O chart maintained	
		CBC sample send to lab	
		® followed.	
	7.30am.	Handing over given to	
		morning duty S/n	Jeey
		Morning Duty Notes	
8/7/26	7-30am	patient details hand over taken	
		from Night duty staff patient	Jeej
		active and alert IV line healthy	ollas
		patient had soft diet for	
		Breakfast plate passed	
	8Am	Vitals checked and recorded	
		Due drugs given as per order	Jeej
		patient sedation well	ollas
		I/O chart maintained & Recorded	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker
Mrs. Sowmiya
GK - 92656

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....NIL..........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	12pm	Vitals checked and recorded	
		Dr. Sreedevi mam seen the	→ Jeej
		patient advised to continue	011625
		same IV line healthy	
	1pm	I/O chart maintained & Recorded	
	1:30pm	Hand over given to Evening	→ Jeej
		duty staff	011423
		Evening Duty Notes.	
	1:30pm	Patient details are handing	
		Over taken from Morning duty	
		Staff. CBD removed. IV line	
		(+). Soft diet. CBC sample	
		Sent. plan for D/S tomorrow →	Nithila 607744
	3pm	Due Medications was given	
		as per doctor's order →	Nithila 607744
	4pm	Patient vitals are checked	
		& recorded. vitals are	
		stabled. | CP | PP | CRT |	
		++ | ++ | + →	Nithila 607744
	5:30pm	B - Breast size & shape symmetrical	
		U - Uterus is well contracted.	
		B - Bowel movement Present	
		B - Patient voided urine	
		L - Lochia Rubra present	
		E - Reeda is not applicable.	
		H - (-)ve Homan sign.	
		E - Emotional status Good →	Nithila 607744

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6pm	Dr. Mathangi Mam came and	
		Saw the patient. patient	
		had complaint of constipation	
		Mam adviced to give Dufolac	
		Syrup for the patient →	Mythili 6077
	7:00pm	Maintained t/o chart for	
		the Mother. →	Mythili 6077
	7:30pm	Patient details are handing	
		Over given to Night duty staff →	Mythili 6077
2/7/16		→ Night duty ←	
	7.30pm	patient taken over from	
		evening duty staff	
		conscious & awake.	
	8pm	vital signs checked &	
		recorded.	[signature]
		due medication's are given	
		as per doctor's order.	
		B⇒ Breast soft No enlargement	
		U⇒ uterus contracting.	
		B⇒ Bowel movement present	
		B⇒ Bladder movement present.	
		L⇒ lochia rubra present.	
		E⇒ Oedema is not applicable	
		H⇒ Homan's negative.	
		E⇒ emotional status good	[signature]
	10pm	Justin 100mg suppository.	
		T. flagyl 400mg given.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/7/26. Time of Arrival: 6pm Time Seen by Nurse: 6.10pm

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

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

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

3) **Vital Signs:** Temperature: 97.9°F Pulse: 82bpm RR: 20bpm SpO_2: 99% BP: 110/60 Weight: 81.5kg

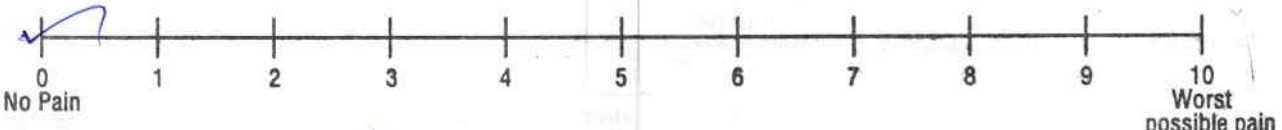
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A 0

LMP: 29/10/25 EDD: 11/8/26 Gestational Age: 34+6 wks.

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

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



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

6) **Past History:**

a) Surgeries: Nil.

b) Medical: Nil.

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 ..Early onset FHRT Doppler change.

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 6.10pm

Nurse Name : Praveena Nurse Signature: Praveena.

Date: 6/7/16 Time: 6:10pm

GDC-00092030 IP 18-00030352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 6/7/26

Baseline Information:

Admission From: ☐ ER ☑ OPD ☐ Admission Desk ☐ Others: specify ......

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to nil

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

If yes, identify ......

Chief Complaints: Able to PFM well
Admitted for safe confinement

Doctor Notified on Admission: ☑ Yes ☐ No
Name of the Doctor: Dr. Divya [illegible]
Time Notified: 6pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Blood Group: O-ve LMP: 24/10/25 EDD: 11/8/26 Gestational age during admission: 35+6 days

Contractions: nil Vaginal Discharge: nil

Obstetric History: G 2 P 1 L 1 A 0 Previous LSCS NO

Height: 157.5 Weight: 81.5 BMI: —

Temp: 97.8°F HR: 76/mt RR: 18/mt BP: 118/68 SpO_2 97%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected Both parents

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☑ Yes ☐ No Score 26 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 20 (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ... parents .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Mrs. Seemiya .....

Name of Person Orientation was given to: ..... Sheeba attn .....

Orientation not given Reason: ..... - .....

Nurse Signature: ..... Sheeba .....

Nurse Name: ..... Sheeba attn. .....

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

GOC-00092830 IP 18-00038552
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(1)

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration (Continuous / Intermittent)	Acuity (Acute / Chronic)	Character (Sharp / Dull / Aching / Burning)	Modifying Factors (Increasing / Decreasing)	Patient / Family Educated (Yes / No)	Intervention	Sign
6/7/26	8pm	0/10	—					No	Nil	Anu [illegible]
7/7/26	4am	0/10	—					Yes	Nil	[illegible]
7/7/26	6am	0/10	—					Yes	no pain	[illegible] 21407
7/7/26	2pm	2/10	Post op site	Intermittent	Chronic	Aching	Decreasing	Yes	no pain comfortable posi	[illegible]
7/7/26	6pm	2/10	Post op site	Intermittent	Chronic	Aching	Decreasing	Yes	comfortable position	[illegible]
7/7/26	8pm	1/10	Surgical site	Intermittent	Acute	Aching	Decreasing	Yes	provide comfortable position	[illegible] 016808
7/7/26	4am	1/10	surgical site	Intermittent	Acute	Dull	Decreasing	Yes	comfortable position	[illegible]
8/7/26	10am	1/10	Surgical site	Intermittent	Acute	Dull	Decreasing	Yes	comfortable position	[illegible]
8/7/26	4pm	2/10	surgical site						provided comfort position	[illegible] 60774
8/7/26	10pm	3/10	Surgical site	Intermittent	Acute	Dull	Decreasing	Yes	Sup. Justin 100mg given	[illegible]

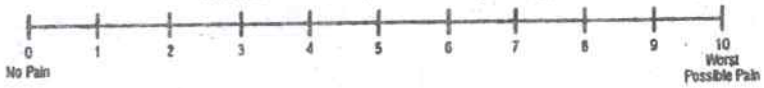
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 –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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

GUC-00092656 IP18-00036352
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BRADEN 'Q' SCALE

Date :					6/4	6/4	7/4	7/4
Time :					6pm	8pm	8AM	8AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	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	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	25
				Evaluator's Name	VR	[illegible]	[illegible]	[illegible] JAW

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• 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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BRADEN 'Q' SCALE

					Date : 7-7-25	8/7	8/7	9/7
					Time : 8pm	8am	8pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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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
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				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time / Score	E 6/7/26	N 6/7/26	M 6/7/26
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	20
		Signature	[illegible]	[illegible]	[illegible]

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

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

2

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	7/7/26 (E)	7/7/20 (N)	8/7/26 (M)
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature] 01800	[signature] 0140

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	8/7 N			Fall Risk Grading		
		Score	20			Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0					
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	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					
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			20					
		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

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 6/7/26.

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	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	1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		
Signature of the Nurse	Praveena Sekar	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Patient's Name: Ms. O- 28 yrs.
IP18-00036352
MRL GUC-00092656 Mrs SOWMIYA 31-05-1997 29 Y 1 M 7 D (F) No.: 612
Dr. MATHANGI RAJAGOPALAN
Age : ...Sex: ☐ M ☐ F
Consl ...Dr. Mathangi...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 7/4/26. Time: 5Am
Location : (D) Metacarbol
Size : 18G.
Cannula inserted by : SIN Gayathri.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
7/4	5Am	☐Yes ☐No	☐Yes ☐No	observe	Ruby
	7Am	☐Yes ☐No	☐Yes ☐No	obsv	Ruby
	9am	☐Yes ☐No	☐Yes ☐No	observe	Store
	11am	☐Yes ☐No	☐Yes ☐No	Observe	Rani
	1pm	☐Yes ☐No	☐Yes ☐No	Obsv	Rani
	3pm	☐Yes ☐No	☐Yes ☐No	Observed	Rani
	5pm	☐Yes ☐No	☐Yes ☐No	observe	Rani
	7pm	☐Yes ☐No	☐Yes ☐No	Observe	Rani
	9pm	☐Yes ☐No	☐Yes ☐No	Observe	Jn
	11pm	☐Yes ☐No	☐Yes ☐No	Observe	Jn
8/4	1am	☐Yes ☐No	☐Yes ☐No	observed	Jn
	3am	☐Yes ☐No	☐Yes ☐No	observ	Jn
	5am	☐Yes ☐No	☐Yes ☐No	Observed	Jn
	7Am	☐Yes ☐No	☐Yes ☐No	observe	Ruby
8/4/26	9am	☐Yes ☐No	☐Yes ☐No	observe	Observe
	3pm	☐Yes ☐No	☐Yes ☐No	Observe	Mk
	7pm	☐Yes ☐No	☐Yes ☐No	Observe	Jn
	9pm	☐Yes ☐No	☐Yes ☐No	Observe	Mk
	11pm	☐Yes ☐No	☐Yes ☐No	Observe	Mk
9/4/26	1AM	☐Yes ☐No	☐Yes ☐No	Observe	Mk
	5Am	☐Yes ☐No	☐Yes ☐No	Observe	Mk
		☐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 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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

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

PRE - OPERATIVE CHECK LIST

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Date: 7/7/26

Patient's Name : Mrs. Sowmiya Age : 24yr Gender : ☐ M ☑ F

Blood Group : UHID : SD8456

Planned Surgery : Elective LSCS Surgeon : Dr. Mathangi.

Anesthetist : Dr. Ashwini Date & Time of Operation : 7/7/26 @ 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?	☑	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐
4.	Enema given / Bowel Preparation	☐	☑	☐
5.	Remove all ornaments, etc and sterile gown given	☑	☐	☐
6.	Is Blood arranged as required?	☐	☑	☐
7.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐
8.	IV Cannula to be placed / IV fluids if indicated	☑	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
11.	Skin Preparation	☑	☐	☐
12.	Site is marked	☑	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☑	☐
14.	Implants are available	☑	☐	☐
15.	Equipment is avaialble	☐	☑	☐
16.	Other (if any)	☐	☑	☐

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

Billing Clearance taken

Billing Executive Name : Dellibabu C

Billing Executive Signature :

Date & Time : 07/07/26 at 9:41 Pm

Nurse In-Charge Name : Praveena

Signature of Nurse In-Charge :

Date & Time : 7/7/26 @ 9.30pm

INFORMED CONSENT FOR SURGERY OR SPECIAL P[illegible]

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GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

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., Bowel & Bladder Injury.,
MICU stay., NICU stay

My signature on this form indicates that

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

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

Consentee :
Signature : U.S
Name : Sowmiya. U
Date & Time : 7/7/2026

Patient Attendant :
Signature : G. Anandhakumar
Name : G. ANANDHAKUMAR
Relationship with Patient: Husband
Date & Time : 7/7/2026

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : 82217
Name : Dr. Shreedevi
Date & Time : 07/07/2026

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

R ANAESTHESIA

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

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

Anaesthesiologist : DR MOHAN / DR MURA Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

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

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : Sowmiya. V

Relationship with Patient: patient

Date & Time : 07/7/26 @ 9.20AM

Witness :

Signature : .....

Name : G. Anandhakumar

Date & Time : 7/7/26 @ 9.20AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Priya

Date & Time : 7/7/26 10.30am

Mrs SOWMIYA
31-05-1997 29 Y 1 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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ANESTHESIA EVALUATION

Name: Mrs. Sowmiya. Age: 29 Sex: F. UHID.No :

Date: 7/7/2026. Time: 10.30 am. Proposed Operation: Elective LSCS

Diagnosis: G2P1L1 / Early onset FGR / Rh Negative / Prev NVD / GA - 34w+6D.

B.P / CRT: 110/62 H.R: 80/min Weight: 81.5 kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Height = 157.5

Laboratory Data:

Hgb: 11.6 gms%.	Glucose: Fas = 70	Protein:	HIV: ?	X-Ray:	
PCV: 34.5 %.	Urea: 23.5	Alb:	HBS Ag: n/r	ECG: NSR, NO ST-T change	
WBC:	Creat: 0.86.	Total Bill:	HCV:	2D Echo: (N) Study. EF-69%.	
Plate: 2.3 L.	Na:	Dir. Bill:	Blood group: "O" Negative	Stress/Angio: NO RWMA	
PT:	K:	LDH:	T3	Other: (N) LVSF.	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 2.35		
	Cl-:	SGOT/SGPT:			

HbA1c = 4.6%.

Allergies: NKDA.

Medical History: CVS: –

RESP: – Diabetes: –

CNS: –

Renal: –

Hepatic / GE: – Physical Activity: METS >4.

Others:

Past Anaesthetic History: –

Physical Exam: Pt. Conscious, oriented, afebrile

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

Lungs : BAE (+)

Heart: $S_1 S_2$ (+)

CNS: NFND

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:

Inj. PAN 40 mg IV } 30 mins prior to Spl.
Inj. EMESET 4 mg IV }
IVF 125 ml/hr (RL/NS)
IV antibiotics - to follow Spl pre-op order.

Signature: Name: Dr. Cluth Subhan.
89365

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: 76hrs	
Physical Status:	Patient Identified ✓	☑ Consent Present	☑ Chart Reviewed
H.R: 110/min	B.P / CRT: 120/80	SpO₂: 100%	R.R: 20/min — Last Feed:

Pre-OP Diagnosis: G2P1L1 / prev LSCS — Operation: Repeat LSCS — Date: 7/7/26

Surgeon: Dr Malhanga — Anaesthesiologist: Dr Mohan / Dr Priya — Technician: Mr Sudharshan

TIME: 10.35am ... 12pm

N_2O / AIR / O_2 LPM

HALO / ISO / SEVO

Drugs:
- Inj syntocinon 5U + 20 U IV infusion
- Inj Emeset 4mg IV
- Inj Carboprost 250mcg IM
- Inj Tranexa 1g IV

Antibiotic

Suppository

Blood Loss

FIO_2 / SaO_2

$ETCO_2$

ECG: Sinus rhythm

Temperature

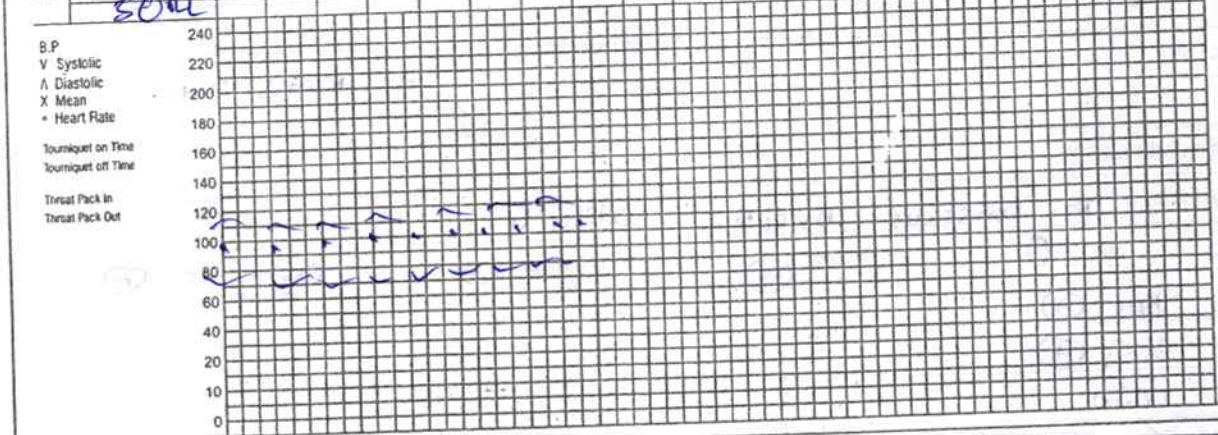
Urine Output

NOTES

Fluids / Blood:
- 1 RL
- 2 RL c 20 u syntocinon
- 500ml

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

Tourniquet on Time / Tourniquet off Time / Throat Pack In / Throat Pack Out



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: 10.35am
OP Start:
OP End: 12pm
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity — Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L2/L4 / midline
Needle Size: 25G Quincke — Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2.2ml 0.5% (H)
Bolus: Bupivacaine + 0.2ml
Infusion: Buprenorphine
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] 15462

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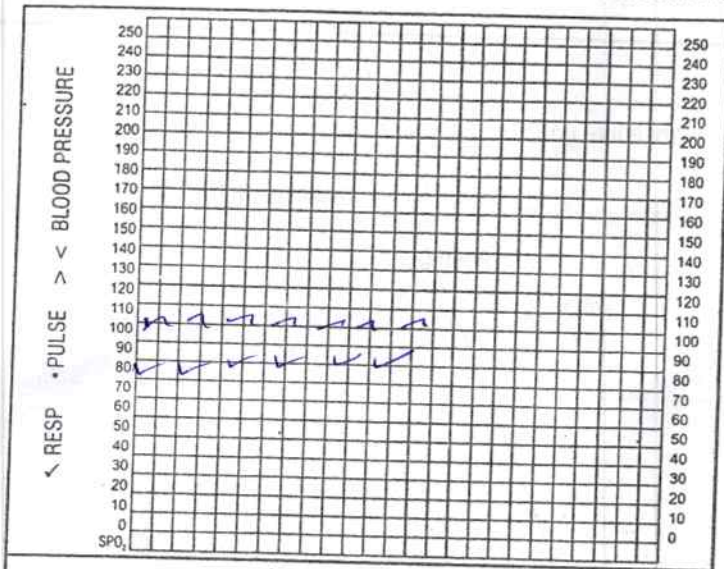
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thany Time Received : 11:50AM Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
7/7/26		0/10	NPO x 2 hrs	

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

Anaesthesiologist Name : Dr Pooja

Anaesthesiologist Signature: .....

Date & Time: 7/7/26

PACU Nurse Name : Thany

PACU Nurse Signature: .....

*Date & Time: 7/7/26 @ 11:50AM

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): .....

Date & Time: 7/7/26 @ 11:50AM

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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SSI PREVENTION CHECKLIST

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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	

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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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7-7-26 @ 6-30am. Date of Removal: 7/7/26 @ 10pm

Parameters / Date / Shift Time	07/7/26 M	07/7/26 E	07/7/26 Night				
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Praveena	Shalini	[illegible] 010800				
Signature of the Nurse	[signature]	Shalini 011072	[signature]				

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason ..... Busy in NICU .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 7/7/26

Baby in NICU.

Handover given by SN Mbeni

Signature

Date & Time: 7/7/26 at 7.00pm.

Handover taken by .....

Signature .....

Date & Time: .....

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31-05-1997 29 Y 1 M 7 D (F)
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(1)

TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7/4/26 at 9:30 a (612) TRANSFERRED TO : MICU

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

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2

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7/7/26 @ 11.30AM **TRANSFERRED TO :** NICU.

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

PATIENT

GUC:-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

R FORM (1)

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	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 3.57 pm	7/7/26 at 10.30 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Mathangi	DR. Pavithra	Luther treatment
From Unit	**To Unit**	**Information to Attendant**
NICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
~~Zip~~ file	CT4.	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 014072	DR. Pavithra

Patient & Clinical Records Received by : 6/7/26

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

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P... ORM

(2)

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	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 @ 3.57pm	7/7/26 @ 9.30pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Vinitha	Reason for Transfer: further management
From Unit: 6th Floor	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: case sheet	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
Sheela	Dr. Pavithra

Patient & Clinical Records Received by : Shalini 0140Th

Date & Time of Patient Received : 7/7/26 at 9.30 AM

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

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

PATIENT TRANSFER FORM

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092656 IP18-00036352
Mrs SOWMIYA
31-05-1997 29 Y 1 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission 6/7/26 @ 3:57pm	Date & Time of Transfer Order 7/7/26 @ 11:50 Am
Treating Consultant Name Dr. Mathangi	Transfer Ordered by Dr. Mohan	Reason for Transfer For Further management.
From Unit OT	To Unit NICU	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 1 IP file	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607871	Dr. Mohan.

Patient & Clinical Records Received by : Staff Nurse

Date & Time of Patient Received : 7/7/26 at 12pm

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

(4)

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PATIENT TRANSFER FORM

JC-00092656 IP18-00036352
'S SOWMIYA
-05-1997 29 Y 1 M 7 D (F)
. MATHANGI RAJAGOPALAN

No.	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 3:57pm	7/7/26 at 9:35pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Divya Lakshmi	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
whole IP files	CTM –	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. para 1gm	(8)
2.	C-pan 40mg	(9)
3.	Susten suppository 100	(5)
4.	Inj. Supacef 1.5gm	(8)
5.	D. cockil (pm) D-syrup	(3) (3)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Abarna 01808	Dr. Monisha

Patient & Clinical Records Received by : Mythili 60776

Date & Time of Patient Received : 7/7/26 at 9:40pm

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

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

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