

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15/7/20
Patient Name: Mrs. Kasthuri Ashwin Date of Birth: 27/8/1996 Age: 29y
Gender: F Ward: OT UHID No.: 47973/36472
Date of Surgery: 15/7/20 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Elective LSCS

Time In : 9:25 AM

Time Out : 11:25 AM

	NAME	AMOUNT
1. Surgeon	Dr. Mathangi Rajagopalan	
2. Anaesthetist	Dr. Praveen Dr. Sridevi	
3. Assistant Surgeon	Dr. Ashwini	
4. OT Technician	Mr. Prashanth	
5. Circulating Nurse	Shal Renu	
6. Assistant Nurse	Shal Guna Shal Sangeetha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Record

Finalized done by Dozorky

Order No:

Order by:

Right

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CONSUMABLES OF OT

Circulating staff: CN Rishna Technician: prasanth B Date: 15/7/26 Time:

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K		01
LMA			Sutures <u>2347</u>		03	Cord Clamp		01
ECG leads (A) P/N		3	<u>2317</u>		01	Suction Catheter <u>8Fr</u>		01
HME filter: A/P/N			<u>1326</u>		01	Feeding Tube <u>6Fr</u>		01
Syringes: 10 cc		2+1				Vacuum Suction Set		01
05 cc		2	Gloves <u>6 1/2 PP Gloves</u>		6	Surgical Gloves <u>6 1/2 PF</u>		01
02 cc		2	<u>6 1/2 S. care</u>		01	Gauze Pack		01
01 cc		1	<u>P.F 5 1/2</u>		01	Syringe <u>1ml/2ml</u>		1
Cautery plate (A) P/N		1	Surgical blade <u>22</u>		03	Surgical Blade # 20		
IV set		1+	NG tube			Koochies (S)		
RL		4	Cautery pencil		01	EFipress		01
NS: 10ml / 100ml / 500ml / 1000ml		024	Koochies			Evatecin		05
			Ointments			ondokind		01
			Suction Catheter			Buprigesic		01
Fentanyl			Cap, Mask			Anawin (A)		01
Morphine			Gauze Pack <u>1 R10</u>		3/2	Bloxamic		02
Ketamine			Mop Pack			<u>DI water 10ml</u>		01
Propofol			Steristrip			carbaprost		01
Rocuronium			Underpad		01	sp needle 22m whiz		01
Glycopyrolate			Draw sheet			<u>26 X 1 1/2 N needle</u>		01
Myopyrolate			Abgel		01	<u>5ml Emerald</u>		01
Ondansetron			Foleys catheter			<u>18 G ventlon</u>		01
Pencan 25g/ Spinal Needle 22			Urobag			<u>protective sheet</u>		01
Bupivacaine 0.25%			Chest Drainage Catheter			<u>Baby wipes</u>		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			Draper		01
Antibiotics			Bandage			New mom pad		01
			Tegaderm <u>8591</u>		01	Aixator		01
Suppositories			Ioban			<u>10cm ns</u>		01
Anamol: 80mg / 250mg / 170 mg			Double J Stent			<u>Wason cannula (A)</u>		1
Supridol: 100mg			Vacuum Suction set		01	<u>6 PF</u>		3
Justin: 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet <u>apron</u>		03	<u>surgical T-5</u>		1
Tab. Misoprost: 200mg		2	Betadine Solution		01	<u>T.P.F</u>		1
<u>600mcg</u>		1	Microshield			<u>9190</u>		1
<u>Methitene blue</u>		01	Cotton Balls					
			Latex Gloves		10P			
			Ramdione Scrub					
			Sera <u>quick sheet</u>		01			

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	IP18-00036479	Ward	7F-PVT/SUITE
Patient Name	Baby B/O KASTHURI ASHWIN	Bed Name	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 6 H / Female	Order No	18-0001727886
Date	15/07/2026 16:31	Prescription No	PRIP18-0627291
Payor	SELPAY	Dispensed Date	15/07/2026 16:34
UHID	GUC-00093890		

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	G26D01O693	03/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
Total :							120.92	120.92

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

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Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036479
Patient Name Baby B/O KASTHURI ASHWIN
Age/Sex 0 Y 0 M 0 D 6 H / Female
Date 15/07/2026 16:31
Payor SELFPAY
UHID GUC-00093890

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT702-1
Order No 18-0001727887
Prescription No PRIP18-0627290
Dispensed Date 15/07/2026 16:33

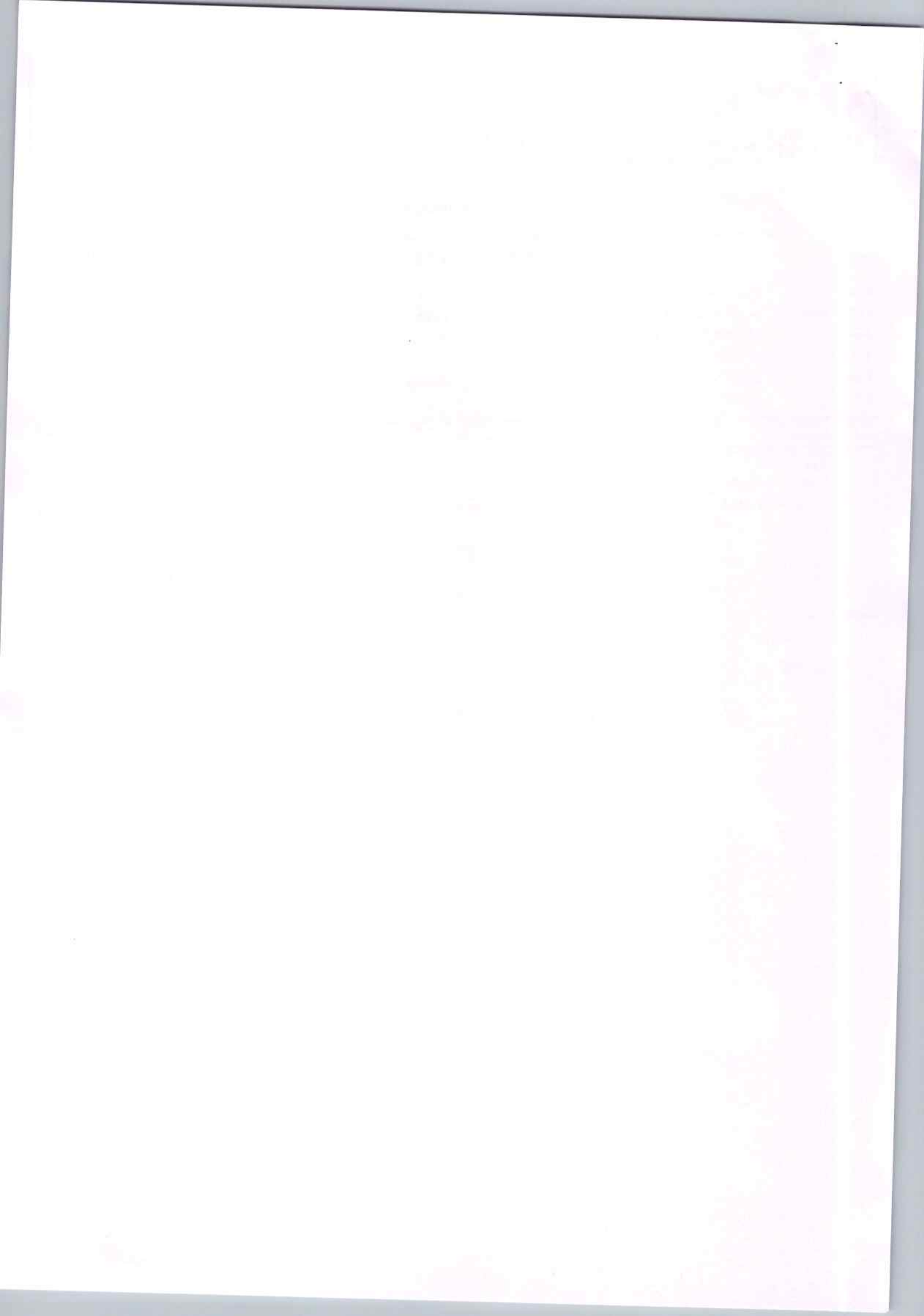
S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
3	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
Total :							1,028.00	1,028.00

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036479
Patient Name Baby B/O KASTHURI ASHWIN
Age/Sex 0 Y 0 M 0 D 6 H / Female
Date 15/07/2026 16:32
Payor SELFPAY
UHID GUC-00093890

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT702-1
Order No 18-0001727889
Prescription No PRIP18-0627289
Dispensed Date 15/07/2026 16:33

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

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036479
Patient Name Baby B/O KASTHURI ASHWIN
Age/Sex 0 Y 0 M 0 D 6 H / Female
Date 15/07/2026 16:32
Payor SELFPAY
UHID GUC-00093890

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT702-1
Order No 18-0001727888
Prescription No PRIP18-0627288
Dispensed Date 15/07/2026 16:33

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
Total :							255.00	255.00

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036472	Ward	8F-OT COMPLEX
Patient Name	Mrs KASTHURI ASHWIN	Bed Name	MICU 801
Age/Sex	29 Y 10 M 18 D / Female	Order No	18-0001727840
Date	15/07/2026 15:43	Prescription No	PRIP18-0627280
Payor	SELPAY	Dispensed Date	15/07/2026 15:46
UHID	GUC-00047973		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254216	10/28	1	2.58	2.58
7	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
8	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
9	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
10	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
11	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	K26AO40293	12/30	1	255.00	255.00
12	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
13	VENFLON I -18 G	BECTON DICKINSON (BD)	GENERAL	5305505	10/30	1	321.00	321.00
Total :							1,762.81	1,911.64

for RAINBOW CHILDREN'S MEDICARE LIMITED

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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 IP18-00036472
Patient Name Mrs KASTHURI ASHWIN
Age/Sex 29 Y 10 M 18 D / Female
Date 15/07/2026 15:04
Payor SELFPAY
UHID GUC-00047973

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001727819
Prescription No PRIP18-0627281
Dispensed Date 15/07/2026 15:46

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	3	28.13	84.39
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
6	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	2	525.00	1,050.00
7	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
Total :							712.12	1,600.39

for RAINBOW CHILDREN'S MEDICARE LIMITED

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VAT TIN : 33AABCR4014M1ZK**CIN :** L85110TG1998PLC029914**DL NO :**

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036472	Ward	8F-OT COMPLEX
Patient Name	Mrs KASTHURI ASHWIN	Bed Name	MICU 801
Age/Sex	29 Y 10 M 18 D / Female	Order No	18-0001727818
Date	15/07/2026 15:04	Prescription No	PRIP18-0627284
Payor	SELPAY	Dispensed Date	15/07/2026 15:48
UHID	GUC-00047973		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	2	44.93	89.86
Total :							44.93	89.86

for RAINBOW CHILDREN'S MEDICARE LIMITED

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP18-00036472	Ward	8F-OT COMPLEX
Patient Name	Mrs KASTHURI ASHWIN	Bed Name	MICU 801
Age/Sex	29 Y 10 M 18 D / Female	Order No	18-0001727838
Date	15/07/2026 15:43	Prescription No	PRIP18-0627283
Payor	SELPAY	Dispensed Date	15/07/2026 15:47
UHID	GUC-00047973		

Total :	12,436.92	15,545.52
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

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RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036472
Patient Name Mrs KASTHURI ASHWIN
Age/Sex 29 Y 10 M 18 D / Female
Date 15/07/2026 15:43
Payor SELFPAY
UHID GUC-00047973

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001727838
Prescription No PRIP18-0627283
Dispensed Date 15/07/2026 15:47

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R010126	01/29	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		1010626	04/29	3	120.00	360.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	3	100.00	300.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	1	123.00	123.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545021	11/29	1	123.00	123.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblu	H	1010626	05/29	1	2,250.00	2,250.00
9	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0470	01/27	2	20.26	40.52
10	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	5GH0327	02/31	1	95.56	95.56
11	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5124	09/30	1	997.00	997.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
15	PDS II 6-0 W9091H	ETHICON SUTURES-J&J		UAMHDH	12/28	1	1,384.69	1,384.688
16	PROTECTIVE SHEET 20X20	Local		1010626	05/29	1	250.00	250.00
17	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
18	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	1	103.00	103.00
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
20	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	3	128.00	384.00
21	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
22	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
23	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	3	7.67	23.01
24	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	894.00	894.00
25	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
26	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
27	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J C1		T5052	09/30	1	888.00	888.00
28	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	3	951.00	2,853.00



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Patient Name	Mrs KASTHURI ASHWIN	Bed Name	MICU 801
Age/Sex	29 Y 10 M 18 D / Female	Order No	18-0001727839
Date	15/07/2026 15:43	Prescription No	PRIP18-0627282
Payor	SELF PAY	Dispensed Date	15/07/2026 15:47
UHID	GUC-00047973		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 20 D (F)
Dr. MATHANGI RAJAGOPALAN



Name of the Patient:

UHID No:

Ward:

Date: 17/10/20

Gender:

Room No: 702

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date:

Time:

Nurse Sign

Date: 17/10/20

Time: 6:00

Pharmacy Sign

Date:

Time:

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GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 20 D (F)
Dr. MATHANGI RAJAGOPALAN



{ Birth: Rainbow Children's Hospital

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	HAB @ 6am		[Signature]				
Activity Sheet update by Pharmacy			[Signature]				



ACTIVITY RECORD FOR BILLING

Name: MRS. KASTHURI ASHWIN
 UHID No: 47973 IP No: 36472 Consultant: Dr. mathangi Dept: CDR
 Date of Admission: Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/2026	10pm	LDR	7th Floor	[Signature]
15/7/26	8.50am	7th floor	MICU	[Signature]
15/7/26	9.30am	LDR	OT	[Signature]
15/7/26	11:25am	OT	MICU	[Signature]
15/7/26	3.45pm	MICU	7th Floor	[Signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	14/7/2026	1727194	[Signature]
2.	DR. Krishnadas	To be raised 14/7/2026		[Signature]
3.	DR. Krishnadas	16/7/26	TO be raised. 28321	[Signature]
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

PROJECT

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	IV placement	①	17272951	[Signature]
16/7/26	Diet Counseling	①	1728164	[Signature]
16/7/26	physiotherapy	①	17282941	[Signature]

ANY OTHER INFORMATION:

15/7/26 Procedure: Elective LSC
 Surgeon: Dr. Mathangi Rajagopalan
 Assil. Surgeon: Dr. Peruthar, Dr. Sridhar
 Anesthetist: Dr. Ashwini
 In time: 9:25 AM
 out time: 11:25 AM

Date: 17/7/26 Time: 6am Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
----------------------------	--------------	-------------------	--------------------

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11.15 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.25 AM	P. K. 607261		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



BED SIDE CHECK LIST FOR NURSES

Date:	14/7/20	15/7/20	16/7/20	16/7	17/7				
Doctor's Orders	yes	yes	yes	yes	yes				
Carried out or not	yes	yes	yes	yes	yes				
Bed Side									
Structured Handover done	yes	yes	yes	yes	yes				
IV Site	yes	yes	yes	yes	yes				
Central Lines	NA	NA	NA	NA	NA				
Arterial Lines	NA	NA	NA	NA	NA				
Feeding Catheter	NA	NA	NA	NA	NA				
Urinary Catheter	NA	NA	NA	NA	NA				
Skin Care	yes	yes	yes	yes	yes				
Eye Care	yes	yes	yes	yes	yes				
Mouth Care	yes	yes	yes	yes	yes				
Sterillum Bottle, Stethoscope	yes	yes	yes	yes	yes				
Suction Bottle (Should be clean & empty)	yes	yes	yes	yes	yes				
Intubation Tray	NA	NA	NA	NA	NA				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA	NA				
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA	NA				
Humidification	NA	NA	NA	NA	NA				
Check all Infusion (Labelling, Correct Preparation)	NA	NA	NA	NA	NA				
Chest Physio & Neb	NA	NA	NA	NA	NA				
Handed Over By Name :	P. K. Srinivasan	K. Srinivasan	V. Srinivasan	M. Srinivasan	P. Srinivasan				
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]				
Date & Time:	14/7/20 11pm	15/7/20 11pm	16/7 11pm	16/7 11pm	17/7 11pm				
Hand Over Taken By Name :	K. Srinivasan	P. Srinivasan	S. Srinivasan	P. Srinivasan	P. Srinivasan				
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]				
Date & Time:	15/7/20 11pm	16/7 11pm	16/7 11pm	16/7 11pm	17/7 11pm				

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036472 Admit Date : 14-Jul-2026 Admit Time : 08:05 PM UHID : GUC-00047973

Patient Details :

Patient Name	: Mrs KASTHURI ASHWIN	Age	: 29 Y 10 M 20 D
Guardian	: SUBRAMANIAN R	DOB	: 27-08-1996
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: PLOT NO:75, DOOR NO:10, AGS COLONY 4TH MAIN ROAD, WEST VELACHERAY Velacheri Chennai Tamil Nadu INDIA 600042	Phone No	: 7395905042
		E-mail	: kasthuri.subramanian08@gmail.com

Admission Details :

Bed Type	: PRIVATE ROOM	Bed No	: PVT 702	Ward Name	: 7F-PVT/SUITE
Room No	: PVT 702	Admission Type	: First Visit		

Contact Details :

Name	: SUBRAMANIAN R	Relationship	: W/O
Contact Address	: PLOT NO:75, DOOR NO:10, AGS COLONY 4TH MAIN ROAD, WEST VELACHERAY Velacheri Chennai Tamil Nadu INDIA 600042	Phone No	: 7395905042

Signature

Doctor Details :

Doctor Name	: Dr. MATHANGI RAJAGOPALAN	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 7000.00
		Payor Name	: SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs KASTHURI ASHWIN Age : 29 Y 10 M 20 D
IP No: IP18-00036472 Sex: Female
Consultant: Dr. MATHANGI RAJAGOPALAN Ward/Bed No: 7F-PVT/SUITE/PVT 702

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: *[Signature]*.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *[Signature]*

Name: *Subramanian - R*

Relationship: *Husband*

Date: *14/7/2026*

Time: *08.16 pm*

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:

PLOT NO:75, DOOR NO:10, AGS
COLONY 4TH MAIN ROAD, WEST
VELACHERAY Velacheri Chennai Tamil
Nadu INDIA 600042

BILLING POLICY

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

DECLARATION

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

Patient Name : <u>Mrs. Kasthuri Ashwin</u>	UHID Number : <u>GUC-00047973</u>
Self/Attendant Name : <u>✓</u>	Relation : <u>husband</u>
Self/ Attendant Signature : <u>✓</u> Phone Number : <u>7395905042</u>	Name & Signature of Financial Counselor <u>[Signature]</u>

Patient Name: Mrs KASTHURI UHID No: 47973 Bed Category: 702

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

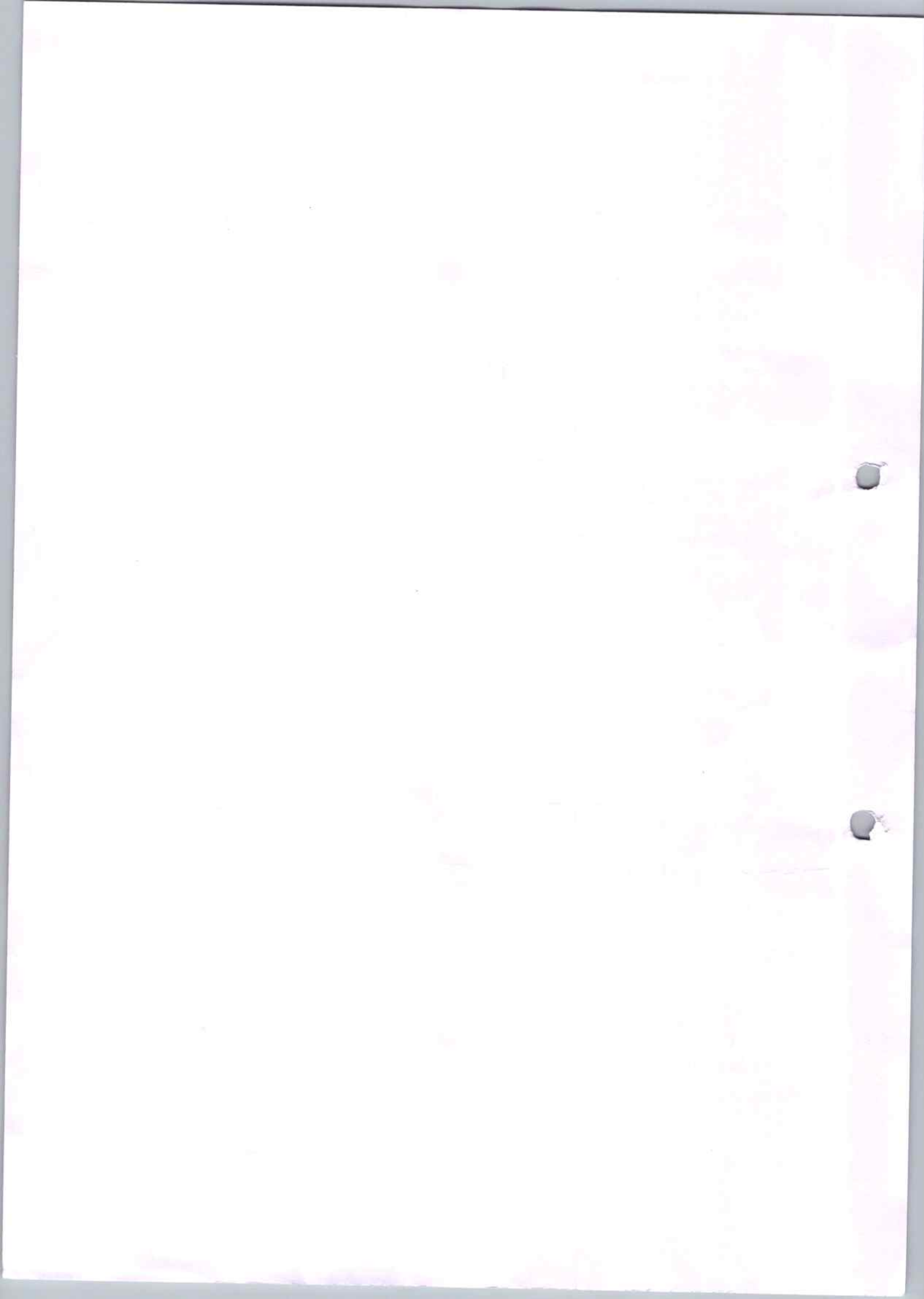
MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

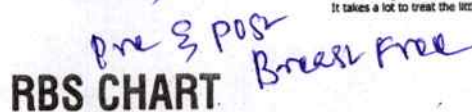
THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer



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Hospital**
It takes a lot to treat the little



own strip

Docu. No. : RCH /FRM / CLINICAL / 185

confusion - not the same

2. $\frac{1}{2} \left(\frac{1}{2} \right)^2 \left(\frac{1}{2} \right)^2$ $\frac{1}{2} \left(\frac{1}{2} \right)^2 \left(\frac{1}{2} \right)^2$



astmi Ashwin



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Able to PM well.

Admitted for

Obstetric Formula:

G5P1L1A3

Obstetric History:

22/1: 12wbd / NT: 2mm / NB present
FTS: low risk; PE ↑ risk

M/3: 20wbd; Anomalies Rb; Pl. Anterior

Present Pregnancy Record:

G₁, G₂, G₃: Anembryonic gestation;
20, 2021, 2022 Spont. expulsion.

G₄: 2023; ELCS / Boy / 4.2kg / A&H /

G₅: Spont. conception

RISK FACTORS:

over DM on Insulin + DHA

BMI: 41.6

Height: 163.1 cm

Weight: 118.4 kg

Allergies: NIL

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness:

Pallor: -

Icterus: -

Edema: -

Temp: Afebrile.

PR: 94/min

BP: 120/70

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: 16-10-25

EDD:

Corrected EDD: 31-07-26

GA: 37⁺4 weeks

Menstrual History: Regular ☒ Yes ☐ No

Obstetric Examination

m/s: 7 years

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifths Palpable: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☒ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G5P1L1A3 / Prev. LSCS
A/B +ve / LCB - 2¹/₂ yr

37⁺4 weeks / over DM
Insulin + DHA

Elective repeat LSCS

@ 9:30m
15/7/26

Patient Sticker

Family History: Father] DM Mother] Sister - DM	Surgical History: Elective LSCS in 2023
Medical History: Overt DM (diagnosed in pregnancy)	Medication History: Inj. Fiasp w/food 0-12-12u Inj. Lantus 0-0-8u T. Glyciphage SR 500mg 1-0-1 T. Ecosprin stopped on July 6th
Plan of Care: - Admission - IV line - Peri preparation - Inj. Supacyn 1.5g IV after last dose 1/2 hr before surgery - Inj. Pan 40mg] 1/2 hr before surgery - Inj. Emet 4mg] before surgery - IV fluid 10RL @ 125ml/hr from 5am - CBD before shifting to LDR - Shift to ward - Reshift to LDR at 8:30am. - FBS at 6am.	Investigations: CBG - 117 mg/dl CTG

Doctor Name: Dr. Vinita

Signature: [Signature]

Date & Time: 14/7/26

Consultant Name: Dr. Marangi

Signature: (For) [Signature]

Date & Time:



RESULT SHEET

Date	7/7				A, B POSITIVE
Time					
Hb	10.7				ICT- Neg
PCV	34				
RBC					
WBC	7800				HIV HBS Ag } Neg VDRL Anti HIV
N/L					
Platelets	156000				
CRP					
ESR					
PCT					
RBS					Rubella - non-imm
Na					
K					
Cl					
Ca/Mg					ECG ECHO } WNL
Phosphate					
Urea					
Creatinine					FBS: 93 PPBS: 118
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN

Patient Stn



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>E/T Dr. Mathangi</u>	
	<u>C/D/w Dr. Krishna Das</u>	
	- To give Inj. Fiasp 6u before dinner - Check CBG 1 hour post dinner & inform.	
<u>12/11/13</u>		
	<u>C/S/B Dr. Paritha / Dr. Shreedani</u>	
<u>5/09/2026</u>	Pt reviewed	
<u>9AM</u>	No c/o.	
	<u>o/r</u>	
	P/A - Ut term	
	Relaxed	
	Cephalic	
	FHS good	
	SP7 scar @ healing	
		<u>Advice</u>
		- Plan Elective Repeat CS
		c/m 9:30AM
		- Follow pre op orders.
		- Catheterisation

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026	case received in MICU.	
11:30	C/S/B Dr. Panitha / Dr. Shindine	
DOs		
11/2/62	Pt reviewed	
PR 90/min	o/e	Advice:
SpO2 98% RA.	Pt ac fair	- NPO x 3 hours
CBC 106mg/dl	afebrile	- IVF @ 125ml/hour
Receiving 60-5ml	p/pq	- Vitals monitoring
Baby m/s	CVS	- Follow drug chart
	RS NAD	- CBD cfm 6AM
	PA - Ut firm & cont well	- Teds Stockings / Flowtron pump
	Dressing dry.	- CBC cfm 6AM.
	YS - BWNL.	- Clexane 60mcg SC @ 10PM.
		- IV Tragic x 3 doses
		- CBG 4th hourly
		- Physician (o)

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2026	C/S/B Dr. Akshitha / Dr. Sreedevi	
3pm		
	Pt reviewed, Nil clo	Advice
POD - 0	Pt tolerating liquids well	- Liquid diet
	O/E Pt Gc fair, Afebrile	- IVF 10RL @ 125ml/hr
T - (N)	P° / PE°	- vitals monitoring
PR - 93/min	CVS	- Kanji @ 6pm
BP - 108/72mmHg	RS NAD	- Soft diet @ 8pm
VO -	P/A - wt well contracted	- W/F ↑ Bleeding PV
Baby - M/S	Soft, BS ⊕	- Clexane 60mcg SC @ 10pm
B/L - Breast soft	Dressing ⊕ & Dry	- CBD / CBC 11m 6AM
	L/E - BWNL	- INT. TRAPIC X 3 doses
	CBD insity, clear urine draining	- CBG 4th hourly
		- Physician (o)
15/7/26	S/B Dr. Akshitha	
5:30pm	Pt reviewed	
POD - 0	no sp. clo.	
	O/E afebrile	
	no pallor/PE.	P plan
BP 112/72mmHg	P/A uterus well	- liquid diet
PR 91bpm	soft	- kanji 6pm
SpO2 99% @ RA	BS ⊕	- soft solid diet 8pm
Temp ⊕	crossing dmy	- clexane 10pm
B/L breast soft	L/E BWNL	- (CBD) CBC 11m 6AM
Baby M/S	Foley's insity	- follow drug orders
	clear urine	
	LNVO = 120ml	12/435

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/20 9 pm	S/B Dr. Adhana / Dr. Dinyalaksini	
POD 0	Pt. reviewed nil cp. Tolerating diet no s/s of hypoglycemia	
7 - N PR - 50/100 BP - 110/70 SPO - 99% @ RA	o/e: pt AC fair, afebrile po / PEO	Admire soft diet - PT oral feeds - CBG post dinner & pre breakfast - I/O - CBC c/m 6am - CBD c/m 6am - Clexane 60 10m - Inform SOS - w/pt T bpr & hypoglycemia
predinner CBG - 11mg/dl	PA: SOT+, BS(+) wt. unchanged dressing dry	
not passed flatus	Ue = BUNR CBD (+)	
U/O - 200ml clear		
Baby m/s beats m/s		
	 16/2/20	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	SIB Dr. <u>Abhilita</u>	
APM	Alert DM pt reviewed	passed stools
POD #1	no sp. c/o	voiding freely
A/B/C/D	o/c afebrile	Plan
	inj. magnex D2	- 1 value CBG
	inj. cleare D2	- ambulate
BP	103/63 mmHg	- soft solid diet
PR	69 bpm	- hydrate
SpO2	99% @ RA	- swit + bleeding P/V
Temp	37.2	
	BS ⊕	
	crossing dry	
BIL breast soft	LLE BWNL	
secretions ↓		
Baby M/S		
	CIT Dr. <u>Krishnadas</u>	
	post lunch CBG 152	
	↓	
	boarders	
	↓	
	monitor A/V CBG	
16/7/26	SIB Dr. <u>Vinitha</u>	
8:50 PM	Pt reviewed; No Gm	Passed stools
POD #1	°E: GC fair; Afebrile	
	P° IPE°	Adv:
BP: 110/64	PIA: Uterus well contracted	4 value CBG
PR: 72 bpm	BS ⊕; soft; Crossing dry	Ambulation
SpO2: 99% @ RA	4E: BWNL	Soft diet
		Plenty of fluids
		Follow drug chart
		Vitals monitoring
		Inform SAs

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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BirthRight™
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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



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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Postnatal En and advices. Mrs. Kasthuri 1702.

Signature: _____

Findings and Recommendations :

S/O physiotherapist NOUs Dr. Mohanapriya (pf).
OTB & Gyn.

Do's and don'ts :

- avoid lifting weights
- lying down posture
- sitting posture advised
- Breast feeding posture.
- Coughing and Hugging technique.
- Bilateral leg raise should be avoided.

Consultant :

Name : Signature : Date & Time :

- 1) Breathing Ear -
- 2) posterior pelvic tilt -
- 3) pelvic bridging
- 4) Ankle mobilisation
- 5) knee mobilisation
- 6) heel's Ear.

Review after 2 weeks.

[Signature]

16/10/19

Dr. MATHANGI RAJAGOPALAN



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

DOCTOR'S SHIFT CHANGE HANDOVER FORM



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Date:

Department:

Shift:

[illegible]

GUC-00047973
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



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: LPR Shifted to: OT

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time : 15/7/2026 @ 9.20am

Nurse Name & Signature: S. P. Arameswari 016808

Date & Time : 15/7/2026 @ 9.20am

MEDICATION ORDER

Medication Reconciliation: A process to identify and resolve discrepancies between medications a patient is taking and the medications they should be taking, to prevent adverse drug events.

Refilling from: 10

Time	Medication Name	Strength	Dose	Frequency	Route	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

MEDICATION HISTORY REVIEW: Review the patient's medication history for potential drug interactions, duplications, and omissions.

Doctor Name: Dr. [Name]

Date & Time: 12/1/2024 10:00 AM

Initials: [Initials]

Signature: [Signature]

Printed Name: [Name]



MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

Shifting From: ADR Shifted to:

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature:

Date & Time:

Nurse Name & Signature: D. Sathyanarayanan [Signature]

Date & Time: 14/12/2026 at 10 pm

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



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 It takes a lot to treat the little.

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MEDICATION RECONCILIATION FORM

Drug Allergies: ☐ Not known any Drug Allergies

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

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

Shifting From: LDR Shifted to: 7th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INTJ. MAGNEX FORTE	1.5g	IV	BD		☒ C ☐ DC
2	INTJ. CLEXANE	60mcg	SC	DC		☒ C ☐ DC
3	INTJ. TRAPIC	1g	IV	TDS		☒ C ☐ DC
4	T. PARACETAMOL	1g	PO	QID		☐ C ☐ DC
5	C. PAND	40mg	PO	BD		☒ C ☐ DC
6	JUSTIN SUPPOSITORY	100mg	PR	BD		☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shreedevi 18/2/17

Date & Time: 15/7/20

Nurse Name & Signature: Suman

Date & Time: 15/7/20 at 8pm

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

Page 16

Date

MEMORANDUM FOR THE RECORD

MEMORANDUM FOR THE RECORD
 (To be filled in by the author)
 (To be filled in by the author)

FROM: _____

2nd	MEDICATION - SPECIFIC NAME, DOSAGE, ROUTE
1	[illegible]
2	[illegible]
3	[illegible]
4	[illegible]
5	[illegible]
6	[illegible]
7	[illegible]
8	[illegible]
9	[illegible]
10	[illegible]

MEMORANDUM FOR THE RECORD
 (To be filled in by the author)
 (To be filled in by the author)

12/10/20

12/10/20

(P.T.O.)



REGULAR PRESCRIPTIONS

Weight 118 kg ^{WDR} Ward

DRUG : INJ MAGNEX FORTE				Date Time	15/7	16/7	17/7
Dose	Route	Frequency	Start Date				
1.5g	IV	10/1	15/7	10am	12pm	15/7	17/7
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
(Till discharge) 48 hours							
Daily Doctor's Endorsement by a Sign							

DRUG : T. PARACETAMOL				Date Time	15/7	16/7	17/7
Dose	Route	Frequency	Start Date				
1g	PO	1-1-1	15/7	6am	12pm	15/7	17/7
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : C-PANTOPRAZOLE - D				Date Time	15/7	16/7	17/7
Dose	Route	Frequency	Start Date				
40mg	PO	10/1	15/7	7am	12pm	15/7	17/7
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : JUSTIN SUPPOSITORY				Date Time	15/7	16/7	17/7
Dose	Route	Frequency	Start Date				
100mg	PR	10/1	15/7	9am	12pm	15/7	17/7
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							



Weight 118.4 Ward. UDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/7	8:30AM	INT. SUPACEF	0.1ml	ID	K. J. P. 121113	ES / PL
15/7	9:20AM	INT. SUPACEF	1.5g	IV	K. 121113	SP / SK
15/7	8:30AM	INT. PAN	40mg	IV	Q 121113	ES / PL
15/7	8:20AM	INT. EMESET	4mg	IV	Q 121113	ES / PL
14/7	10PM	INT. FIASP	6 U	S/C	Q 121113	SP / PL
15/7/26	9:44AM	INT. SYNTOLIN	5U	iv	S. Ashi 101348	PS / GD
15/7/26	9:45AM	INT. TRANEXAMIC ACID	1g	iv	S. Ashi 101348	PS / GD
15/7/26	9:45AM	INT. EMESET	4mg	iv	S. Ashi 101348	PS / GD
15/7/26	9:45AM	INT. CARBO PRIST	0.25mg	in	S. Ashi 101348	PS / GD



Weight. 118.4 kg *OK* Ward.

Date	Time	Composition of Fluid (If infusion, mention ml/hr = $\mu\text{g/kg/min}$, etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/7/26	6:00 AM	IVF RL 125 ml/hr				EoS PK	15/7/26		PK
15/7/26	9:30 AM	RL-10	iv	enched	S. Ashi 101348	PK	15/7/26	S. Ashi 101348	PK
15/7/26	9:45 AM	RL-10	iv	enched	S. Ashi 101348	PK	15/7/26	S. Ashi 101348	PK
15/7/26	9:44 AM	RL-10 + Syn: Syntocin 20U	iv	100 ml/hr	S. Ashi 101348	PK	15/7/26	S. Ashi 101348	PK
15/7/26	10:30 AM	RL-10	iv	enched	S. Ashi 101348	PK	15/7/26	S. Ashi 101348	PK



Weight 112.419 Ward LDR

Signature _____

VERIFIED BY: name

Sheet No:				REGULAR PRESCRIPTIONS		Weight: Kg		Age: Yrs	
DRUG : <u>Trg TRAPIC</u>				Date	15/7	Time	10 AM		
Dose	Route	Frequency	Start Dt.						
<u>1g</u>	<u>IV</u>	<u>1-1-1</u>	<u>15/7</u>						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
<u>3 doses</u>									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Trg CLEXANE</u>				Date	15/7	Time	10 AM		
Dose	Route	Frequency	Start Dt.						
<u>Gomax</u>	<u>CC</u>	<u>0-0-1</u>	<u>15/7</u>						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
<u>10y682</u>									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>T. GLYCOMET SR</u>				Date	16/7	Time	10 AM		
Dose	Route	Frequency	Start Dt.						
<u>500mg</u>	<u>PO</u>	<u>1-0-1</u>	<u>16/07/2024</u>						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
<u>30 mins after food</u>									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>CAP LALTARE</u>				Date	16/7	Time	10 AM		
Dose	Route	Frequency	Start Dt.						
<u>1</u>	<u>PO</u>	<u>1-1-1</u>	<u>16/7/24</u>						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
<u>127435</u>									
Daily Doctor's Endorsement by a Sign									

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

VERIFIED BY : Name Signature

008-12345
MATHANGI RAJAGOPALAN



BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

Name: Mrs. Kasthuri Ashwin

Sheet No: ... 2 ...

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

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 19 D (F)
 Dr. MATHANGI RAJAGOPALAN



Pharmacy
 Dispensing
 Department

5

MEDICATION CHART AUDIT CHECKLIST - IP

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

MEDICATION CHART AUDIT CHECKLIST - IP

DRUG 1 DRUG 2 DRUG 3 DRUG 4 DRUG 5 DRUG 6 DRUG 7

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

1. NON-COMPLAINE YES/NO (if yes mention : Doctor/Pharmacist/Nurses), 2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVIATION USED IN THE MEDICATION CHART (TICK IF USED).

DISCREPANCY

INTERVENTIONS

TOTAL NUMBER OF OPPORTUNITIES



①

Early Warning Observation Score Chart - Obstetrics

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

14/7/26

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																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

ON Admission

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN

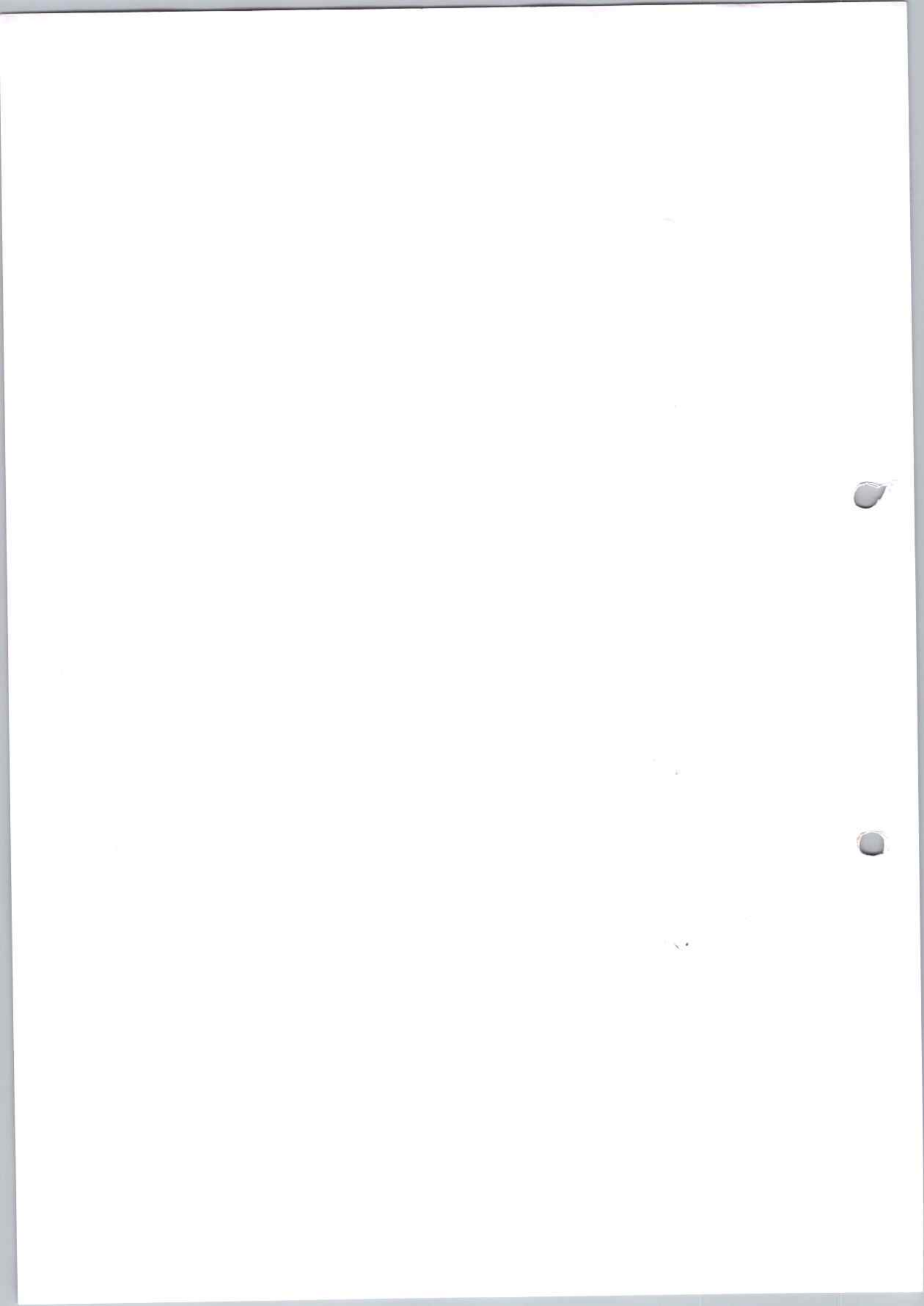


Warning Observation Score Chart - Obstetrics

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

15/7/20.

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



GUC-00047973
Mrs KASTHURI ASHWIN
29 Y 10 M 17 D (F)
27-08-1996
Dr. MATHANGI RAJAGOPALAN

IP18-00036472

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
14/8/2006	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	H ₂ O	100ml								200ml	100	DS
	10:00 pm										10	len	DS
	11:00 pm	N									10	g	DS
	12:00 am	P									250ml	50	DS
	01:00 am	P											
Total Intake :						Total Output :							
	02:00 am	N										10	DS
	03:00 am												
	04:00 am	P									300ml	IV	DS
	05:00 am												
	06:00 am	P										10	DS
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake			H ₂ O - 100ml + 250 + 350			Total 24 hrs. Output			750ml				

GUC-00047973

IP18-00036472

Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



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

BirthRight
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	N		125ml						100	0	2	
	09:00 am	B		125ml						150	0	2	
	10:00 am	NPO		150ml						100ml	0	2	
	11:00 am	NPO		125	100					100	0	2	
	12:00 pm	NPO		125	100					75ml	0	2	
	01:00 pm	NPO		125	100					50	0	2	
Total Intake :						Total Output :							
	02:00 pm	H2O	100ml	125	100					50ml	0	2	
	03:00 pm	TC water	150ml	125	100					100ml	0	2	
	04:00 pm	H2O	100ml	125ml						200ml	0	2	
	05:00 pm	H2O	100ml	125ml						150	0	2	
	06:00 pm	H2O	100ml	125						200	0	2	
	07:00 pm	H2O	50ml	125						200	0	2	
Total Intake : H2O - 550ml + 750 + 200 (1500ml)						Total Output : 600ml							
	08:00 pm	H2O	100ml	125						100ml	0	2	
	09:00 pm			125						150	0	2	
	10:00 pm	H2O	150ml	125						150	0	2	
	11:00 pm	TC	200ml	125						100	0	2	
	12:00 am			125						80	0	2	
	01:00 am	H2O	100ml	125						100	0	2	
Total Intake : 550ml + 750						Total Output : 680ml							
	02:00 am			125						120	0	2	
	03:00 am	H2O	100ml	125						100	0	2	
	04:00 am			125						110	0	2	
	05:00 am	H2O	50ml	125						150	0	2	
	06:00 am	H2O	50ml							200	0	2	
	07:00 am									120	0	2	
Total Intake : 200ml + 500ml						Total Output : 680ml							
Total 24 hrs. Intake		5,625ml.											
Total 24 hrs. Output		2,835ml.											

Form No. 1

Date: / /

1. Allotment of beds
2. Admission and discharge

2/5/72

Sl. No.	Name of Patient	Age	Sex	Admission Date	Discharge Date	Remarks
1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Total Inlets

1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Total Inlets

1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Total Inlets

1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Total Inlets

1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Total Inlets

Total 24 hrs. Inlets

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



FLUID CHART

Sheet No. : 3

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

Intake						Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
16/7/20	08:00 am										0	P.U	
	09:00 am	H ₂ O 300ml									0	P.U	
	10:00 am									100ml	0	P.U	
	11:00 am	H ₂ O 300ml									0	P.U	
	12:00 pm	Soup 300ml									0	P.U	
	01:00 pm	H ₂ O 300ml									0	P.U	
Total Intake : 1,100 ml						Total Output : 100ml (gum)					0	Sim	
	02:00 pm	H ₂ O 100ml								200ml	0	Sim	
	03:00 pm	H ₂ O 200ml									0	Sim	
	04:00 pm	H ₂ O 200ml								500ml	0	Sim	
	05:00 pm	Juice 100ml									0	Sim	
	06:00 pm	H ₂ O 100ml									0	Sim	
	07:00 pm	H ₂ O 200ml									0	Sim	
Total Intake : H ₂ - 900ml						Total Output : U - 700ml					0	AA	
	08:00 pm	H ₂ O 150ml								300ml	0	AA	
	09:00 pm	H ₂ O 100ml									0	AA	
	10:00 pm	Milk 100ml								250ml	0	AA	
	11:00 pm	H ₂ O 200ml									0	AA	
	12:00 am	H ₂ O 50ml								300ml	0	AA	
	01:00 am										0	AA	
Total Intake : 600ml						Total Output : 850ml					0	AA	
	02:00 am	H ₂ O 150ml									0	AA	
	03:00 am									850ml	0	AA	
	04:00 am	H ₂ O 150ml									0	AA	
	05:00 am	H ₂ O 100ml								350ml	0	AA	
	06:00 am	Milk 100ml									0	AA	
	07:00 am	H ₂ O 150ml									0	AA	
Total Intake : 650ml						Total Output : 750ml					0	AA	
Total 24 hrs. Intake			3,250ml			Total 24 hrs. Output			2,400ml				



Department of Health and Human Services
Children's Health Center

FLUID INTAKE

St. No.

1. Assessment level
2. Add up each column and write

Date	Time	Fluid Intake	Notes
10/1/87	0800	100 ml	
	0900	100 ml	
	1000	100 ml	
	1100	100 ml	
	1200	100 ml	
	1300	100 ml	
	1400	100 ml	
	1500	100 ml	
	1600	100 ml	
	1700	100 ml	
Total Intake		1000 ml	
Total Output		1000 ml	
Total Balance		0 ml	

Date	Time	Fluid Intake	Notes
10/2/87	0800	100 ml	
	0900	100 ml	
	1000	100 ml	
	1100	100 ml	
	1200	100 ml	
	1300	100 ml	
	1400	100 ml	
	1500	100 ml	
	1600	100 ml	
	1700	100 ml	
Total Intake		1000 ml	
Total Output		1000 ml	
Total Balance		0 ml	

Date	Time	Fluid Intake	Notes
10/3/87	0800	100 ml	
	0900	100 ml	
	1000	100 ml	
	1100	100 ml	
	1200	100 ml	
	1300	100 ml	
	1400	100 ml	
	1500	100 ml	
	1600	100 ml	
	1700	100 ml	
Total Intake		1000 ml	
Total Output		1000 ml	
Total Balance		0 ml	



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>hyperaz</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known		
		Surgery / Procedure:		If Yes Specify: <u>N/A</u>		
BACKGROUND		Post OP Day: <u>Day-1</u>				
BACKGROUND	Date	14/7/26	15/7/26	15/7/26	16/7/26	
	Shift	N	M	E	M	
	Medical Condition (Any special condition to be noted):	over DM	over DM	over DM	over DM	
ASSESSMENT	Diet:	Diabetic	NP	NP	Soft diet	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.1°F	98.8°F	98.2°F	98.6°F
		Res:	20	20	20	20
		SpO ₂ :	100%	99%	98%	98%
		Pulse:	94b/min	80b/min	88b/min	80b/min
		BP:	120/86	110/83	100/60	94/68
		LOC:	conscious	conscious	conscious	conscious
Fall Risk Score:	-	-	-	-		
Pain Score:	0/10	0/10	0/10	0/10		
Skin Integrity	Normal	Normal	Normal	Normal		
Recommendations	Safety Needs:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Physiotherapy:	-	-	-	-	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	Diabetic	NP	NP	Soft diet	
	Critical Lab Test / Values:	-	-	-	-	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	
	Post Operative Procedure Special Orders:	-	-	-	-	
Handed Over By Name :		S. Meeth				
Signature / ID :		S. Meeth				
Date:		14/7/26				
Time:		8pm				
Taken Over By Name :		S. Meeth				
Signature / ID :		S. Meeth				
Date:		15/7/26				
Time:		1.30pm				

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



NURSING CARE RECORD

Rainbow
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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 12/7/2008

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		↑					
Afternoon		↑					
Night	8pm	promote adequate Nutrition for healing and recovery	8.30 pm	- Assess Nutritional status and appetite - Assist with feeding as needed	patient vital are stable	Reassessment done	OFFICER

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



NURSING CARE RECORD

Rainbow
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BirthRight
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Your Right to a Safe Delivery

Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 am	- Assess the patient's General Condition - Administer IV fluids as per Doctor's order	9 am	- Assess the patient's General Condition - Administer IV fluids as per Doctor's Order	Administer IV fluids as per Doctor's order	Re-assessing	[Signature]
Afternoon	4 pm						
Night	8 pm	Maintain good nutritional status	8:30 pm	Maintain good nutritional status	Engage oral inspection	Monitor F&S chart	[Signature]



① NURSES NOTES

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 Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/8/26	8pm	Admission Notes (14/8/2026) patient come for admission under Dr. Mathangi USP: 4A3 27+4 weeks come admission at 14/08/2026 9.30AM patient checked vital are stable patient on connection FHR (+) 144bpm patient conscious, and oriented. Aresenal condition patient checked CBH - 119bpm all inform Dr. Vinita mam. patient grossence condition fair now for open DM insulin + OHA. Surging in hypox C/S and Dr. Vinita advise admission case out	
	9.30 pm	S/B Dr. Vinita mam advise on Reaction Disconnection FHR (+) 142bpm patient disconnecting	Y. [Signature]
	9.40 pm	S/B Dr. Vinita mam advise to shift to ward to give Insulin 6u before dinner. Check CBH 1hrs. post dinner & inform to	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/4/20	cont'd	Dr. Vinitha patient shifts to ward.	Dr. Vinitha
	10pm	patient handing over given 7th Floor. Starts Nurse	Dr. Vinitha
		Receiving notes.	
	10pm	Handover: Received from LDR Staff. Patient is conscious and alert. NO new plan elective LSCS @ 9.30am tomorrow. Patient NPO from 12am. IV placement @ C/M 5am. IVF. RL - 125ml/hr. For plan. CBD put only LDR staff. Flap - 6U given. Before dinner. post dinner after 2 hours. need to check CBU.	Jomy
	10.30pm	Patient dinner finished. there is no other complaints. Dr. Vinitha mam advice H2O only.	Jomy
	11.30pm	checked CBU - 153mg/dl. Inform Dr. Vinitha mam advice to withhold Pyl-Lantus.	Jomy
	12am	checked vital sign and Reordered Pt is NPO. H2O only.	Jomy

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	9:30 AM	SA given. Positioning done. In fluid on flow. Vital signs are stable.	[Signature] 607721
	9:35 AM	Pushing and delivery done. Vital signs are stable.	
	9:40 AM	Skin incision given. No active bleeding is present. In fluid on flow.	
	9:44 AM	A single alive baby girl delivered with birth weight of 4.237 kg. Baby cried immediately after delivery. Immediate cord clamping done. Child shifted for routine care.	
	11:15 AM	Skin suturing done. No excessive bleeding is present. Sucking alone and intact.	
	11:25 AM	Patient shifted to Mew. Hand over given to mew staff.	[Signature] 607721
		<u>Receiving Notes</u>	
	11:30 AM	Patient Care Handing over taken from OT staff. Patient received from OT to Mew. Monitored vitals and boarded. Maintained Dfo. PR Bleeding Minimal. Pain assessment Done. IV F 25ml/hr on Connected. No any other complaints.	[Signature] 607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/20	12pm	Monitored vitals and Recorded. Maintained Dlo. patient- General condition fair. IV KL 125ml/hr on connected. RBS Monitored 106mg/dl (informed to Dr. Parvitha advised to check CBG A/H hourly. Puj-Magnex forte test dose given	
	1pm	patient doesn't have any allergic reactions Puj-Magnex forte 1.5g IV given. Maintained Dlo. patient- General condition fair. pr Bleeding Minimal B - Breast is soft, no engorgement U - uterus contracted B - Bladder CBP present 50ml B - Bowel movement present L - Lochia Rubra No foul smelling E - PEDA Assessment Not applicable H - Homan Sign Negative E - Emotional Status good	Shw 15/7/20
	2.15pm	Orals started as per doctor order. Maintained Dlo. Monitored vitals and Recorded. pr Bleeding minimal	Shw 15/7/20

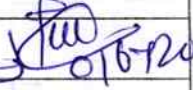
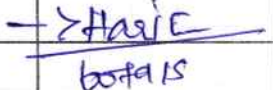
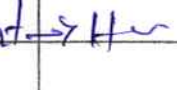
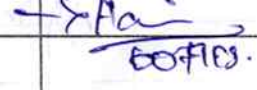
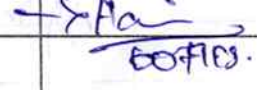
NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1st Feb	2.15pm	No any other complaints Patient tolerating oral Treatments given. Maintained ILO. No any other complaints. Doctor advised to shift to ward doctor order Carried out	
	3.45pm	Patient shifted from NICU to 1st Floor. Patient care handing over given to 1st Floor Staff	
		Receiving Notes	
	3.50pm	patient details handing over taken from the LOR to 1st floor. patient vitals are checking and monitoring and reported. Vitals are stable	
	4.15pm	patient side - there is no cl of pain. and pt continues monitoring I/O chart	
	6pm	pt. 6 ⁰⁰ clk medicine given to the as per as doctors order. pt advice to the intake adequate water.	
	6.30pm	B - Breast is soft U - Uterus is contracted.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/1/26		B - Bowel movement is present B - Bladder is CBD present I - Icteric Rubor No foul smell E - Reela scale not applicable H - Homan sign Negative E - Emotional support good.	
	7 pm	pt advice to the continues intake of water and continues maintain DBF only intake for the baby growth and development	→ Ha
	7:30pm	pt details casefile handing over given to the night duty staff.	→ Ha
		Night duty notes.	→ Ha
16/1/26	7:30pm	Handover received from evening duty staff. pt is active and afebrile. CBD present removal from @ 7/1/26 am Cbc beam. Tod Stacey present. proton pump present. IVF-RI-125ml/hr on flow.	
	8pm	cleared VITAL and recorded, and getting clinically well	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047973

IP18-00036472

Dr. MATHANGI RAJAGOPALAN

(F)



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NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/11/2018	9pm	Administered also medication given as per chart and recorded	[Signature]
	10pm	Py. reflexive bowel. Given as per chart.	
16/11/2018	12am	Checked vitals 8/9m and recorded	[Signature]
	2am	Py. reflexive bowel given as per chart.	
	4am	Checked vitals 8/9m and recorded.	
	5am	B - Breast FS Soft U - Uterus well contracted. B - Bowel movement present B - CBD present L - Cough reflex present E - Rada assessment appropriate H - Homan sign negative E - emotional status good.	[Signature]
	6am	Administered due medication as per chart & patient ambulating well. CRP removed advice to measure 1st void urine. CBC send to lab	[Signature]
	7.30 am	Hand over given to morning duty staff	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	7.30 AM	Morning duty patient details handed over from night to morning. patient is soft diet, vitals @, CBD removed 6.30 AM, till Discharge Maxhex forte, RBS pre-post breakfast, lunch, dinner, CBC @ due	
	8.00 AM	patient vitals checked and recorded.	→ P. Harsh 609261
	9.00 AM	patient due medication given and recorded. B-Preast is left, NO eye/ear U-uterus is contracted well B-Bowel movement present U-urine voided frequently E-Rada Not Applicable H-Homan sign's Negative E-Emotional status is good	→ P. Kaumog 609261
	10.00 AM	patient post breakfast RBS 146 Inform Dr. Panigraha Mam advised 7-vigco met SR 500 BD, then, post dinner 4 point RBS, Krishandas opinion done	→ P. Harsh 609261 → P. Harsh

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ NO ALLERGIES
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	12.00pm	Patient seen by Dr. Krishnadas ser advised T. Vignam bd, vitals checked and recorded. Due medication given and recorded.	→ P. Vignam 607264
	1.30pm	Patient details handed over given to Evening duty staff Evening duty	→ P. Kaimoz 607267
16/7/26	1:30pm	Pt's details Hand over taken from morning duty staff. Pt's have Soft diet, plenty of oral fluids, Dr. Krishnadas's opinion done, A/B, pre & post in BF CBG, post dinner, post lunch CBG monitored, Soft diet, Flatus passed, not passed, 2nd voidal measured, tomorrow displan, Bath & dressing.	→ S. Kaimoz 607267
	2pm	Pt's vital signs checked and recorded Vitals are stable. Maintained shock B-Breast is soft, no engorgement U-Uterus contraction well B-Bowel movement (+) B-Urine voided freely L- Lochia rubra (+) E- Rooda Scalp NA H- Homan's sign negative E- Emotional status good	→ S. Kaimoz 607267

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



- ☐ No Known Drug Allergies
☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	3:20pm	PHS have soft diet post lunch 15mg/11 Tiform to Dr. Alshita, mam D/W Dr. Mathangi nam.	
	4pm	Dr. Mathangi nam come and been assessed the PHS condition tomorrow Bath + dressing, D/S plan.	Dr. Mathangi
	6pm	Due medication given as per order. maintained I/O chart.	Dr. Mathangi
	7:30pm	PHS details hand over given to night duty staff.	Dr. Mathangi
	7:30	16/7/26 ON Night duty -> The patient details handing over. taken from evening duty to night duty. The patient is conscious & oriented	Dr. Mathangi
	8pm	Vital signs are checked & recorded. Vital are stable. I/O chart was maintaining	Dr. Mathangi
	10pm	B - Breast is soft C - Uterus is contracted B - Bowel movement of post C - Urine voided frequency R - Rada not applicable E - Emotional status is good	Dr. Mathangi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Mathangi</u>	Date of Delivery: <u>15/07/2026</u>
Assistant Surgeon: <u>Dr. Priyadharsini / Dr. Pojitna</u>	Time of Delivery: <u>9:44 AM</u>
Anaesthetist's Name: <u>Dr. Mohan</u>	Gender of Baby: <u>GIRL</u>
Type of Anaesthesia: <u>Spinal Anaesthesia</u>	Weight of Baby: <u>4.237 KG.</u>
Neonatologist: <u>Dr. Pojitna</u>	AGPAR Score: <u>8/10, 9/10.</u>
Scrub Nurse: <u>S/N Guna</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☒ Elective

☐ Emergency

Indication: PREVIOUS LSCS.

Urgency

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

Decision time:

Knief to rectus:

CTG Description: Reactive.

If there was a delay give the reasons:

Surgical Procedure:

ELECTIVE REPEAT LOWER SEGMENT CAESAREAN SECTION.

Post Operative Diagnosis:

P2 L2 POST LSCS

Peri-Operative Complications:

Nil

Amount of Blood Loss: 350 ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

- ① Omental adhesion noted between anterior abdominal wall & rectus sheath & peritoneum
 ② Lower uterine segment and Right lateral wall.

Examination Findings when Appropriate: ③ Bladder adherent to Lower ut seg & drawn up.

Presentation: ☒ Cephalic ☐ Breech ☐ Other Cervical Dilatation: cm

5th Palpable: H/STn

Station: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Fetal Position: -

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

④ Liquor subjectively increased ⑤ Posterior surface of uterus - Endometriosis noted

Skin Incision: ☒ Pfannenstall ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☐ Intact ☒ Thinned out ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☒ Manual ☐ Forceps

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

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

Cord Appearance: Cord around the neck ☒ Yes ☐ No Single loop of cord noted

Appearance of placenta: Cavity explored ☒ Yes ☐ No

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

⑥ Bladder integrity checked with methylene blue and integrity found to be normal.

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 monocryst. Suture

Vaginal Evacuated ☒ Yes ☐ No

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

Catheter ☒ Yes ☐ No ☐ Remove in c/m 6am days ☐ Await instructions

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

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

Post-Operative Notes: - NPO X 3 hours

- IVF @ 125ml/hour

- Inj MAGNEX FORTE 1.5g IV 10 (AD)

- Inj TRAPIC 1g IV 10 (3 doses)

- 7 PARACETAMOL 1g 10 10 10

- C. PANTOPRAZOLE D comp PO 10 (RT)

- JUSTIN SUPPOSITORY 100mg PR 10

- CBD c/m 6am (Clexane 60mg sc od @ 10pm / CBCC) m 6am

- Teds Stockings / Flowtron pump

- CBA 4th hourly (to get physician 10)

Doctor Name: Dr. Mathangi

Doctor Signature: Dr.

Date & Time: 15/07/2026

124682



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	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:			0	20	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

Алғашқы математикалық жинақ

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Алғашқы математикалық жинақ

GUC-00047973 IP18-00036472
 Mrs KASTHURI ASHWIN
 27-08-1996 29 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



②

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Children's
Hospital
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BirthRight™
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Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M	E	Fall Risk Grading			
		Score	15/4/26	16/7/26	16/7/26	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	0	Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15	0	0	0			
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			25	35	20			
		Signature	[Signature]	[Signature]	[Signature]			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

2577/d1/c6/41

3

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	16/7	17/7	Fall Risk Grading		
		Score					
History of Falling (immediately or w/in 3 months)	Yes	25			Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	Low Risk	0 - 24	Standard Fall Precaution
	No	0					
Ambulatory Aid	Furniture	30			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20					
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0	0			
Mental Status	Forgets limitations	15		0			
	Oriented to own ability	0	0	0			
Total Morse Fall Scale Score:							
Signature			note	P. Hoore			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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High Risk (≥ 51) Apply all low and moderate risk interventions, and.

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

INVESTIGATION REPORT

NO. 1000
DATE: 10/10/10

REPORT NO. 1000

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

Patient/

IP18-00036472
GUC-00047973
Mrs KASTHURI ASHWIN
29 Y 10 M 17 D (F)
27-08-1996
Dr. MATHANGI RAJAGOPALAN

MRD N

Age :

Sex: ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 15/07/26 Time: 6AM

Location : @ hand mcv

Size : 18G

Cannula inserted by : S. Sounmiga

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
15/7/26	6AM	☐ Yes ☒ No	☐ Yes ☒ No	patton	Obs
	8AM	☐ Yes ☒ No	☐ Yes ☒ No	patton	Obs
	10AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	12PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	2PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	4PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	6PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	8PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	10PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
16/7/26	12AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	2AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	4AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	6AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	8AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	10AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	12PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	2PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	4PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	6PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
17/7/26	8PM	☐ Yes ☒ No	☐ Yes ☒ No	patton	Obs
	12AM	☐ Yes ☒ No	☐ Yes ☒ No	patton	Obs
	4AM	☐ Yes ☒ No	☐ Yes ☒ No	patton	Obs
	8AM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
	12PM	☐ Yes ☒ No	☐ Yes ☒ No	obs	Obs
		☐ 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 ☐ N/A 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		
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		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ 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 ☐ N/A 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.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

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

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

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

GUC-00047973 IP18-00036472
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 27-08-1996 29 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN

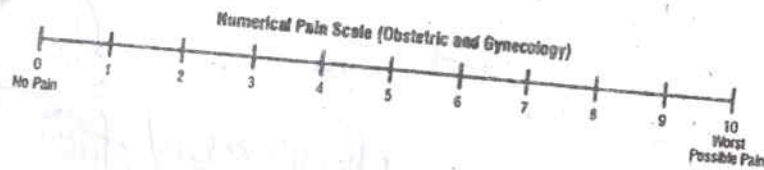


PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/8/06	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	Distal
14/8/06	12M	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Distal
15/8/06	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	Distal
15/8/06	12pm	0/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Paracetamol	Distal
15/8/06	6pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Paracetamol changed	Distal
16/8/06	2am	2/10	Surgical site	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	P. 60926
16/8/06	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	RO
16/8/06	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	RO
16/8/06	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	RO
17/8/06	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	RO

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

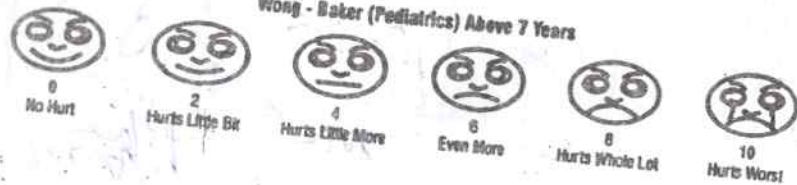
PAIN ASSESSMENT TOOLS



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Wong - Baker (Pediatrics) Above 7 Years



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

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

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PAIN ASSESSMENT FORM

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 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/11/20	8 AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIC	PW 607261
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

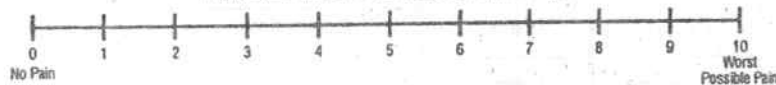
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00047973

IP18-00036472

Mrs KASTHURI ASHWIN

27-08-1996

29 Y 10 M 17 D (F)

Dr. MATHANGI RAJAGOPALAN



BRADEN 'Q' SCALE

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date :	14/08/2018 15:00					
		Time :	N M E N					
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	1	1
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
FRICITION-SHEAR Friction. Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					28	28	24	24
Evaluator's Name					Dr. Mathangi	Dr. Mathangi	Dr. Mathangi	Dr. Mathangi

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

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

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

BRADEN 'Q' SCALE

					Date :	16/7	16/7	16/7	17/7
					Time :	M	F	D	M
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
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TOTAL SCORE					27	27	27	27	
Evaluator's Name					PL	SO	NDP	PL	

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

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

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GUC-00047973 IP18-00036472
 Mrs KASTHURI WIN
 27-08-1996 29 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

- | | | | |
|-------------------------------|--|---------------------------------|---|
| 1. Diagnosis <u>USPACU A3</u> | Plan | 6. Discharge Medication | 10. Fall Risk Education |
| 2. Treatment and Care | 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| | 4. Informed Consent | 8. Diagnostic Test / Procedures | Safety |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 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		
14/7/20	9pm	yes	patient and Husband. Explained to surgery consent	patient	No Learning Barriers	oral	None	yes	Good	[Signature]
15/7/20	8am	yes	provided psychological support	patient	No Learning Barriers	oral	None	understand	good	[Signature]
16/7/20	10am	yes	explain about feeding	patient	NO	oral	none	yes	good	[Signature]
17/7/20	10am	yes	explain about Nutrition	patient	NO	oral	none	yes	good	[Signature]

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								

10/10/10

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INTERDISCIPLINARY PATENT: FAMILY EDUCATION RECORD

10/10/10

SURGICAL SAFETY CHECKLIST

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1998 28 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

Surgeon: Dr. Mathangi

Asst. Surgeon: Dr. Parvathy Dr. Sridhar

Anaesthetist: Dr. Ashwini

Scrub Nurse: Shalini Shalini Sengupta

Date: 15/7/20

In-time: 9:25 AM

Out-time: 11:45 AM

Age: Gender:

Surgery Name: EL-LCS



Before Induction of Anaesthesia >>

SIGN IN	Time: 9:30 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: S. Ashwini 101348	
Name: Dr. ASHWINI S.	

Before Skin Incision >>

TIME OUT	Time: 9:35 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 Dr. Mathangi	
Name: Dr. Mathangi	

Before Patient Leaves Operating Room

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

Phylogenetic
analysis



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☒ Not known any Drug Allergies

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

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

Shifting From: OT Shifted to: 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	INT. SYTOCIN	50	iv	stat	15/7/26 9:44AM	☐ C ☒ DC
2	INT. TRANEXAMIC ACID	1g	iv	stat	15/7/26 9:45AM	☐ C ☒ DC
3	INT. FMFSET	4mg	iv	stat	15/7/26 9:45AM	☐ C ☒ DC
4	INT. CARBOPROCT	0.25mg	im	stat	15/7/26 9:45AM	☐ 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. Ashwin 10.13.48

Date & Time: 15/7/26 9:20AM

Nurse Name & Signature: P. S. N. S. 607/21

Date & Time: 15/7/26 @ 9:30AM

INJECTION RECORD

Drug Allergies: _____
 Medication Resistance: _____
 Patient Name: _____
 Room No: _____
 Date: _____

Sl. No.	Medication Name	Dose	Frequency	Route	Date & Time	Signature
1	INT. 2420214	250	2x	IV	12/1/20	P. J. J. J.
2	INT. 2420214	250	2x	IV	12/1/20	P. J. J. J.
3	INT. 2420214	250	2x	IV	12/1/20	P. J. J. J.
4	INT. 2420214	250	2x	IV	12/1/20	P. J. J. J.
5						
6						
7						
8						
9						
10						

Medication History: _____
 Doctor Name & Signature: _____
 Date & Time: 12/1/20
 Nurse Name & Signature: _____
 Date & Time: _____
 Doctor Name & Signature: _____

PATIENT TRANSFER FORM

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1998 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



Treating Consultant Name

Dr. mathangi
Rajagopalan

Date & Time of Admission

14/7/26 @ 8:05pm

Date & Time of Transfer Order

15/7/26 @ 11:28am

Transfer Ordered by

Dr. Ashwin

Reason for Transfer

For further
management

To Unit

micu

Information to Attendant

Yes ☒ No ☐

From Unit

OT

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

Dr. Ashwin

Name of Person Ordered Transfer

Dr. Ashwin

Patient & Clinical Records Received by :

S/N. Jayashree
at 11:30am

Date & Time of Patient Received :

15/7/26 at 11:30am

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

FORM 1

1951

Page 1 of 1

Project Name

Project Number

Date

By

Location

Time

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Project Description

Project Objectives

Project Results

Project Conclusions

Project Recommendations

Project Acknowledgments

Project References

Project Name: [Handwritten]
Project Number: [Handwritten]
Date: [Handwritten]
By: [Handwritten]
Location: [Handwritten]
Time: [Handwritten]
Project Description: [Handwritten]
Project Objectives: [Handwritten]
Project Results: [Handwritten]
Project Conclusions: [Handwritten]
Project Recommendations: [Handwritten]
Project Acknowledgments: [Handwritten]
Project References: [Handwritten]



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 15/7/26 @ 11:25 AM

OT TRANSFERRED TO : med

		YES/NO	REMARKS
1	Patient Identification		
	a. Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b. Surgical procedure & correct site verified	Yes	
2	Airway & Breathing		
	a. Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b. SpO ₂ within safe range	Yes	
	c. If ETT: position confirmed, ties secure, cuff inflated	Yes	
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	Yes	
	e. Dressing Intact	NA	
4	Pain Assessment		
	a. Pain score assessed & analgesia given	Yes	
	b. Reassessment done	Yes	
5	Wound, Dressings & Drains		
	a. Surgical dressing intact	Yes	
	b. All drains fixed, output noted	Yes	
	c. Catheter secure & urine output recorded	Yes	
	d. Splints/casts/traction devices stabilized	NA	
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	Yes	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c. Emergency meds given in OT (time & dose documented)	Yes	
7	Equipment Safety & Transport Preparedness		
	a. Oxygen cylinder full & ambu bag at bedside	Yes	
	b. Bed/side rails up and brakes applied	NA	
	c. Special positioning maintained as per surgery	Yes	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	NA	
	b. Epidural catheter secure, infusion checked	NA	
	c. Pressure areas protected (heels/elbows)	NA	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED		
		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:		

For 607721

PRE - OPERATIVE CHECK LIST



Patient's Name: MRS. KASATHURI Age: 29yr Gender: ☐ M ☒ F
 Blood Group: A/B+ UHID: 17973 Surgeon: DR. MAHANGU
 Planned Surgery: ELECTIVE LSCS Anesthetist: PUNTOHAN Date & Time of Operation: 15/7/26 @ 9.30AM.

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :		YES	NO	NA
S.No	INSTRUCTIONS			
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	☒	☐	☐
	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☒	☐
14.	Implants are available	☒	☐	☐
15.	Equipment is available	☐	☒	☐
16.	Other (if any)			

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

Billing Clearance taken

Billing Executive Name : _____

Billing Executive Signature : _____

Date & Time : _____

Nurse In-Charge Name : Sowmya

Signature of Nurse In-Charge : [Signature]

Date & Time : 15/7/26

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

WEEKLY

1944

1944

A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U		V		W		X		Y		Z		AA		AB		AC		AD		AE		AF		AG		AH		AI		AJ		AK		AL		AM		AN		AO		AP		AQ		AR		AS		AT		AU		AV		AW		AX		AY		AZ		BA		BB		BC		BD		BE		BF		BG		BH		BI		BJ		BK		BL		BM		BN		BO		BP		BQ		BR		BS		BT		BU		BV		BW		BX		BY		BZ		CA		CB		CC		CD		CE		CF		CG		CH		CI		CJ		CK		CL		CM		CN		CO		CP		CQ		CR		CS		CT		CU		CV		CW		CX		CY		CZ		DA		DB		DC		DD		DE		DF		DG		DH		DI		DJ		DK		DL		DM		DN		DO		DP		DQ		DR		DS		DT		DU		DV		DW		DX		DY		DZ		EA		EB		EC		ED		EE		EF		EG		EH		EI		EJ		EK		EL		EM		EN		EO		EP		EQ		ER		ES		ET		EU		EV		EW		EX		EY		EZ		FA		FB		FC		FD		FE		FF		FG		FH		FI		FJ		FK		FL		FM		FN		FO		FP		FQ		FR		FS		FT		FU		FV		FW		FX		FY		FZ		GA		GB		GC		GD		GE		GF		GG		GH		GI		GJ		GK		GL		GM		GN		GO		GP		GQ		GR		GS		GT		GU		GV		GW		GX		GY		GZ		HA		HB		HC		HD		HE		HF		HG		HH		HI		HJ		HK		HL		HM		HN		HO		HP		HQ		HR		HS		HT		HU		HV		HW		HX		HY		HZ		IA		IB		IC		ID		IE		IF		IG		IH		II		IJ		IK		IL		IM		IN		IO		IP		IQ		IR		IS		IT		IU		IV		IW		IX		IY		IZ		JA		JB		JC		JD		JE		JF		JG		JH		JI		JJ		JK		JL		JM		JN		JO		JP		JQ		JR		JS		JT		JU		JV		JW		JX		JY		JZ		KA		KB		KC		KD		KE		KF		KG		KH		KI		KJ		KK		KL		KM		KN		KO		KP		KQ		KR		KS		KT		KU		KV		KW		KX		KY		KZ		LA		LB		LC		LD		LE		LF		LG		LH		LI		LJ		LK		LM		LN		LO		LP		LQ		LR		LS		LT		LU		LV		LW		LX		LY		LZ		MA		MB		MC		MD		ME		MF		MG		MH		MI		MJ		MK		ML		MM		MN		MO		MP		MQ		MR		MS		MT		MU		MV		MW		MX		MY		MZ		NA		NB		NC		ND		NE		NF		NG		NH		NI		NJ		NK		NL		NM		NN		NO		NP		NQ		NR		NS		NT		NU		NV		NW		NX		NY		NZ		OA		OB		OC		OD		OE		OF		OG		OH		OI		OJ		OK		OL		OM		ON		OO		OP		OQ		OR		OS		OT		OU		OV		OW		OX		OY		OZ		PA		PB		PC		PD		PE		PF		PG		PH		PI		PJ		PK		PL		PM		PN		PO		PP		PQ		PR		PS		PT		PU		PV		PW		PX		PY		PZ		QA		QB		QC		QD		QE		QF		QG		QH		QI		QJ		QK		QL		QM		QN		QO		QP		QQ		QR		QS		QT		QU		QV		QW		QX		QY		QZ		RA		RB		RC		RD		RE		RF		RG		RH		RI		RJ		RK		RL		RM		RN		RO		RP		RQ		RR		RS		RT		RU		RV		RW		RX		RY		RZ		SA		SB		SC		SD		SE		SF		SG		SH		SI		SJ		SK		SL		SM		SN
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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name :

UHID No :

GUC-00047973
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



IP18-00036472

Gender: ☐ Male ☐ Female

Age :

Date :

Instruction:

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

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

Elective Repeat lower segment cesarean section
(Ind: Previous LSCS) upon
(Name of the Patient) Mrs. Kasthuri Ashwin

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, injury to
surrounding structures (bowel, bladder, ureter),
respiratory distress to baby; NICU admission

My signature on this form indicates that

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

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

Consentee :

Signature :

Name :

Date & Time :

Kasthuri

KASTHURI

15/7/20

Patient Attendant :

Signature :

Name :

Relationship with Patient :

Date & Time :

M. Ashwin

M. ASHWIN

Husband

15/7/20

Witness :

Signature :

Name :

Date & Time :

Dr. Mathangi Rajagopalan

Dr. MATHANGI RAJAGOPALAN

14/7/20

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

Dr. Mathangi Rajagopalan

Dr. Mathangi

14/7/20

(199-1200000000) (199-1200000000)
 Section subject: [illegible]
 Section subject: [illegible]

Respiratory: [illegible]
 Blood: [illegible]
 Blood: [illegible]

Lab 14

[illegible]
 [illegible]
 [illegible]

Lab 14

CONSENT FORM FOR ANAESTHESIA

Patient Name : Mrs KASTHURI ASHWIN
UHID NO :
Anaesthesiologist :
Age : Gender : Male ☐ Female ☐
Surgeon Name :
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 anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : *Agitation, dehydration, Bleeding - Bradycardia.*

- 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 anaesthesia.

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 anaesthesiologist 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 : *Kasthuri*
Name : *KASTHURI*
Relationship with Patient : *Parent*
Date & Time : *15/7/20*

Witness :

Signature : *M. Ashwin*
Name : *M. ASHWIN*
Date & Time : *15/7/20*

Doctor (who is taking the consent) :

Signature : *Dr. Mohan* Name : *Dr. MOHAN* Date & Time : *15/7/20*

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

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

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

GUC-00047973 IP18-00036472

Name: Mrs KASTHURI ASHWIN

27-08-1996 29 Y 10 M 17 D (F)

Date: Dr. MATHANGI RAJAGOPALAN



Age: Sex:

UHID.No:

Diagnosis:

Proposed Operation: Elective LSCS

B.P / CRT: 120/70

H.R: 94/m

Weight: 118.5

ASA Physical Status: 1 2 3 4 5

Hgb: 10.7

PCV:

WBC: 7800

Plate: 1,56,000

PT:

PTT:

INR:

Glucose:

Urea:

Creat:

Na:

K:

Ca++:

Mg++:

Cl-:

Protein:

Alb:

Total Bil:

Dir. Bil:

LDH:

Alk phos:

Amylase:

SGOT/SGPT:

HIV:

HBS Ag:

HCV:

Blood group:

T3

T4

TSH

X-Ray:

ECG:

2D Echo:

Stress/Angio:

Other:

Medical History: CVS: S150A

RESP: BAC (1)

CNS:

Renal:

Hepatic / GE:

Others:

Allergies: NKDA

Diabetes: ✓

on T-MF 500 1-0-1
Furin 12 12 8

Physical Activity: CAG - 100

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4

Lungs:

Heart:

CNS:

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
on insulin	

Pre-Operative Instructions:

1. DVT Prophylaxis:

2. NIL ORAL → Water / ORS 2 Hours

Others 8 Hours

3. Informed Consent: ☒ Standard ☐ High Risk

4. Post Operative Pain Management: ☐ Discussed with Patient

5. Other Instructions:

15/7/26
CBG 100mg/dl
at 6am
S. Sekhi
10348

Signature:

Name:

Docu. No.: RCH / FRM / CLINICAL / D44

Patient Sticker

ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status:

> 6 hrs.

☒ Consent Present☒ Chart Reviewed

Physical Status:

II Patient Identified

Last Feed: 9 PM

Date: 15/7/20

H.R.: 106/min

B.P./CRT: 125/74 mmHg

SpO₂: 99-100%

R.R.: 16/min

Pre-OP Diagnosis: Various LSCs

Operation: Elective LSC

Surgeon: Dr. Mathangi / Dr. Paritha

Anaesthesiologist: Dr. Mohan / Dr. Ashwin

Technician: Dr. Prashant

TIME

9:30 AM

N₂O / AIR / O₂ LPM

HALO / ISO / SEVO

Drugs:

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

B.P.

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

☒ Equipment Checked and Functional☒ BP☒ Cuff Site: Right arm☒ Art Site:☒ EKG Lead☒ Temp Site☒ FIO₂ Monitor☒ Agent Monitor☒ Pulse Oximeter☒ Capnograph☒ Ventilator☒ Nerve Stimulator

Position: supine

☒ Pressure Points Checked

Eye Care:

☒ Oint☒ Tape☒ Padding☒ Awake

Temp:

☒ HME☒ Ching Film☒ Hugger's☒ Other☐ Fluid Warmer☐ OH Warmer☐ Cotton Wool

Times:

Anaes Start: 9:30 AM

OP Start:

OP End: 11 AM

Leave OR:

Anaesthesia:

☒ GA☒ Monitored Anaesthesia Care☒ Regional

Line (Size & Location)

☐ CVP:☐ ART:☒ IV: 18G, Right hand☐ IV:☐ IV:

Induction

☒ IV☐ Pre O₂☐ Others☐ Inhal☐ RSI☐ Mask☐ Airway☐ ETT #☐ Oral☐ Tracheostomy☐ Drug:☐ Awake☐ Video Laryngoscopy☐ Blade #☐ Attempts:☐ Difficulty Why?☐ SGA☐ Oral☐ Nasal☐ Cuff☐ Topical☐ Direct Vision☐ Stylette / Bougie☐ Bilal = BS☐ Semi-Closed Circle☐ Closed Circle☐ Other

Regional:

Extremity

☒ Spinal

Specify:

☐ Epidural☐ Caudal

Others:

Position: Sitting

Site: L3-L4

Needle Size: 27G

Parasthesia: ☐ Yes ☒ No

Catheter at skin: Nil

Drug Name & Conc: 2.5% of 0.5% bupivacaine (heavy) + 60µg tidigene after the flow of 15ml

Bolus:

Infusion:

Block Level:

Comments:

Transposition to

☒ PACU☐ ICU☐ OtherRelaxant Reversed: ☐ Yes ☒ No ☐ NA

Name of the Doctor: Dr. Ashwin

Signature of the Doctor: Dr. Ashwin

101348

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: RisneTime Received: 11:25 AMTime Discharged: 11:45 AM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPD ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site:	
		☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway
Vomiting: ☐ Yes ☐ No NG Tube: ☐ Yes ☐ No Drain: ☐ Yes ☐ No Urinary Catheter: ☐ Yes ☐ No Chest Tube: ☐ Yes ☐ No Nil Oral: ☐ Yes ☐ No		Drug: IV Fluids: Oral Feeds:	

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1	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 move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION	2	2	2		
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\geq$ 20 of Pre Anaesthetic level	= 2	CIRCULATION	2	2	2		
BP $\geq$ 20-50 of Pre Anaesthetic level	= 1						
BP $\geq$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS	2	2	2		
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL			9	9	9		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7/26	11AM	9/10	NPO till further order iv fluids @ 100ml/h iv antibiotics as advised 2mg paracetamol iv 8 th hly CSB 8 th hly 2 2mg tramadol 50mg iv (50s) 2mg emset 4mg iv (50s) before 2mg tramadol	S. Ashwin 101348

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: DR. ASHWINI SAnaesthesiologist Signature: S. Ashwin
101348Date & Time: 15/7/26 11AMPACU Nurse Name: RisnePACU Nurse Signature: Risne*Date & Time: 15/7/26 @ 11AM

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

Transferred to Unit by (PACU): MicoDate & Time: 15/7/26 11:25 AM

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)

[illegible]

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

GUC-00047973
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
☒ a. Yes ☐ b. No
2. If No, Reason
3. Nipple condition:
☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple
4. Milk flow:
☒ a. Good
☐ b. Drops of colostrums
☐ c. Dry
5. Steps for Positioning and attachment:
☒ a. Baby goes to the breast
☐ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

CN(A)

9. Additional notes:

Baby Motherside

Continuity of Care:

Date: 15/7/26

DBF given

L-2

16/7/26

17/7/26

A-1

C-2

L-2

T-2

A-2

A-2

C-2

T-2

T-2

H-2

C-1

C-1

9

H-1

H-1

P. V. 100

P. 100

Handover given by

S.N. Tawfik

Handover taken by

Signature

Tawfik

Signature

Date & Time:

15/7/26 at 12pm

Date & Time:

PATIENT TRANSFER FORM

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission 14/7/2026 @ 8:45 AM		Date & Time of Transfer Order 15/7/26 @ 3:45 PM
Treating Consultant Name DR. Mathangi	Transfer Ordered by DR. Akshitha	Reason for Transfer Further management
From Unit LDR	To Unit 7th Floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File case sheet	Number of Imaging Films CTG	Personal belongings including clinical documents. If any handed over to attendant. Yes ☒ No ☒ If yes, what ?

Medications / Consumables / Surgical / Hand over

Sl.No.	Item Name	Quantity
1.	lyj - marquez	
2.	T. para	
3.	C pen	
4.	Justin suppositories	
5.		

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

Name & Signature of Person who is Transferring S/N R. V. K. 02/07/26	Name of Person Ordered Transfer
---	---------------------------------

Patient & Clinical Records Received by :

Date & Time of Patient Received : 15/7/26 at 3:45 PM

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN



Treating Consultant

Dr. Mathangi

Date & Time of Admission

15/7/26 @ 8.05pm

Date & Time of Transfer Order

15/7/26 @ 8.30pm

Transfer Ordered by

Dr. Parthasarathy

Reason for Transfer

LSCS

From Unit

7th floor

To Unit

MICU

Information to Attendant

Yes ☒

No ☐

Number of Sheets in Clinical File

10 files - ①

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.	Jy. X-rays 1.5pm	①
2.	Under pad	①
3.	pc spa	①
4.		
5.		

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

Name & Signature of Person who is Transferring

Dr. Parthasarathy

Name of Person Ordered Transfer

Dr. Parthasarathy

Patient & Clinical Records Received by :

Date & Time of Patient Received :

15/7/26 at 8.30pm

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

ATTENT TRANSFER FORM

1. Name of the person being transferred <i>John Doe</i>		2. Date of transfer <i>12/15/2023</i>	
3. Reason for transfer <i>Medical leave</i>		4. Signature of the person being transferred <i>[Signature]</i>	
5. Signature of the person receiving the transfer <i>[Signature]</i>		6. Date of receipt <i>12/15/2023</i>	
7. Signature of the supervisor <i>[Signature]</i>		8. Date of completion <i>12/15/2023</i>	

PATIENT TRANSFER FORM

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1996 29 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission 14/07/2026 8.05pm		Date & Time of Transfer Order 14/7/2026 at 10pm
Attending Consultant Name Dr. Manthangi	Transfer Ordered by Dr. Vinita	Reason for Transfer Fulthi Mangem
From Unit ADR	To Unit 7th Floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 5	Number of Imaging Films C1 20	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.	under pad	2
2.	gloves	1
3.	uro bag	1
4.	log gel	1
5.	10ml	1

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

Name & Signature of Person who is Transferring Dr. Sobel	Name of Person Ordered Transfer Dr. Vinita
---	---

Patient & Clinical Records Received by :

Sowmya
019758 @ 10pm

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

PATIENT TRANSFER FORM

GUC-00047973 IP18-00036472

Mrs KASTHURI ASHWIN

27-08-1996 29 Y 10 M 18 D (F)

Dr. MATHANGI RAJAGOPALAN



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Date & Time of Admission <i>14/7/26 @ 8.05pm</i>		Date & Time of Transfer Order <i>15/7/26 @ 9.25am</i>
Treating Consultant Name <i>Dr. Mathangi</i>	Transfer Ordered by <i>Dr. Pavithra</i>	Reason for Transfer <i>Elec. LSCS</i>
From Unit <i>LDR</i>	To Unit <i>OT</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>Casesheet</i>	Number of Imaging Films <i>CTG</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring <i>Dr. Parameswari</i>		Name of Person Ordered Transfer <i>Dr. Pavithra</i>
Patient & Clinical Records Received by : <i>Rising Gattai</i>		
Date & Time of Patient Received : <i>15/7/26 @ 9.25am</i>		
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 NURSING HANDOVER CHECKLIST
Date & Time of Transfer:
1:00 PM
TRANSFERRED TO :
OT

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

J



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO: LDR

Date & Time of Transfer: 15/7/26 @ 8:30am 7th floor

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

GUC-00047973

IP18-00036472

Mrs KASTHURI ASHWIN

27-08-1996

29 Y 10 M 18 D (F)

Dr. MATHANGI RAJAGOPALAN

Rajawade
Children's
Hospital

SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	yes
2	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	yes
3	Antibiotic prophylaxis 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

URINARY CATHETER BUNDLE CHECK LIST

15/7/26 Date of Removal: 15/7/26 @ 6:30am

Parameter	Date	Shift Time	15/7/26 M	15/7/26 E	15/7/26 N				
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for 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			P. K. Kumar	S. N. Jeyaraj	S. N. Jeyaraj				
Signature of the Nurse			P. K. Kumar	S. N. Jeyaraj	S. N. Jeyaraj				

№ п/п	Наименование	Единица измерения	Количество	Цена	Сумма
1	Материалы	кг	100	1000	100000
2	Работы	м²	50	2000	100000
3	Услуги	ч	20	5000	100000
4	Транспорт	км	1000	1000	1000000
5	Итого				2000000

ПРИМЕР РАСЧЕТА ПОСЛЕДСТВИЙ





OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 14/8/2026 Time of Arrival: 8pm Time Seen by Nurse: 8pm

1) Level of Consciousness: ☐ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) Vital Signs: Temperature: 98.1°F Pulse: 94 RR: 20 SpO₂: 100% BP: 120/80 Weight: 118.4

4) Gestational Criteria:

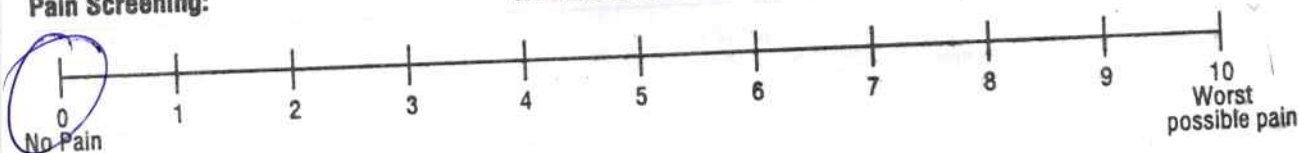
Gravida:	G <u>5</u>	P <u>1</u>	L <u>1</u>	A <u>3</u>
----------	------------	------------	------------	------------

LMP: 16/10/25 EDD: 21/8/2026 Gestational Age: 37+4 weeks

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)



- ① Location: NIL
② Duration: NIL Days / Weeks / Months (Strike out which is not applicable)
③ Character: NIL
④ Frequency: NIL
⑤ Interventions: NIL

6) Past History:

- a) Surgeries: pre LSCS - 2023
b) Medical: short DM Diagnosed in pregnancy 1-4 yrs
Ins: HbA1c w/ food 0-12-12U.
In Lanter 0-0-8U

- 7) Allergy: ☐ Yes ☒ No, If Yes :
- 8) Current Medications: ☐ Prenatal Vitamin ☐ None ☐ Others: Ins: Fiasp 0-12-120
Ins: Lantus 0-0-80
T. Glyciphag 500mg
- 9) Prenatal Medical History:
- ☐ None
- ☐ Chronic Hypertension
- ☐ Gestational Hypertension
- ☐ Diabetes
- ☒ Gestational Diabetes
- ☐ Low placenta
- ☐ Others if yes, specify

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8.15pm

Nurse Name: D. Obeloen

Nurse Signature: [Signature]

Date: 14/1/2026 Time: 8.15pm



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

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS
POSTNATAL ASSESSMENT AND MANAGEMENT (TO BE ASSESSED ON DELIVERY SUITE)

Date:

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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