Rainbow Children's Hospital

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 2 D (F)
Dr. NITHYA SEKARAN

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	16/6/18 @ 6am						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILL

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

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Name: Mrs: SOWJANYA

UHID No: 93840 IP No: 36460 Consultant: Dr: NITHYA Dept: LDR

Date of Admission: 13/7/26 Time: 10:30Am Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	11 PM	LDR	OT	S/N Akella 01808
13/7/26	12.30Am	OT	MICU	S/N Smith
14/7/26	6Am	MICU	7th floor	S/N Akella 01808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	13/7/26	1726785	Akella 01808
2.	Dr. Rekha Sudhasari	15/7/26	1727783	Dr.
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/7/26	Rt Lt Fallopian tube	26022556	
14/7/26	CBC	26022677	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	CTU	10:30Am		009434	Abdul [illegible] 0/800
	Infusion pump	12:30Am	15/7/26 @ 2:15pm	1726788	Abdul [illegible] 0182

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/1/26	IV placement	(1)	17267[illegible]	[illegible]
13/1/26	Catheterization	(1)		[illegible]
13/1/26	IV PRBC reservation	(1)	1726724	[illegible]
14/1/26	Neb c O2	(1)	1726784	[illegible]
14/1/26	Neb c O2	(1)	1726823	[illegible]
14/1/26	Diet Counselling	(1)	1726869	[illegible]
14/1/26	Neb c O2	(2)	1727032	[illegible]
15/1/26	Neb c O2	(2)	1727324	[illegible]
15/1/26	physiotherapy	1	1727021	[illegible]
16/1/26	Physiotherapy	(1)	1728130	[illegible]

ANY OTHER INFORMATION: OT 13/1/26.

IN TIME : 11:0pm. OUT TIME : 12:30 am.

procedure : Emergency CS/C c B/L Sterilization.

Surgeon : Dr. Nithya Shyam.

Assist Surgeon : Dr. Pavithra

Anesthe : Dr. Mohan.

Date: 13/1/26 Time: Hour S/N SNL @1950 Prepared By: .....

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 2 D (F)
Dr. NITHYA SEKARAN

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		16/7/26 11:00am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Annexure-II

APPLICATION CUM CONSENT FORM FOR STERILIZATION OPERATION

An informed consent is to be taken from all acceptors of sterilization before the performance of the surgery as per the consent form placed below

Name of Health Facility: .....

Beneficiary Hosp Registration Number: ..... **Date:** ...../...../20.....

1. **Name of the Acceptor:** Shri/Smt. MRS. SOWJANYA CHUNDU
2. **Name of Husband /Wife:** Shri/Smt. MR. GOPINADH GADUPARTHI

Address 1/8 1ST STREET PARVATHI AVENUE SAKTHI NAGAR, PORUR, CHENNAI

Contact No: 9840387293

3. **Names of all living, unmarried dependent Children**

i) BOY Age 4 YEARS 11 MONTHS

ii) GIRL Age 3 DAYS OF LIFE

iii) ..... Age .....

iv) ..... Age .....

4. **Father's Name of beneficiary:** Shri .....

   Address: .....
5. **Religion/Nationality:** HINDU / INDIAN
6. **Educational Qualifications:** .....
7. **Business/Occupation:** .....
8. **Operating Centre:** .....

I, Smt/Shri MRS. SOWJANYA CHUNDU (Beneficiary) hereby give consent for my sterilization operation. I am married and my husband/wife is alive. My age is 28 **years** and my husband/~~wife~~'s age is 34 **years.** I have 1 (Nos.) male and 1 (Nos.) female living children. The age of my youngest living child is ..... years.

 # I am aware that I have the option of deciding against the sterilization procedure at any time without sacrificing my rights to other reproductive health services.

a) I have decided to undergo the sterilization / re-sterilization operation on my own without any outside pressure, inducement or force. I declare that I / my spouse has not been sterilized previously **(may not be applicable in case of re-sterilization).** **(....)**

(b) I am aware that other methods of contraception are available to me. I know that for all practical purposes this operation is permanent and I also know that there are still some chances of failure of the operation for which the operating doctor and health facility will not be held responsible by me or by my relatives or any other person whomsoever **(....)**

(c) I am aware that I am undergoing an operation, which carries an element of risk. **(....)**

(d) The eligibility criteria for the operation have been explained to me, and I affirm that I am eligible to undergo the operation according to the criteria. **(....)**

(e) I agree to undergo the operation under any type of anaesthesia, which the doctor/health facility thinks suitable for me, and to be given other medicines as considered appropriate by the doctor/health facility concerned. (...)

(f) If, after the sterilization operation, I experience a missed menstrual cycle, then I shall report within two weeks of the missed menstrual cycle to the doctor/health facility and may avail of the facility to get an MTP done free of cost. (...)

(g) **In case of complications following sterilization operation, including failure, and the unlikely event of death following sterilization, I/my spouse and dependent unmarried children will accept the compensation as per the existing provisions of the Government of India "Family Planning Indemnity Scheme" as full and final settlement and will not be entitled to claim any compensation over and above the compensation offered under the "Family Planning Indemnity Scheme" from any court of law in this regard or any other compensation for upbringing of the child.** (...)

(h) I agree to come for follow-up visits to the Hospital/Institution/Doctor/health facility as instructed, failing which I shall be responsible for the consequences, if any. (...)

(i) I understand that Vasectomy does not result in immediate sterilization. *I agree to come for semen analysis **3 months after the operation** to conform the success of sterilization surgery (Azoospermia) failing which I shall be responsible for the consequences, if any. (...)

(* Applicable for male sterilization cases)

I have read the above information.

#The above information has been read out and explained to me in my own language and that this form has the authority of a legal document.

Date: 13/07/2026

C. Soujanya

Signature or Thumb Impression of the Acceptor

Name of acceptor: C. Soujanya

Signature of Witness (Acceptors side):

Full Name: GOPINADH SADUPARTHI

Signature of witness:

Full Address: 13/8, 1st Street, Parvathi avenue, Sakthi nagar, Porur

 # (Only applicable for those beneficiaries who cannot read and write)

Applicable to cases where the client cannot read and the above information is read out.

Shri/Smt ..... has read/have been fully explained about the contents of the Informed Consent Form in his/her local language.

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GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 0 D (F)
Dr. SELF

Ref. No. F/INPR/12

Registration No.: _____

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
14/7/16	1AM 00.00	Neb: Budecort	S/N Akalya 1800	C. Soujanya
	1.00	Neb: duolin	S/N Akalya 1800	
	2.00 PM	Neb. Budecort	01800	
	3.00 PM	Neb. duolin		
	4.00			
15/7/16	5.00 AM	Neb. Budecort		
	6.00 AM	Neb. duolin	02/7/16	C. Soujanya
	7.00 PM	Neb Budecort		
	8.00 PM	Neb duolin		
16/7/16	9.00 AM	Neb. Budecort.	02/7/16	C. Sowjanya
	10.00 PM	Neb. Budecort.		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

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NEBULISATION CHART

Date	Time	Drug

Patient Name: MRS SOWJANYA UHID No: 93840 Bed Category: 701

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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Dr. SELF

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Mrs. Sowjanya / 70 post natal Exs and advices

Signature:

Findings and Recommendations :

- S/B physiotherapist Note: Dr. Mohanapriya. S (PT) OBG & Hygiene.

Do's and Don'ts advised.

- Avoid lifting weights
- Bilateral leg raise should be avoided
- Pulling and pushing weights should be avoided.
- Coughing and sneezing technique with proper care.
- Postural advices Breast feeding, diaper changes.

Consultant :

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

- Breathing Ex.
- posterior pelvic tilt
- pelvic bridging
- ~~Kegels~~
- Ankle mobilisation
- knee mobilisation

Review after 2 weeks

14/07/25

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036460 **Admit Date** : 13-Jul-2026 **Admit Time** : 10:30 PM **UHID** : GUC-00093840

Patient Details :

Patient Name	: Mrs SOWJANYA CHUNDU		
Guardian	: Mr GOPINADH GADUPARTHI	**Age**	: 28 Y 0 M 29 D
Gender	: Female	**DOB**	: 14-06-1998
Occupation	:	**Religion**	:
Address (H)	: 1/8 1ST STREET PARVATHI AVENUE SAKTHI NAGAR Porur Chennai Tamil Nadu INDIA 600116	**Martial Status**	:
		Phone No	: 8309302068
		E-mail	: CHUNDUSOWJANYACS@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name	: Mr GOPINADH GADUPARTHI	**Relationship**	: Husband
Contact Address	: 1/8 1ST STREET PARVATHI AVENUE SAKTHI NAGAR Porur Chennai Tamil Nadu INDIA 600116	**Phone No**	: 9840387293

Signature

Doctor Details :

Doctor Name	: Dr. SELF		
Referral Doctor	: Dr NITHYA SHYAM	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Co-Consultant	:	**Phone No**	:

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SOWJANYA CHUNDU**		
IP No:	**IP18-00036460**	**Age :**	**28 Y 0 M 29 D**
Consultant:	**Dr. SELF**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/MICU 802**

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 [redacted] of the patient.

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

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

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

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

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: >

Name: > GOPINADH GADUPARTHI

Relationship: > HUSBAND

Date: 13-07-2026 Time: 10:30

Witness Name: ASWIN

Witness Signature:

Patient Address:
1/8 1ST STREET PARVATHI AVENUE
SAKTHI NAGAR Porur Chennai Tamil
Nadu INDIA 600116

BILLING POLICY

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

DECLARATION

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

Patient Name : > SOWJANYA CHUNDU	UHID Number : 9380
Self/Attendant Name : > GOPINADH GADUPARTHI	Relation : > HUSBAND
Self/ Attendant Signature >  Phone Number : > 9840387293	Name & Signature of Financial Counselor 

GUC-00093840 IP18-00036460
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14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to Pfm well.
Pt came with c/o pain abdomen since 6PM
No c/o Bleeding P/V.

Obstetric Formula:
G3P1L1A1

Obstetric History:
I - FTLSCS, ♂, 5Yrs, 3.7kg, Ind- Oligo & fetal Distress, B N-G Anti D not given.

Present Pregnancy Record:
II - Early preg failure, Anti D not given. No D&C., Medically managed.
III - PP, Spond. conception.

RISK FACTORS:
FTS-) Intermediate Risk for Trisomy 21
NT- 1.39, NB Seen.
Anomaly Scan - (N).
Growth Scan - (N).
Anti D 300 mcg Inj given on 23/5/26.

Pt took T. Azithromycin for cough for last 5 days.

LMP: 14/10/2025 EDD: 21/7/2026.
Corrected EDD: 26/7/2026. GA: 38Weeks
Menstrual History: Regular: ☐ Yes ☐ No 3/30.

Obstetric Examination

Fundal Height: 2C/10-15'/10"
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination –

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

Height: 159 cm
Weight: 73 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness:
Icterus:
Temp: (N).
BP: 100/60
CVS: S1 S2 (+)
Liver/Spleen:
Pallor: No
Edema: No
PR: 90/min.
DTR:
RS NVBS (+).
Urine Output:

DIAGNOSIS

27Yrs
G3P1L1A1
Rh Neg
LCS - 5Yrs
IUT - Neg.
Anti D given

LMP - 14/10/2025
C.EDD - 26/7/2026
(Temp)

GA - 38WICS

Rh Neg | Rh incompatibility | Mild Anaemia

(P.T.O)

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

Family History:	Surgical History:
mother - Diabetic.	LSCS x 1
Medical History:	**Medication History:**
Nil	-
Plan of Care:	**Investigations:**

c/o/f Dr. Nithya Shyam

- Admission c/o
- Plan Emergency Repeat LSCS with Sterilisation.
- NPO
- IVF
- Inj Supacef 1.5g IV Stat.
- Inj Pantoprazole 40mg IV Stat.
- Inj Emeset 4mg IV Stat
- Inj Perinorm 2cc Im Stat
- Catheterisation.
- Reserve 1 ⊙ PRBC.

Doctor Name: Dr. Pavithra
Signature:
Date & Time: 13/07/2026.

Consultant Name: Dr. Nithya
Signature:
Date & Time: 13/07/2026.

GUC-00093840 IP18-00036460
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14-08-1998 28 Y 0 M 29 D (F)
Dr. SELF

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RESULT SHEET

Date	13/9/26	14/7/26				
Time						
Hb	11.2	10.5				
PCV		31.6				
RBC		3.83				
WBC		13,730				
N/L						
Platelets	2,11,000	2.10				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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						

Bld Gp / - AB Negative.

HIV
HBsAg
VDRL
/ NR.

18/2/26
Echo - EF 72%.
(N) RWMA.

4/12/25 ICT - Neg.

11/5/26 FBS. 86.
1 hr - 133
2 hr - 126.

Echo - (N).

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

1/7/2026

SLIUG, GA - 36 Weeks + 3 days

Radiology : **USG :** cephalic.

X-Ray : Placenta - Posterior.

ECHO : Liquor - (N).

CT : (N) fetal Doppler. (N) Growth.

MRI .....

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Case Received in MICU	
14/07/2026 12:30pm	c/s/b Dr Panithra.	
	o/e Pt ucfair afebrile	Advice
T. (N)	P/PR	- NPO X 4 hours.
BP - 100/74 mmHg	CVS / RS / NAD.	- IVF @ 125ml/hour.
PR - 70/min		- Vitals monitoring
SpO2 - 99% RA.		- Follow drug chart.
	P/A - Ut firm & cont well.	- CBD / Clexane 40mg SC od c/m 11 Am
Baby m/s	Dressing Dry.	
B/L Breast Soft.		- CBC @ 6pm
	4E - No undue Bleeding P/V.	- Nebulization BD.
Receiving VO - NIL 75ml.	Imp	
14/07/2026 5:15Am	c/s/b Dr Panithra.	
IDS	Pt reviewed	Advice
T. (N)	o/e Pt uc fair afebrile	- Clear liquid diet.
BP NIBP 120	P/PR	- Kanji diet c/m 8Am.
PR - 80/min.	CVS / RS NAD	- Early Ambulation
		- Vitals monitoring
Baby m/s.		- Follow drug chart.
B/L Breast Soft	P/A - Ut firm & cont well	- CBD / Clexane 40mg SC od c/m 11 Am
VO - 150ml clear.	Dressing Dry.	
Baby NAD	4E No undue Bleeding P/V.	- CBC @ 6pm.
	Shift to ward	Imp

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026	c/s/b Dr. Akshitha / Dr. Shreedevi	
8:45AM		
POD - 0	Pt reviewed, Nil c/o	Advice
	O/E Pt AC fair, Afebrile	- Soft diet @ 10Am
T-(N)	P° / PE°	- Plenty of oral fluids
PR - 81/min	CVS /	- vitals monitoring
BP - 118/70 mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- CBD / CLEXANE 40mg sc od today 11AM
Baby - m/s	soft, BS - sluggish	- CBC @ 6pm
B/L - Breast soft	Dressing (+) & Dry	- Inform sos
UO - 150ml, clear	L/E - BWNL	- Ambulation
	[signature] 182217	
14/7/26	S/B Dr. Divyalakshmi	
	pt reviewed.	
3pm		
	O/E: pt AC fair, afebrile	Advice
POD - 0	P° / PE°	- soft diet.
	CVS / RS / NAD	- oral fluids
		- monitor vitals.
T - (N)	P/A - soft, BS (+)	- follow drug chart
PR 94/min	ut. contracted	* CBC 6pm
BP 110/70 mmHg	dressing dry	- Ambulation
SpO2 98% @ RA		- DBF
	L/E: BWNL	- Inform SOS
voided		
passed flatus and normal stools	Baby m/s Breasts soft	[signature] 10272

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	S/B Dr. Nithya Shyam / Dr. Vinitha	
10pm	Pt reviewed ; No c/o	
POD #0	O/E: GC fair: Afebrile	
T: Normal	P° / PE°	
PR: 80bpm	P/A: Ut well contracted	
BP: 110/80	soft ; BS (+)	
	Dressing intact	
	LE: BWNL	
Hb: 10.5		
		Adv:
		· Physician (-) for cold & cough.
		· POD 2 open dressing
		· Ambulation
		· Inform SOS
15/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30AM	Pt reviewed, Nil c/o	
POD -1	O/E Pt GC fair, Afebrile	Advice
	P° / PF°	- Soft diet
T-(N)	CVS	- Plenty of oral fluids
PR - 74/min	RS NAD	- Ambulation
BP - 108/68 mmHg	P/A - ut well contracted	- Vitals monitoring
Voiding freely	Soft, BS (+)	- Follow drug chart
Flatus Passed	Dressing (+) & Dry	- Physician opinion for cough
Baby - M/s	LE - BWNL	cough
B/L - Breast soft		- Inform(SOS)
Stools Passed		- POD - 2 dressing change

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	S/B Dr. Obstetrics	
5:20pm.	pt reviewed	passed stools
POD#1	no complaints	voiding freely
AB -ve	o/E afebrile	
	GC fair	
BP 112/74mmHg	P°/PE°	Plan
PR 80bpm	P/A Uterus WC	soft solid diet
SpO2 99% @ RA	soft	hydration
Temp (N)	BS ⊕	ambulate
B/L breast soft	dressing dry	W/F ↑ bleeding P/V.
secretions ⊕	L/E BWNL	dressing changed
Baby NICU		128435
	S/B Dr. Mohana / Dr. Divyalakshmi	
15/7/26		
9pm	pt. reviewed	
	c/o cough	
POD-1		Advice
	O/E: pt GC fair, afebrile	- Continue same order
T - (N)	P° /PE°	
PR 80/min	CVS /	* Physician opinion
BP - 110/70 mm	RS / NAD	tomorrow
		- Neb tonight
passed stools	P/A: soft, BS⊕	- Inform SOS
	uterus WC	
	dressing dry	
Baby NICU		
Breast soft	L/E: B WNL	10428

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 2 D (F)
Dr. NITHYA SEKARAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026	C/S/B Dr. Pavithra / Dr. Shreeden	
9:15 AM POD - 2	Pt reviewed. Nil c/o O/E PA Gc fair, Afebrile	Advice - Normal diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 84/min	CVS /	- Vitals Monitoring
BP- 112/74 mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- Bath & dressing today
Baby - M/s	Soft, BS(+)	- Physician (o)
B/L - Breast soft	Dressing (+) & Dry	- Inform (SOS)
wriding freely	U/E - BWNL	
passed stools		
	S2211	
	O/D/W Dr. Krishnadas.	
	- To start T-Pulmoclear 1-0-1	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093840 IP18-00036460
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Dr. SELF

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight BY RAINBOW HOSPITALS
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Date: ..... Department: ..... Shift: .....

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

GUC-00093840 IP18-00036460
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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: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Pani Kumar.

Date & Time : 13/07/2026 @ 10:30PM.

Nurse Name & Signature: [illegible]

Date & Time : 13/7/26 at 10:30PM

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Mrs SOWJANYA CHUNDU
14-08-1998 28 Y 0 M 29 D (F)
Dr. SELF

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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 : 13/7/2021 (8 AM)

Nurse Name & Signature: S/N Sujatha

Date & Time : 13/7/2021 11.30 a.

GUC-00093840 IP18-00036460
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14-06-1998 28 Y 1 M 0 D (F)
Dr. SELF

(3)

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

GUC-00093840 IP18-00036460
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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

PATIENT TRANSFER FORM

(3)

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GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 30 D (F)
Dr. SELF

...No.	Date & Time of Admission	Date & Time of Transfer Order
	13/7/24 at 10:30 pm	14/7/26 at 6am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Navithya	Dr pavithra	Observation
From Unit	To Unit	Information to Attendant
LDR	8th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP File	CTG - 1	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name		Quantity
	~~Budecort~~ / ~~Duolin~~		
1.	Inj Supacef 1.5gram	Nebumask (1)	.
2.	Inj. pan 40mg	(2)	
3.	Inj. para 1gram	(1)	
4.	Inj. Ketorol 30mg.	(2)	(2)
5.	~~NS 100ml~~	RL500ml Inj LIXEANC	(1)

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
pt Shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 01808	Dr pavithra

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : @ 6am.

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

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

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

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DRUG CHART

Date of Admission: 13/7/20 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093840 IP18-00036460
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14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

REGULAR PRESCRIPTIONS

Weight. F3 09 Ward. LDK

DRUG : Inj SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	14/7

Name & Signature of the Doctor Starting the Drugs: 12/6 dr.

Additional Instructions: 2 more doses

Daily Doctor's Endorsement by a Sign

Date	Time	14/7	15/7
10AM		BS PK	
10PM		AA SS	

Stop

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40 mg	IV	1-0-1	14/7

Name & Signature of the Doctor Starting the Drugs: 12/6 dr.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	14/7	15/7
6AM		BS PK	AA SS
6PM		N.S V.A	

Stop

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	14/7

Name & Signature of the Doctor Starting the Drugs: 12/6 dr.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	14/7	15/7
6AM		SA SS	AA SS
2PM		B.N V.A	
10PM		AA SS	

Stop

DRUG : Inj KETONOV

Dose	Route	Frequency	Start Date
30 mg	IV	1-0-1	14/7

Name & Signature of the Doctor Starting the Drugs: 12/6 dr.

Additional Instructions: In 100 ml NS

Daily Doctor's Endorsement by a Sign

Date	Time	14/7	15/7
8AM		BS PK	
8PM		AA SS	

Stop

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Dr. SELF

Weight. 73kg Ward. ICU

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

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

VERIFIED by : Name ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7	10pm	Inj SUPACEF	0.1MG	IV		SA / SP
13/7	11pm	Inj SUPACEF	1.5g	IV		SA / SP
13/7	10:30pm	Inj PANTOPRAZOLE	40MG	IV		SA / SP
13/7	10:30pm	Inj EMESET	4MG	IV		SA / SP
13/7	10:30pm	Inj PERINORM	2CC	SLOW IV		SA / SP
14/7	12AM	T. MISOPROSTOL	600MCG	PR		PS / SM
14/7	12AM	Tulsin Suppository	100MCG	PR		PS / SM

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Dr. SELF

I.V. FLUIDS CHART

Weight. 73kg Ward. LDR

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7/26	10pm	IVF 1 ORL	IV	100ml/hr		SA / SP	13/7/26		SA / SP
13/7/26	11am	1NS 30RL	IV			PS / SM			PS / SM
13/7/26	11:30am	2 Syntocin 20 U IV	IV			PS / SM			

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

?-00093840 IP18-00036460
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Dr. SELF

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 73kg Ward LDR

DRUG : Inj CLEXANE.

Dose	Route	Frequency	Start Dt.	Date ► Time	14/7	15/7	16/7
40mg	SC	1-0-0	14/7	11AM	P.K / E.S	P.K / E.S	(12pm)

Name & Signature of the Doctor Starting the Drugs: 144682

Additional Instructions: D1 D2

Daily Doctor's Endorsement by a Sign

DRUG : Budecort Neb

Dose	Route	Frequency	Start Dt.	Date ► Time	14/7	15/7	16/7
irregular	I/N	1-0-1	14/7	1AM	SP / SP	6AM AA / SS	6AM AA / SS
				1PM	P.K / E.S	ES / P.K (6PM)	

Name & Signature of the Doctor Starting the Drugs: 144682

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Duolin Neb

Dose	Route	Frequency	Start Dt.	Date ► Time	14/7	15/7	16/7
irregular	I/N	1-0-1	14/7	1AM	SP / SP	6AM AA / SS	6AM AA / SS
				1PM	P.K / E.S	ES / P.K (6PM)	

Name & Signature of the Doctor Starting the Drugs: 144682

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. CEFAKIND

Dose	Route	Frequency	Start Dt.	Date ► Time	15/7	16/7
500mg	PO	1-0-1	15/7/24	9AM	P.K / ES	E.S / P.K
				9PM	AA / SS	

Name & Signature of the Doctor Starting the Drugs: 182211

Additional Instructions: x(5) days

Daily Doctor's Endorsement by a Sign D1 D2

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

GUC-00093840 IP18-00036460
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Dr SELF

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

DRUG: T. ZERODOL P

Dose	Route	Frequency	Start Dt.	Date/Time	15/7	16/7
1 Tab	PO	1-0-1	15/7/24	9AM	PD / EC	ES / PK
				9PM	AA / SS	

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (5) days

Daily Doctor's Endorsement by a Sign

DRUG: T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time	15/7	16/7
20mg	PO	1-0-1	15/7/24	7AM	/	AA / SS
				7PM	NS / PK	

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (5) days Before food

Daily Doctor's Endorsement by a Sign

DRUG: C. BECOSULES

Dose	Route	Frequency	Start Dt.	Date/Time	15/7	16/7
1 Tab	PO	1-0-0	15/7/24	9AM	PD / EC	ES / P.K

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (10) days

Daily Doctor's Endorsement by a Sign

DRUG: T. Pulmoclear

Dose	Route	Frequency	Start Dt.	Date/Time	16/7
1 TAB	PO	1-0-1	16/7	10AM	SS / PK
				10PM	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 30 D (F)
Dr. SELF

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Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		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																19	19	19	18	19	19	18			
	0 - 10																									
Saturations	94 - 100 %																100	100	100	100	100	100	100			
	< 94 %																									
Administered O_2 (L/min.)																	RA	RA	RA	RA	RA	RA	RA			
Temp°C	40																									
	39																									
	38																									
	37																									
	36																98.6		98° F	98.6	98.6	98.6	98.6			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																89		89	78	76	79	80	81		
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																100		90	100	110	112	118			
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																70		60	70	70	80	70			
NEURO RESPONSE [✓]	Alert																✓		✓							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																✓		✓							
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																✓		✓							
	Heavy / Foul																									
Liquor	Clear / Pink																✓		✓							
	Green																									
TOTAL YELLOW SCORES																	0		0							
TOTAL ORANGE SCORES																	0		0							
Nurse Initial																	AE		PL							

On admission

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 30 D (F)
Dr. SELF

(2)

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

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

14/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
		Date																								
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20				20				20				22				20				22			
	0 - 10																									
Saturations	94 - 100 %		99%				98%				99%				100%				99%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA				RA				RA				RA				RA				RA			
Temp °C	40																									
	39																									
	38																									
	37		98.8				98.2°F				98.2F				97.6F				97.2F				98.4F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		96bpm				96 b/m				80bpm				87bpm				70bpm				71bpm			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		108				110				110				123				118				108			
	110																									
	100																									
	90																									
	80																									
	70										(64)				(80)				(84)				(77)			
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		60				70				60				64				72				68			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓				✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓				✓				✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓				✓				—				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		—				✓				—				—				—				—			
	Green																									
TOTAL YELLOW SCORES			0				0				0				0				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial																										

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

15/1/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20				22				22				20				22			
	0 - 10																								
Saturations	94 - 100 %	100%				98%				97%				97%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp °C	40																								
	39																								
	38																								
	37	97.5°F				98.0°F				98.0°F				97.6°F				98.6°F				97.6°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	80 b/m								80b/m															
	90													92				92				84			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	114				110				112				110				106				112			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50	(76)												(84)				(77)				(84)			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	63				70				74				80				66				74			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				—				↗				↗				↗			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				—				↗				↗				↗			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				—				↗				↗				↗			
	Heavy / Foul																								
Liquor	Clear / Pink	✓				✓				—				—				—				—			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		PR				PR				SL				SL				SL				SL			

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

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FLUID CHART

Sheet No. : 1

13/7/2026

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	NPO		RL 150ml								
	01:00 am	NPO		185						200ml	0	RIGHT
Total Intake :	1725ml					Total Output :				75	0	
	02:00 am	N		185						275ml		
	03:00 am	P		185						100	0	SA
	04:00 am	D		185						150	0	SA
	05:00 am	400	100	125						150	0	SA
	06:00 am	TC	100	125						100	0	SA
	07:00 am			125						100	0	SA
Total Intake :	2000ml + 750ml					Total Output :				150ml	0	SA
										850		

Total 24 hrs. Intake	2,675ml

Total 24 hrs. Output	1125ml

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14-06-1998
Dr. SELF

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FLUID CHART

Sheet No. : (2) 14/7/2018

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am									100ml	0	
	09:00 am			Inj. Ketorolac 10ml						150ml	0	
	10:00 am	H2O	200	WSMC						200ml	0	
	11:00 am	Kanji	100							CBA 150ml 2am	0	
	12:00 pm										0	PG
	01:00 pm	H2O	200								0	PG
Total Intake : 500 + 295ml → 725ml										Total Output : 450ml		
	02:00 pm									150ml	0	VA
	03:00 pm	H2O	200ml			✓				350ml	0	VA
	04:00 pm										0	VA
	05:00 pm	H2O	200ml								0	VA
	06:00 pm	Milk	200ml							100ml	0	VA
	07:00 pm	H2O	200ml								0	VA
Total Intake : 800ml										Total Output : 500ml		
	08:00 pm	H2O	150ml								0	AA
	09:00 pm	H2O	150ml							200ml	0	AA
	10:00 pm	Milk	100ml								0	AA
	11:00 pm	H2O	150ml								0	AA
	12:00 am									250ml	0	AA
	01:00 am	H2O	150ml								0	AA
Total Intake : 700ml										Total Output : 450ml		
	02:00 am										0	AA
	03:00 am	H2O	100ml								0	AA
	04:00 am										0	AA
	05:00 am										0	AA
	06:00 am	Milk	100ml							350ml	0	AA
	07:00 am	H2O	100ml							150ml	0	AA
Total Intake : 300ml										Total Output : 500ml		

Total 24 hrs. Intake	2,525ml

Total 24 hrs. Output	1,900ml

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FLUID CHART

Sheet No. : 3

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

15/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	200							200ml	0	P.V
	09:00 am										0	P.V
	10:00 am	Soup	150				✓				0	P.V
	11:00 am									200ml	0	P.V
	12:00 pm	H20	200								0	P.V
	01:00 pm	H20	100							150ml	0	P.V
Total Intake : 650ml						Total Output : 550ml						
	02:00 pm	H20	(00ml								0	SN
	03:00 pm	H20	200ml							250	0	SN
	04:00 pm	H20	(00ml								0	SN
	05:00 pm	H20	100ml								0	SN
	06:00 pm									300	0	SN
	07:00 pm	H20	100								0	SN
Total Intake : H20		600ml				Total Output : 550ml						
	08:00 pm	H20	150ml								NO	AA
	09:00 pm	H20	150ml							300ml	IV	AA
	10:00 pm	H20	100ml								line	AA
	11:00 pm	Milk	100ml							150ml		AA
	12:00 am											AA
	01:00 am	H20	200ml							200ml		AA
Total Intake : 700ml						Total Output : 650ml						
	02:00 am	H20	150ml							150ml	NO	AA
	03:00 am											AA
	04:00 am	H20	100ml								IV	AA
	05:00 am											AA
	06:00 am	Milk	100ml							300ml	line	AA
	07:00 am	H20	150ml									AA
Total Intake : 500ml						Total Output : 450ml						

Total 24 hrs. Intake	2,450ml

Total 24 hrs. Output	2,200ml

GUC-00093840 IP18-00036460
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14-06-1998 28 Y 0 M 30 D (F)
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NURSING CARE RECORD

Date: 13/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10:30 pm	Achieve Acceptable pain controls comfort	11pm	Assess. pain using pain scale and comfort pain regular position pt comfortably	Ass. patient was stable	reassessment was Done	S/N Ajeeda 01800

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093840 IP18-00036460
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NURSING CARE RECORD

Date: 24/7/24

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	8 AM	- Assess the patient General condition - Provide painkiller as per Doctor's order	10 AM	- Assessed the patient General condition - Provided painkiller as per Doctor's order	Provided painkiller as per Doctor's order	Patient feel better	
Afternoon	2pm	- Assess the patient general condition - provide painkiller as per doctor's order	4pm	Assessed the patient General condition provided painkiller as per doctor's order	provided painkiller as per doctor's order	Patient feels better	
Night	8pm	Assess the patient General condition. - Provide pain killer as per Doctor's Order.	12AM	- Assessed the patient General Condition - Provided pain killer as per Doctor's Order.	Provided painkiller as per Doctor's Order.	Patient feel better	02/12/25

GUC-00093840
Mrs SOWJANYA CHUNDU IP18-00036460
14-06-1998 28 Y 0 M 29 D
Dr. SELF (F)

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G1P1L1A1 38weeks (AB negative)			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —			
	Surgery / Procedure: EmLSCS			Post OP Day:			
BACKGROUND	Date / Shift	13/7/26 N	14/7/26 M	14/7/26 E	14/7/26 N.	15/7/26 M	15/7/26 E
	Medical Condition (Any special condition to be noted):	NIL	Nil	Nil	Nil	NIL	Nil
	Diet:	NPO	Soft diet	Soft diet	Soft diet	Soft diet	Soft Diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	N/A	NA	NA	NA	NA	NA.
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	96.8°F	97°6F	97.6°F	97.2°F	97.6°F
	Res:	20b/m	20b/m	20bpm	22b/m	20b/m	22b/m
	SpO_2:	100%	99%(RA)	100%.	100%.	100%.	100
	Pulse:	80b/m	70b/m	80bpm	82b/m	80b/m	82
	BP:	100/60	108/60mm	103/70	120/70 (80)	114/63	110/62
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	2/10	0/10	0/10	01/10	0/10	0/10
	Skin Integrity	Normal	Normal	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	N/A	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N/PO	Soft diet	Soft diet	Soft diet	Soft diet	Soft Diet
	Critical Lab Test / Values:	—	—		—	—	—
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Non Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		N/A	NA	NA	NA	—	—
Handed Over By Name :		Sk Aeak	E Sowmya	K Abirami	[illegible]	P.Ker	[illegible]
Signature / ID :		918080	[illegible]	607736	002495	P.K	[illegible]
Date:		13/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
Time:		8Am	1:30pm	7:30pm	7:30AM	1:30PM	8Pm
Taken Over By Name :		E Sowmya	K Abirami	[illegible]	P.Kerb	[illegible]	[illegible]
Signature / ID :		[illegible]	609716	002495	P.K	[illegible]	[illegible]
Date:		14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
Time:		7:30Am	2pm	7:30pm	8AM	2pm	8pm.

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

1

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
13/7/26	10pm	mrs: Sowjanya come for	
		Admission compliants of pain Abdomen	
		Since 6pm. under Dr:- Nithya Shyam	
		She is G3 P1 L1 A1 38weeks	
		AB negative Blood grouping	
		Checked for vital signs recorded	
		patient vital are stable	
		previous LSCS connected CTG	
		FHR is good (+) patient have a	
		2 contraction for 15 seconds in	
		10 mints patient general	
		condition fair IV placement	
		was done Blood collected	
		1 unit PRBC reservation onegtive	
		Blood reservation cross matching	
		samples collected & Request	
		forms sented to lab. Dr pavithra	
		Advised to Em LSCS prepared	
		Informed OT and Anesthetic and	
		peadiatrian. Consent Explained	
		taking signature, IV fluids	
		connected Inj: RL 500ml on flow →	S/N Akalya 018057
	10:30 pm	Inj: Supacef 1.5 gram after	
		dilution 0-1ml IDgiven Inj: pantomg	
		Inj:- Emeset 4mg IV given Dr: mohan	
		Advised to Inj: pernum 5ml dilution IV given →	S/N Akalya 018050

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

NURSES NOTES

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	11pm	No Allergic reaction so	
		Inj:- Sulpaief 1.5 gram full dose given	
		pt care hand over given to OT	
		staff Nurse pt shifted to OT	→ [illegible]
			018057
13/7/26	11pm	OT Notes ON 13/7/26	
		patient detail handover taken	
		from LDR S/n while receiving	[illegible]
		patient consious & orinted	
		V/S are monitored IVF round	
		catured NPO status confirmed	
		Consent obtained Billing clear pt	
		Shifted to OT-3 at 11pm on the	
		OT table to connect the	
		Cardiac monitor V/S are monitor	
		IVF on flow. SA was given:	
		proced started at 11.49pm Emergen	
		LSCS was done & Sterilized B/L	
		during the surgery there is no	
		any compl. minimal Blood loss	
		after V/S are monitor IV or FV	
		after proced done skin closing	
		done patient shift to MICU	
		12.30 [illegible] to MICU S/L	
			[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093840
Mrs SOWJANYA CHUNDU IP18-00036460
14-05-1998 28 Y 0 M 29 D (F)
Dr. SELF

②

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
17/7/26	12:30 Am	patient is receiving from OT to MICU patient care hand over taken from OT staff Nurse pt was stable conscious & oriented IV line present & pattern minimal of Bleeding IV fluids 125ml hr connected RL 500ml ē Inj syntocinon connected NPO 4 hr patient general condition fair →	S/N Atalya 018080
	2Am	B – Breast is soft U – uterus was contracted & well B – Bowel movement present B – IBD present clear output L – Lochia Rubra present E – REEDA Not applicable H – Homan signs negative E – pt Emotional good →	S/N Atalya 018080
	3Am	⇒ patient was stable IV fluids 125ml hr ongoing Bleeding Normal only pt vital are stable →	S/N Atalya 018080
	4:30 Am	⇒ start the walks 100ml of water given to patient. No vomiting complaints so T& water given to patient →	S/N Atalya 018080

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	6:20 Am	=> Dr: paritha Adviced to patient shifted to ward pt care hand over given to 7th floor staff Nurse →	Apolle 018050
		Receiving Notes.	
	6am	Hand over received from LDR staff pt is active and oriented - IV line present - CBD present removal plan at 11am. 6pm CBC plan. Pt liquid diet - sam kanji.	Sowjy Bw
	7pm	monitored TPR chart and recorded.	
	7:30pm	Handover given to Morning duty staff	Sowjy Bw
		Morning duty on 14/7/26.	
	7:30am	Patient details handing over taken from night duty staff. patient conscious and oriented. IV line patent. patient pv bleeding is normal. patient is on CBD urine drained clearly. →	Stella
	8Am	Vital sign checked and Recorded	

	IP	PP	CFT
8Am	+1	+1	<2sec

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 0 D (F)
Dr. SELF

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/24	8.45Am	Dr. Akshitha mam seen the patient	
		advised by soft diet, plenty of oral	
		fluids, vitals monitoring, follow drug	
		chart, CBD, Clexane 40mg SC - OD	
		CBC @ 6pm, Inform (sos, Ambulation)	[signature]
	10 Am	Inj: Supacef 1.5gm given IV.	
		Inj: Ketanov 30mg + 100ml NS added	
		given IV route	[signature]
	11Am	FBD removed the patient. Urine	
		drained clearly.	[signature]
		B - Breast soft. N. Engorgement	
		U - Uterus contracted. Involution present	
		B - Urine drained clearly	
		B - flatus passed	
		L - Lochia rubra present. No	
		foul smelling	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	[signature]
		E - Emotional status good	
	12pm	Maintain Intake and Output chart	
		Vital signs checked and Recorded	[signature]
	1pm	Duolin Neb + Budecort Neb	
		given. Nebulization therapy	[signature]
	1.30pm	Patient slab handy over to	
		Evening duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26		EVENING DUTY	
	1:30pm	pt details handing over taken from morning duty staff pt was stable IV line in pattern no other complaints pt on soft diet CBC on 6pm follow drug chart	
	2:00pm	Medication was given as per drug chart no other complaints	
	4:00pm	vitals was checked and recorded maintain I/O chart	
	6:00pm	CBC was taken and sended to lab.	
	7:00pm	B - Breast is soft U - uterus is contracted B - Bowel movement is noted B - urine voided well L - lochia rubra is present E - Feeds is not applicable H - Homan's sign negative E - emotional state was good	
	7:30pm	pt details handing over given by night duty staff	

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GUC-00093840 IP18-00036460
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14-06-1998 28 Y 1 M 0 D (F)
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/6/26	7.30pm.	Night duty @ Notes. Patient details handing over taken from Evening duty Staff. Bed side Assessment done. Conscious & Oriented. IV line (+) Pattern is Normal. Patient c/o Mild Pain. Provied Comfortable Position →	02/26
	8pm.	Vitals Sign checked & Recorded. vitals are Stable. I/o chart monitor patient P/V Bleeding is Normal. →	
	8.30pm.	Patient taken Soft diet. due Medication & drug given as per drug chart Order. →	
	9pm.	B- Breast is Soft. No Engorgement. U - Uterus Contracted & well B - Urine Voided freely B - Bowel movement present L - Lochia rubra is present E - Reeda is Not applicable H - Heman's Sign Negative. E - Emotional Status is good Patient Health education given as about provied comfortable position and good Nutritional Status. → Explain.	02

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26 10PM		S/B the Dr. Nithya mam. Adviced Tomorrow Physician (O) for cold & cough, POD-2 open Dressing. No any other complaints. P/V Bleeding is Normal. Urine & Motion passed →	[signature]
15/7/26.	12AM	vitals sign checked & Recorded. vitals are stable. I/O chart Monitored. P/V Bleeding is Normal. Patient No any other complaints. →	[signature]
	2AM	patient sleeping is Normal.	
	4AM.	patient vitals sign checked & Recorded. vitals are stable. I/O checked. Monitored. P/V Bleeding is Normal. follow the drug chart.	[signature]
	6AM.	Patient Morning care done. vitals sign checked & Recorded. vitals are stable I/O chart monitored. No any other complaints.	
	7.30AM	Patient details handing over to Morning duty staff. →	[signature]
		Morning duty On 15/7/26	
	7.30Am	Patient details handing over taken from night duty staff. Patient conscious and oriented IV line pattern. patient-urine and motion passed →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 0 D (F)
Dr. SELF

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	8 Am	Vital Sign Checked and	
		Recorded. Vitals are Stable →	[signature]
		B - Breast Soft. No Engorgement	
		U - Uterus contracted. Involution present	
		B - Bowel movement present.	
		Motion passed.	
		B - Urine voided freely	
		L - Lochia rubra present. No	
		foul smelling	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	[signature]
		E - Emotional status good →	
	9 Am	Due medication given as per	
		Doctor's Order →	[signature]
		Dr. [illegible] mam seen the patient	
		advised by soft diet, plenty of oral	
		fluids, Ambulation, Vitals monitoring, fold	
		dry clue, physical [illegible] Inform	[signature]
		POD - 2 dressing change →	
	10 Am	Pv bleeding is Normal	
		Breast: Soft. No Engorgement →	[signature]
		U - Uterus is contracted well	
		B - Bowel movement present	
		B - urine voided frequently	
		L - Lochia rubra is present	
		E - Reeda NOT Applicable	
		H - Homan sign's Negative	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	10.00Am	E - Emotional status good.	P. Karimo 609261
	12.00Am	patient vitals checked and	
		recorded. patient due medication	
		given and recorded.	P. Kar
	1:30pm	patient details handover	609261
		given to Evening duty staff	P. Kar
		← Evening duty on 15/7/26 →	609261
15/7/26	2pm	patient details carefully	
		handing over taken from the	
		morning duty staff. patients	
		vitals are monitoring and	
		reported. vitals are stable.	Hari
	4pm	patient side there is no c/o	607918
		of pain. patient continues	
		maintain I/O chart.	Hari
	6pm	B - Breast is soft and no engorged.	607918
		U - uterus is contracted well.	
		B - Bowel movement is present	
		B - Bladder is self voided	
		L - Lochia rubra present	
		E - Reeda scale is not applicable	
		H - Homan sign present.	
		E - Emotional support good.	
	7pm	pt Kept under hending over no (E)	
		Duty Staff	[illegible]

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GUC-00093840 IP18-00036460
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14-06-1998 28 Y 0 M 29 D (F)
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Withya Shyam	Date of Delivery: 13/1/26
Assistant Surgeon: Dr. Parithra	Time of Delivery: 11.23 pm
Anaesthetist's Name: Dr. Mohan	Gender of Baby: girl
Type of Anaesthesia: LSA	Weight of Baby: 3.236kg
Neonatologist: Dr. Prasanna.	AGPAR Score:
Scrub Nurse: S/r Siva	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:

Emergency Repeat. Lower Segment Caesarean Section with Bilateral Q4 cauterisation

Post Operative Diagnosis:

P2L2A1 / Post LSCS

Peri-Operative Complications:

Nil

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

Name and Number of Surgical Specimen sent for examination:

Both Fallopian Tube Specimen

(P.T.O)

→ Bladder drawn up.
→ Small band of adhesion noted between bladder peritoneum & lower uterine segment. Sharp dissection done & bladder pushed down.
→ Bladder integrity checked + methylene blue. Integrity Normal

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....
Cervical Dilatation: ..... dm
5th Palpable: 4/5th.
Fetal Position: –
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☑ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☑ None ☐ + ☐ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other .....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☑ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive
Delivery of Placenta: ☐ Manual ☐ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: (N) ..... Cord around the neck ☐ Yes ☑ No
Appearance of placenta: (N) ..... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☑ Yes ☐ No
① Bilateral sterilization done by modified Pomeroy's technique.

Uterine Closure: ☑ One Layer ☐ Two Layers ..... 1-Vicryl. ..... Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture
Sheath Closure: ..... 1-PDS. ..... Suture
Fat Closure: ☐ Yes ☑ No ..... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress ..... 3-0 monocryl. ..... Suture
Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in c/m 11 AM days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:
- NPO X 3 hours
- IVF @ 125ml/hour.
- Inj SUPACEF 1.5g IV 12th (2 more doses)
- Inj PANTOPRAZOLE 40mg IV 12th.
- Inj PARACETAMOL 1g IV 12th.
- Inj KETONOV 30mg in 100ml NS IV 12th.
- CBD @ 11 AM
- Inj CLEXANE 40mg SC OD c/m 11 AM.
- CBC @ 6PM
- NEBULISATION BD (Budecort + Duolin).

Doctor Name: Dr. Nithya Doctor Signature:
Date & Time: 18/7/2026.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nithya Shyam
Asst. Surgeon : Dr. Parithra
Anaesthetist : Dr. Mohan
Scrub Nurse : S/r. Siva

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

Patient N
UHID No.
Gender : F
Date : 13/7/26 In-time : 11:09pm Out-time : 12:30am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 11:01pm

Patient Has Confirmed

Identity	☑ Yes ☐ No
Site	☑ Yes ☐ No
Procedure	☑ Yes ☐ No
Consent	☑ Yes ☐ No
Site Marked	☑ Yes ☐ No ☐ NA
Anaesthesia Safety Check Completed	☑ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☑ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☑ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☑ Yes ☐ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☑ Yes ☐ No ☐ NA
Blood Units Reserved	☑ Yes ☐ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑ Yes ☐ No ☐ NA

Signature : [signature]
Name : Dr. M Manasvadi

Before Skin Incision ➤ ➤

TIME OUT Time: 11:03pm

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 : [signature]
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 12:28am

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 : [signature] 12:50
Name : Sujatha

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

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Patient's Name: GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU (F)
28 Y 1 M 0 D
14-06-1998
Dr. SELF

MRD No.:

Age :.. ..Sex: ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 13/7/26 Time: 10:30pm

Location : Left meta cephalic vein

Size : 18 G

Cannula inserted by : S/N Pragathi 6/1808

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
13/7	11pm	☐Yes ☑No	☐Yes ☑No	obse	SA
14/7	1Am	☐Yes ☑No	☐Yes ☑No	obse	SA
	3Am	☐Yes ☑No	☐Yes ☑No	obs	SD
	5Am	☐Yes ☑No	☐Yes ☑No	obs	SD
	7Am	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
14/7	8Am	☐Yes ☑No	☐Yes ☑No	obsew	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obsew	[illegible]
	2p	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	4p	☐Yes ☑No	☐Yes ☑No	obsew	[illegible]
	6p	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obsev	[illegible]
15/7/26	2 Am	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	6AM.	☐Yes ☑No	☐Yes ☑No	patton.	[illegible]
	10 Am	☐Yes ☑No	☐Yes ☑No	obseve	Rk
	12pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU (F)
14-06-1998 28 Y 0 M 29 D
Dr. SELF

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time / Score	N 13/7/26 10:30pm	M 14/7 8AM	E 14/7 2pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	0
		Signature	Abela 01808	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 14/7	M 15/7	E 15/7
		Score	8pm	8AM	2pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			0
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			10	10	10
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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(3)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 15/2	M 16/7	
		Score	8PM	8AM	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			10	10	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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BRADEN 'Q' SCALE

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				Date : 13/7/24	14/7	14/7	14/7
				Time : 10:30a	N	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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	[illegible]	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

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2

BRADEN 'Q' SCALE

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					Date : 15/7	15/7	15/7	16/7
					Time : M	E	N	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	2	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	27	27	27	24
					Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/26	10:30 pm	2/10	Lower Abdome	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible] 01800
14/7/26	4Am	2/10	Surgery Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible] 01800
14/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[illegible]
14/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[illegible] 602778
14/7/26	8pm	1/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Inj Para 1gm IV given.	[illegible] 02hav
14/7/26	10Pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
15/7/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
15/7/26	10 Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	P. [illegible]
15/7/26	2pm	2/10	Surgical Site	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Tab. Para 1gm given	[illegible]
	3pm	1/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Reassurance given Support	[illegible]

Re-assessment Frequency:

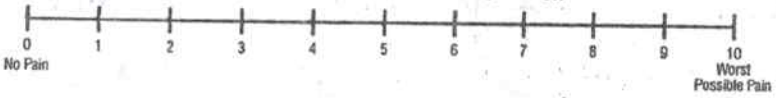
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 1 M 0 D (F)
Dr. SELF

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	NIL	[illegible]
15/7/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
16/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
16/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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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.
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(P.T.O)

PAIN ASSESSMENT TOOLS

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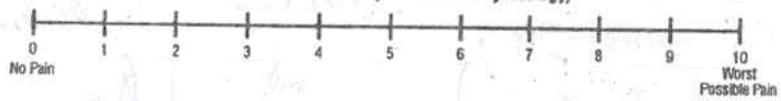

Wong - Baker (Pediatrics) Above 7 Years

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU (F)
14-06-1998 28 Y 1 M 0 D
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Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Spea... ...ingness to Learn: Yes ~~No~~ Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

1. Diagnosis B13 P14A1
2. Treatment and Care 38w

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
14/7/26	1Am	yes	Educated about Prepain management	patient	No Learning Barrier	oral	Non	good	yes	S/n [illegible] 0188
15/7/26	10Am	yes	Explain about mobilization	patient	NO	oral	None	yes	good	P [illegible] 00920
18/7/26	10am	[illegible]	Handwash technique	Patient	No learning barrier	Oral	None	Verbalizes Und	[illegible]	[illegible]

Part - III: CODES

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

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

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

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

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 13/7/26 Time of Arrival: 10:30pm Time Seen by Nurse: 10:30pm

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 80b/m RR: 20b/m SpO_2: 100% BP: 100/60 mmHg Weight: 73kg

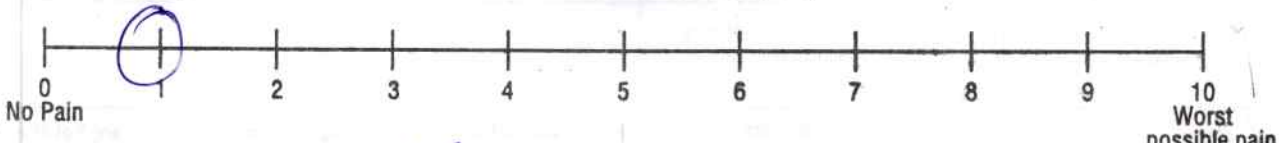
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L –	A 1

LMP: 14/10/25 EDD: 21/7/26 Gestational Age: 38weeks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 13/7/26	Time 6pm	Frequency: 2 for 15 seconds in 10 mins
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset –	Time –	Fluid Color: –
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset –	Time –	Amount: –
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify: –		

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



- Location: Lower Abdomen
- Duration: BAbb at 6pm Days / Weeks/ Months (Strike out which is not applicable)
- Character: mild pain
- Frequency: 2 contration for 15seconds in 10mins
- Interventions: provided comfortable position

6) **Past History:**

a) Surgeries: LSCS x1

b) Medical: Nil

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

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: 10:40pm

Nurse Name : S/N Abak 201808 Nurse Signature: Sa 01808

Date: 13/7/20 Time: 11 pm

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 13/7/26

Baseline Information:

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

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to ..... Attendants

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

If yes , identify .....

Chief Complaints: Patient came for Lower Abdomen

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Jyothi Rani

Time Notified: 10:40pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	LSCS X1	—

Blood Group: AB negative LMP: 14/10/25 EDD: 21/7/26 Gestational age during admission: 38 weeks

Contractions: Yes Vaginal Discharge: no

Obstetric History: G 2 P 1 L 1 A / Previous LSCS Yes

Height: 159 Weight: 73 BMI: 28.88 kg/m²

Temp: 98° HR: 80 b/m RR: 20 b/m BP: 100/60 mmHg SpO_2 100%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Mother- Diabetes .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 21 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... patient .....

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

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

Nurse Signature: S/N Akalya 01899

Nurse Name: SN Akalya 01899

Date & Time: 13/7/26 at 11pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 13/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour	✓	2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		2
Signature of the Nurse	S/ N Akalya 01808	
Action Plan		

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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CONSENT FOR BLOOD TRANSFUSION

Patient Name : ..... GUC-00093840 IP18-00036460 Mrs SOWJANYA CHUNDU 14-06-1998 28 Y 0 M 29 D (F) Dr. SELF ..... Age: ..... Gender :.....

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

Type of Blood Product : .....

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

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

C. Sowjanya

Name of Patient / Attendant

Signature of Patient / Attendant

Date 13/7/2026

Time :

Relationship with Patient:

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

PRE - OPERATIVE CHECK LI

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Date: 13/7/26

Patient's Name : Mrs. SOWJANYA Age : 28/F Gender : ☐ M ☐ F

Blood Group : AB negative UHID : 93840

Planned Surgery : EMLSLS Surgeon : Dr. NITHAYA

Anesthetist : Dr. MOHAN Date & Time of Operation : 13/7/26

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : .....

Billing Executive Signature : .....

Date & Time : .....

Nurse In-Charge Name : Jothilakshmi 01800

Signature of Nurse In-Charge : 01800

Date & Time : 13/7/26

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

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

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

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

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

EMERGENCY REPEAT LOWER SEGMENT CAESAREAN SECTION WITH STERILISATION upon MRS. SOWJANYA.
IND - PREVIOUS LSCS. (Name of the Patient)

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

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

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

Bleeding, infection, Blood transfusion, Anaesthesia Complication, Bowel & Bladder injury, Adhesiolysis, NICU Stay.

My signature on this form indicates that

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

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

Consentee :
Signature : C. Sowjanya
Name : MRS. SOWJANYA
Date & Time : 13/7/26

Patient Attendant :
Signature : Gopi
Name : GOPINADH G
Relationship with Patient: HUSBAND
Date & Time : 13/07/2026 - 11:PM

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Pavithra
Date & Time : 13/07/2026 @ 10:30PM.

Docu. No. : RCH /FRM / CLINICAL / 027

CONSENT FORM FOR ANAESTHESIA

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Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

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

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

Anaesthesiologist : .... Operative procedure planned : Emergency ... LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

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

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient ~~/ Patient Attendant~~ :

Signature : C. Sowjanya

Name : MRS. SOWJANYA

~~Relationship~~ with Patient: PT

Date & Time : 13/7/20

Witness :

Signature : [signature]

Name : GOPINADH . G

Date & Time : 13/07/2026 11PM

Doctor (who is taking the consent) :

Signature : [signature] Name : Dr ... Date & Time : 13/7/26

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

GUC-00093840 Mrs SOWJANYA CHUNDU IP18-00036460 (F) 28 Y 1 M 0 D 14-06-1998 Dr. SELF

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Sowjanya Age: 2? Sex: F UHID.No :

Date: 13/11/26 Time: 10:30 pm Proposed Operation: Emergency LSCS

Diagnosis: Previous LSCS in Pain / labour

B.P / CRT: 120/80 H.R: 90/min Weight: ? ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.2	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.1 lakhs	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	AB negative
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:	**Allergies:** Nil	

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal : 2nd pregnancy ... ? ... > 5 days

Hepatic / GE : Physical Activity: on Aspirin, ...

Others :

Past Anaesthetic History: → Previous LSCS under SA uneventful

Physical Exam:

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

Lungs : ...

Heart: ...

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : — Spine Exam for regional : —

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

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

CURRENT MEDICATIONS	DOSAGE
d. ?	
2. ?	
2. Metoclopramide.	

Pre-Operative Instructions: inadequate NPO

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

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

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

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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ST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle *

Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☐ a. Yes ✓
- ☐ b. No

7. For Caesarian mothers:

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

8. NICU admission: N/A

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

9. Additional notes: ....

Continuity of Care: Date: 13/7/26

Baby is mothes side
good latching cholestrum
of milk is present

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

PP 607261

Handover given by S/N Abaly 018050

Handover taken by Sonny

Signature SA 018050

Signature Saas

Date & Time: 13/7/26 at 1AM

Date & Time: 14/7/26 @ 6am

GUC-00093840 IP18-00036460
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14-06-1998 28 Y 1 M 0 D
Dr. SELF

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 13/7/26 .... Date of Removal: 14/7/26 @ 11 am

Parameters	Date / Shift Time	13/7/26 N	14/7/26 M					
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		St. N. Alekhya	P. [illegible]					
Signature of the Nurse		01858	P. [illegible] 07261					

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

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SSI PREVENTION CHECKLIST

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

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Dr. SELF

①

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

13/7/26 LDR TRANSFERRED TO: OT

	Date & Time of Transfer:	YES/NO	REMARKS
1	**Patient Identification**	yes	
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified		
2	**Airway & Breathing**	yes	
	a.Oxygen delivery (mask/cannula/ventilator) secured	yes	
	b.SpO₂ within safe range	No	
	c.If ETT: position confirmed, ties secure, cuff inflated		
3	**Circulation & Hemodynamic Stability**	yes	
	a.IV lines secured & infusion running correctly	~~yes~~ No	
	b.No active uncontrolled bleeding	yes	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	yes	
	e.Dressing Intact		
4	**Pain Assessment**	yes	
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done		
5	**Wound, Dressings & Drains**	No	
	a.Surgical dressing intact	yes	
	b.All drains fixed, output noted	yes	
	c.Catheter secure & urine output recorded		
	d.Splints/casts/traction devices stabilized		
6	**Medications Pre & Post-Op Orders**	yes	
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated		
	c.Emergency meds given in OT (time & dose documented)		
7	**Equipment Safety & Transport Preparedness**	yes	
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery		
8	**High-Risk Patient Safety (if applicable)**	No	
	a.Chest tube: underwater seal below chest level	yes	
	b.Epidural catheter secure, infusion checked	No	
	c.Pressure areas protected (heels/elbows)	No	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**		
12	**Documentation**	yes	
	a.Documentation completeness		
	Transferring Nurse: S/N Akalya 01800		
	Receiving Nurse : S/N pooja 01800		
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

(2)

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 13/7/26 @ 12:30 AM/PM **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Y/N	
	b.Surgical procedure & correct site verified	Y/N	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range	Y/N	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Y/N	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Y/N	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	Y/N	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Y/N	
	b.Reassessment done	Y/N	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Y/N	
	b.All drains fixed, output noted	Y/N	
	c.Catheter secure & urine output recorded	Y/N	
	d.Splints/casts/traction devices stabilized	NO	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Y/N	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Y/N	
	c.Emergency meds given in OT (time & dose document ed)		
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NO	
	b.Bed/side rails up and brakes applied	X/O	
	c.Special positioning maintained as per surgery	Y/N	
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)	Y/N	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	X/O	
10	**REPORTS AND LABS HANDED OVER**	NO	
11	**BIOPSY/HPE SENT**	Y/N	
12	**Documentation**		
	a.Documentation completeness	Y/N	
	Transferring Nurse: S/N Sujith, 1957		
	Receiving Nurse : SN Akalya 0189		
	Signature of Incharge:		

PATIENT TRANSFER FORM

(1)

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Mrs SOWJANYA CHUNDU
14-06-1996 28 Y 0 M 30 D (F)
Dr. SELF

) No.	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 at 10:30 pm	13/7/26 at 11pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. NITHYA	Dr. pavithra	Emg 28
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole FP file	CTM - (1)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Nurse 01857	Dr. pavithra

Patient & Clinical Records Received by : S/N Sruthi @ 1957

Date & Time of Patient Received : 13/7/26 @ 11.0 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

(2)

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Date & Time of Admission	Date & Time of Transfer Order
13/7/26 @ 10·30am	14/7/26 @12·30am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Nithya Shyam	Dr. Mohan	Further Mangt

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sruthi 0195	Dr. Mohan

Patient & Clinical Records Received by : SN Akeelya 01855

Date & Time of Patient Received : 14/7/26 at 12:30 Am

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

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 14/07/2026 Time: 12:50PM

Origin: — Height: 159cm Weight: 73 Kg BMI: ☐ ~ 26 kg/m² ☑ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: C. Sowjanya

Name: C. Sowjanya

Date & Time: 14/07/26 @ 12:50PM

Dietician's

Signature: A. S (018336)

Name: A. Sadiya Fezheen

Date & Time: 14/07/26 @ 12:50PM

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
14/07/26	08:30 AM.	- EM-LSCS done.	
	POD-1.	- Patient is on Liquid Diet	A.D (018336)
		- Consumed rice Kanji.	
		- Advised to take plenty of Oral fluids - Water, tender coconut water, fruit Juices, Buttermilk, rice Kanji (etc)	
		- Soft Diet @ 10 AM.	
		Fluids - 2.5 l-3 l/d	
	12 PM.	- Soft Diet.	
		- Patient is Stable. Oral is Better. Advised to take easy to digest foods.	
		- Consume Small-frequent meals.	A.D (018336)
		- Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc)	
		RDA Values - Energy - 1600 Kcl.	
		Protein - 112-198/d	A.D. (018336)
15/7/26.	8:30 AM	- Patient is on Soft Diet	
		- Patient is Stable. Oral is good.	
		- Advised to take protein Iron rich foods. Continue the same Soft Diet	
16/7/26	8:30 AM	- Patient is on Normal Diet	
		- Patient is Stable. Oral is good.	A.D (018336)
		- Advised to take small frequent meals. Consume fibre - Cleaning rich foods. Continue the same Normal Diet	

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SURGERY DETAILS

Date : 13/7/26

Patient Name: Mrs. Sowjanya Date of Birth: 14-06-1998 Age: 28y

Gender: F Ward : OT UHID No.: 93840

Date of Surgery: 13/7/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS + B/L Sterilization

Time In : 11.0pm Time Out : 12.30pm

	NAME	AMOUNT
1. Surgeon	: Dr. Nithya Shyam	
2. Anaesthetist	: Dr. mohan	
3. Assistant Surgeon	: Dr. parithra	
4. OT Technician	: Mr. Raja	
5. Circulating Nurse	: C/N Sujatha	
6. Assistant Nurse	: S/N Siva	

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

Signature of the Surgeon

Signature of Circulating Nurse

Recall Finalisation done by Dr

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

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

Patient Name

Date of Surgery

Name of the Surgery

Time

1. Surgeon

2.

3. Assistant Surgeon

4. OT Technician

5. Circulating Nurse

6.

[illegible] supply 1.54 9.11.0

☐ Metronidazole

Patient Sticker

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

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Mr. Raja Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		
HME filter : A / P / N		
Syringes : 10 cc		
05 cc		
02 cc		
01 cc		
Cautery plate : A / P / N		
IV set		
RL		
NS : 10ml / 100ml / 500ml / 1000ml		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		
Tab. Misoprost : ~~200mg~~ 600mg		
~~Quick tablets~~ P.F 6		

Surgical Disposables	Qty Issued	Qty Used
~~Major~~ Pack Lacl		01
Sutures 2-3-4-7		01
1326		01
1-1-1-2		01
9352		01
Gloves 6½ P.F		02
P.F 7		01
7½ P.F		02
Surgical blade 22		01
NG tube		
Cautery pencil 4		
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack 4 | 10		
Mop Pack		
Steristrip		
Underpad		
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		
Plastic ~~Bed Sheet~~ Apron		01
Betadine Solution		01
Microshield		01
Cotton Balls		02
Latex Gloves		10p
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		01
Cord Clamp		01
Suction Catheter		
Feeding Tube 6 FG		01
Vaccum Suction Set		
Surgical Gloves 7 P.F		02
Gauze Pack		01
Syringe 1ml / 2ml		01/2
Surgical Blade # 20		
Koochies (S)		
Piriton		01
Syringe 20ml		2
Spinal needle 27½ (90mm) Whitacare		1
Anawin (FF)		1
Bupirigesic		1
Duster 10ml		1+5
PhenPress		1
5ml Emerald Syring		1
Needle 26 1½		1
Evatocin		5
Lox 2% 30ml		1
Bioxamic		2
EfiPress		2
Mezolam		1
Needle 16G		1
Needle 23 1½		1
O2 mask (M)		1
Tonpine		2
Vein-O-line 10cm		2
Venflon 22G		1

Surgeon ..... Anaesthesiologist ..... Nurse ..... OT Technician

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036460	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SOWJANYA CHUNDU	**Bed Name**	MICU 802
Age/Sex	28 Y 1 M 0 D / Female	**Order No**	18-0001726798
Date	14/07/2026 02:29	**Prescription No**	PRIP18-0626952
Payor	SELFPAY	**Dispensed Date**	14/07/2026 02:34
UHID	GUC-00093840		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	2603019005	03/29	2	128.00	256.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	4	128.00	512.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
9	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	2	949.00	1,898.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
15	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5005	08/30	1	1,026.00	1,026.00
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
18	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	2	128.00	256.00
19	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	260300891T	05/29	2	128.00	256.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
22	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
24	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	1	951.00	951.00
						Total :	**10,720.09**	**13,381.09**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 14-07-2026 02:34

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	IP18-00036461	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SOWJANYA CHUNDU	**Bed Name**	CRDL-PVT704-1
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	18-0001726801
Date	14/07/2026 02:33	**Prescription No**	PRIP18-0626953
Payor	SELFPAY	**Dispensed Date**	14/07/2026 02:35
UHID	GUC-00093842		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	2	128.00	256.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**520.00**	**648.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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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	IP18-00036460	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SOWJANYA CHUNDU	**Bed Name**	MICU 802
Age/Sex	28 Y 1 M 0 D / Female	**Order No**	18-0001726797
Date	14/07/2026 02:29	**Prescription No**	PRIP18-0626949
Payor	SELFPAY	**Dispensed Date**	14/07/2026 02:33
UHID	GUC-00093840		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	1	28.13	28.13
5	DSYRINGE 20ML(NIPRO)	NIPRO	GENERAL	026B11K32	01/31	2	61.00	122.00
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	6	11.25	67.50
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	6	2.58	15.48
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0716O326	02/28	4	40.00	160.00
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231080	09/26	1	41.81	41.812
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
14	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
15	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144328	11/27	1	33.30	33.30
16	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
17	NEEDLE 16 G 1.5INC	Dispovan		52524C	11/30	1	5.32	5.32
18	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
19	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
20	PHENPRES INJ 10 MG 1ML	Neon Laboratories Ltd	H	10062	06/27	1	407.80	407.80
21	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
23	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
24	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	2	7.30	14.60
25	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26C010503	02/31	2	419.00	838.00
26	VENFLON I -22G	BECTON DICKINSON (BD)	GENERAL	5288174	09/30	1	321.00	321.00

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

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036461	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SOWJANYA CHUNDU	**Bed Name**	CRDL-PVT704-1
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	18-0001726802
Date	14/07/2026 02:33	**Prescription No**	PRIP18-0626951
Payor	SELFPAY	**Dispensed Date**	14/07/2026 02:34
UHID	GUC-00093842		

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	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D01O693	03/31	1	68.00	68.00
						Total :	**103.25**	**114.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 14-07-2026 02:34