GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 15 D (F)
Dr. LUCETTA AMELIA DIAS

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		24/7/26 6am					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

Name: Mrs. Sumaiya. R

UHID No: GUC-0[illegible] ..... Consultant: Dr. Lucetta ..... Dept: OBG

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
8-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Date of Admission: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	9.~~AA~~m	~~LDR~~	OT	
22/7/26	10:40Am	OT	MIW	
22/7/26	4pm	LDR	709	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	22/7/26	IT 31189	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	Fallopian tubes		
22/7/26	RBS	26023599	
22/7/26.	CBC	26023559	
22/7/26	Hb, FBS	26023740	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	CTG - (1)			009877	[illegible]
	CTG - (2)			009877	[illegible]
22/7/16	Infusion pump	11 Am		1731571	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	IV placement	(1)	1731190	
22/7/26	catheterisation	(1)	1731190	
23/7/26.	Diet Counselling	(1)	1731867	A.A (018336)

ANY OTHER INFORMATION:

Procedure Name : Emergency LSCS

Surgeon Name : Dr. Lucetta

Assist Surgeon : Dr. Akshitha

Anaesthetist Name : Dr. Ashwini

Anaesthesia : I/SA

In time : 9:05 Am out time : 10:40 Am.

Date: 24/7/26 Time: 6Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093120 IP18-00036574
Mrs R SUMAIYA.R
06-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 22/07/26

Patient Name: Mrs. R. Sumaiya. R Date of Birth: 06/07/1994 Age: 32Y

Gender: Female Ward : OT UHID No.: 93120/36574

Date of Surgery: 22/7/26 ☐ OT-1 ☐ OT-2 ☑ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS with sterilization.

Time In : 9:05 Am Time Out : 10:40 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Lucetta	
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	: Dr. Akshitha	
4. OT Technician	: Mr. prasanth	
5. Circulating Nurse	: C/N. Thanu	
6. Assistant Nurse	: S/N. Siva	

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

OTMI

DR. Lucetla

Signature of the Surgeon

60181

Signature of Circulating Nurse

Recvd finalized by S/N. Sangeetha 020328

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

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

Baby: Female

Time: 9:20 Am

wt: 2.909 kg.

Emergency LSCS.

Patient Sticker

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

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CONSUMABLES OF OT

Circulating staff : Thanushya Technician : prasanth Date : 22/7/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj Vit.K		01
LMA			Sutures 2347		3	Cord Clamp		01
ECG leads : (A) / P / N		3	1386		1	Suction Catheter		
HME filter : A / P / N			4242		1	Feeding Tube 6 Fr		01
Syringes : 10 cc		3	7 P.F		1	Vaccum Suction Set		
05 cc		2	Gloves 6.5 P.F		2	Surgical Gloves 7 P.F		1
02 cc		1	6.0 P.F		1	Gauze Pack plain		1
01 cc		1	7½ P.F		1	Syringe (1ml) / 2ml		1
Cautery plate : (A) / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set		2	NG tube			Koochies (S)		
RL		34	Cautery pencil		1	Quick Table sheet		1
NS : 10ml / (100ml) / 500ml / 1000ml		1 1	Koochies			proto gown		1
			Ointments			Anawin (H)		01
			Suction Catheter			Bupigesic		01
Fentanyl			Cap, Mask			Bioxamic		02
Morphine			Gauze Pack R/O plain		2 1	Evatocin		05
Ketamine			Mop Pack		2	caloprst		01
Propofol			Steristrip			Efipress		01
Rocuronium			Underpad		1	mezalam		01
Glycopyrolate			Draw sheet			DI water 10ML		02
Myopyrolate			Abgel			SP Needle 27 white gre		01
Ondansetron		OT	Foleys catheter			26x 1½ Needle		01
Pencan 25g/ Spinal Needle 22			Urobag			5mL Emeralde		01
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1+1			
Justin : 12.5 mg / 25mg / (100mg)		1	Plastic ~~Bed Sheet~~ Apron		2			
Tab. Misoprost : ~~200mg~~ 600mg		1	Betadine Solution		2			
Surgicare 6, 7, 8		E1	Microshield					
methylene Blue		1	Cotton Balls					
			Latex Gloves		10 pair			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician [signature] RCH 972

Order No. : ....

Ordered by : ....

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036574		
Patient Name	Mrs R SUMAIYA .R	**Ward**	8F-OT COMPLEX
Age/Sex	32 Y 0 M 14 D / Female	**Bed Name**	MICU 803
Date	22/07/2026 11:26	**Order No**	18-0001731257
Payor	SELFPAY	**Prescription No**	PRIP18-0628598
UHID	GUC-00093120	**Dispensed Date**	22/07/2026 11:31

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	3	28.13	84.39
6	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	2	2.58	5.16
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	4	18.90	75.60
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	1	18.90	18.90
14	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	2	525.00	1,050.00
15	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304645	04/28	1	31.55	31.55
16	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
17	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
19	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
20	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
						Total :	**3,212.38**	**4,221.91**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 11:31

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	IP18-00036577	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O R SUMAIYA .R	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001731261
Date	22/07/2026 11:31	**Prescription No**	PRIP18-0628599
Payor	SELFPAY	**Dispensed Date**	22/07/2026 11:32
UHID	GUC-00094156		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
2	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
						Total :	**134.00**	**134.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 11:32

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	IP18-00036574	**Ward**	8F-OT COMPLEX
Patient Name	Mrs R SUMAIYA .R	**Bed Name**	MICU 803
Age/Sex	32 Y 0 M 14 D / Female	**Order No**	18-0001731258
Date	22/07/2026 11:26	**Prescription No**	PRIP18-0628600
Payor	SELFPAY	**Dispensed Date**	22/07/2026 11:33
UHID	GUC-00093120		

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		1010726	06/29	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	1	128.00	128.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
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	METHYLENE BLUE INJ 10 ML	VULCAN LABORATORIES PVT LTD	H	L2401113A	10/26	1	309.38	309.375
10	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
11	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	120	25.00	3,000.00
14	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
15	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
16	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
17	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
18	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
19	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
20	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	24G3012	06/29	1	82.50	82.50
21	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
22	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	260300891T	05/29	1	128.00	128.00
23	SGLOVE # 8.0 (SURGI CARE)	KANAM LATEX	GENERAL	22C3394KV	02/27	1	75.00	75.00
24	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
25	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
26	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
27	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	2	811.00	1,622.00
28	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
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VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036577	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O R SUMAIYA .R	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001731262
Date	22/07/2026 11:31	**Prescription No**	PRIP18-0628601
Payor	SELFPAY	**Dispensed Date**	22/07/2026 11:34
UHID	GUC-00094156		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
4	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
						Total :	**483.00**	**483.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 11:34

Children's Hospital

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

DISCHARGE TRACKING SHEET

FLOOR- -NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	24/8/26 @ 10:40AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing	24/8/26 @	10:40AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00093120
Mrs R SUMAIYA .R IP18-00036574
08-07-1994 32 Y 0 M 15 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	24/7								
Doctor's Orders	YES								
Carried out or not	YES								
Bed Side									
Structured Handover done	YES								
IV Site	YES								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	NA								
Skin Care	YES								
Eye Care	YES								
Mouth Care	YES								
Sterillum Bottle, Stethoscope	YES								
Suction Bottle (Should be clean & empty)	NA								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA								
Ventilator Tubing,(Any Water, Blood)	NA								
Humidification	NA								
Check all Infusion (Labelling,Correct Preparation)	YES								
Chest Physio & Neb	NA								
Handed Over By Name :	Rincy								
Signature :	021875								
Date & Time:	24/7/26 07:30AM								
Hand Over Taken By Name :									
Signature :									
Date & Time:									

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 : IP18-00036574 **Admit Date** : 22-Jul-2026 **Admit Time** : 07:31 AM **UHID** : GUC-00093120

Patient Details :

Patient Name	: Mrs R SUMAIYA .R	**Age**	: 32 Y 0 M 14 D
Guardian	: SABER	**DOB**	: 08-07-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021	**Phone No**	: 8220115308/ 6380482317
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 803 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 803 **Admission Type** : First Visit

Contact Details :

Name : SABER **Relationship** : Husband

Contact Address : 129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021 **Phone No** : 8220115308

Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Google **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs R SUMAIYA .R**	**Age :**	**32 Y 0 M 14 D**
IP No:	**IP18-00036574**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: SABER

Relationship: HUSBAND

Date: 22/07/26 Time: 07:31 AM

Witness Name: P. Thamaraj Selvan

Witness Signature:

Patient Address:

129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. R Sumaiya. R	UHID Number : 93120
Self/Attendant Name : SABER	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

UC-00093120
rs R SUMAIYA .R IP18-00036574
-07-1994 32 Y 0 M 14 D (F)
Patient Sticker LUCETTA AMELIA DIAS

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to PFM well
c/o Abdominal pain on & off since 3 Am today 22/7/26

LMP: 07/11/25 **EDD:** 14/08/26.
Corrected EDD: **GA:** 36w+5days.

Obstetric Formula: G3P1L1A1

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Hostory:
I - ♂, FTLSCS (Ind: PROM) | Failed induction, B.wt - 2.5kg, 7yrs 6months A&H
II - MTP done - 1 month of GA, D&C not done
III - Spontaneous conception

Present Pregnancy Record:
Booked & immunised. 1up dT taken

RISK FACTORS:
GDM on OHA (T Glycomet 500mg 1-0-1)

Height: 166 cm
Weight: 83.89 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: conscious Pallor: No
Icterus: No Edema: Mild PE +
Temp: N PR: 102/min
BP: 130/70 mmHg DTR: +
CVS: S1S2 (+) RS chest clear
Liver/Spleen: Urine Output: Adequate

Obstetric Examination
P/A: SPT scar (+) — Not tense or tender
Fundal Height: ~ 32-34 weeks
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: ______
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

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

DIAGNOSIS
G3P1L1A1 / prev LSCS / LCB - 7yrs 6months / B+ve / GA - 36w+5days / GDM on OHA (T MF 500mg 1-0-1) previously / Now GDM on MNT for past 1 week.

Patient Sticker

Family History: - wife mother - hypertensive	**Surgical History:** - No other surgeries in the past except for LSCS.
Medical History: K/c/o GDM on MNT since 1 week.	**Medication History:** - Nil.
Plan of Care: - NPO - prepare parts, secure IV line - CTG - vitals monitoring. - W/F progress of labour plan - Emergency Repeat Lower segment Caesarean section - Informed consent for the procedure, Anaesthesia, preterm, NICU, MCU stay. - Inj. SUPACEF 1.5g IV stat (ATD) - Inj. PANTOP IV stat - Inj. EMESET 4mg IV stat	**Investigations:** - CTG

Doctor Name: Dr Anandhaeman

Signature: [signature] 156007

Date & Time: 22/7/26 @7.40am

Consultant Name: Dr Lucetta Amelia Das.

Signature: [signature] 156007

Date & Time: 22/7/26 @7.40am

JC-00093120 IP18-00036574
Ms R SUMAIYA .R
-07-1994 32 Y 0 M 14 D (F)
. LUCETTA AMELIA DIAS

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RESULT SHEET

Date	15/4/26				B POSITIVE	
Time						
Hb	11.9					
PCV						
RBC						
WBC	12210				TSH -	1.5
N/L						
Platelets						
CRP					HIV	NR
ESR					HBSAg	
PCT					VDRL	
RBS						
Na						
K						
Cl					4/7	
Ca/Mg					OGTT	
Phosphate					F	- 95
Urea					1hr	- 154
Creatinine					2hr	- 135
ALP						
SGPT						
SGOT						
T.Bill/Conj					ECG	not done
T.Protein					Echo	
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						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology :

USG : ~~Fd~~ 15/7/26 — SLIUA N 35W+5day cephalic

X-Ray : Up - Normal

ECHO : Placenta-anterior

CT : FH grrd

MRI .....

Others (ECG, Contrast Studies etc.,) : EFW - 2.322 ± 232g (39% ile)
(6/7)

JC-00093120 IP18-00036574

's R SUMAIYA .R

Patie -07-1994 32 Y 0 M 14 D (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026	c/s/b Dr. Vinitha / Dr. Shreedevi	
8:30 AM	pt received, c/o Lower Abdominal Pain	
	o/E pt GC fair, Afebrile.	Advice
T-(N)	P°/PE°	- NPO
PR- 92/min	CVS /	- Vitals Monitoring
BP- 130/70 mmHg.	RS / NAD	- IVF 1 ORL @ 125ml/hr
	P/A - ut @ Term	- Catheterisation
CTG- Reactive	Moderately Acting (4C/20'/10')	- Inform OT / NICU
	Cephalic	- Shift to OT on orders
	FHS-good	- Inform SOS)
	182219	
22/07/2026	c/s/b Dr. Jayasree / Dr. Shree Devi	
2.45 PM	P1L2A1 / Emergency Repeat CS LSCS / EST	POD-0
	o/E: pt GC fair, afebrile	
	PO / PEO	Advice
Temp (N)	CVS /	→ Continue post op orders
PR- 92/min	RS / NAD	→ I/O chart monitoring.
BP- 120/70 mmHg	P/A - uterus firm + contracted	→ Vitals monitoring.
V/O- 150ml clear urine	no draining noticed.	- Inform SOS
	BS sluggish	
	P/V - no active bleeding PV	
	Shift to ward	19567
	c/o/w Dr. Lucetha →	Sips of water till 10pm.
		review SOS.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/2026	c/s/B Dr. Kavinodhini	
9.55pm	c/o/w Dr. Lucetta –	
	– To start with soft diet	Adv
	Pt Reviewed	1) To continue the
	G.C fair, Afebrile	same
	No P/PE ⊖	
	CVS / RS NAD	
	P/A – Uterus contracted well	129007
	BS ⊕ good.	
	Dressing Dry & Intact	
23/7/26 9Am	c/s/B Dr. Vinitha	
POD – 1	Pt reviewed, Nil c/o	Advice
	O/E pt GC fair, Afebrile	– Soft diet
T – Ⓝ	P° / PE°	– Plenty of oral fluids
PR – 78/min	CVS / RS NAD	– Vitals Monitoring
BP – 108/60mmHg		– Follow drug chart
	P/A – Ut well contracted	– W/F ↑ Bleeding PV
Baby – m/s	Soft, BS ⊕	– Inform (SOS)
B/L – Breast soft	Dressing ⊕ & Dry	– Hb / FBS / PPBS on POD-2
~~[illegible]~~	L/E – BWNL	– I/O charting
UO – 200ml, clear	CBD insitu clear urine draining	
Flatus passed		
	182217	

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 15 D (F)
Dr. LUCETTA AMELIA DIAS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 2:40pm	S/B Dr [illegible] / Dr. [illegible]	
	pt. reviewed	
	Nil C/o	
POD-1	O/E: pt GC fair, afebrile	Advice
	PO/PEO	- soft diet
vitals stable	CVS / RS / NAD	- ↑ oral fluids
		- monitor vitals
		- follow drug chart
voided urine	P/A: soft, BS(+)	- Hb / FBS / PPBS
✓ flatus passed	Ut. contracted well	c/m 6 am
Baby m/s	dressing dry	- Inform SOS.
	L/E: BWNL	
	[signature] 1042[illegible]	
23/7/26 8:50 pm.	S/B Dr Nikita	
	D1 LSCS	
	No complaints	
	O/E GC fair, afebrile	P: vitals NT	Advice
	PO/PEO	U/A WR	✓ soft diet
		ABD dry	plenty of oral fluids
not passed stools	vitals stable		- Ambulation
		L/E - Bleeding - WNL	- EBF
			- Hb / FBS / PPBS c/m
			- vitals monitoring
	[signature]		- Rest cont
			- Inform SOS

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/9/26 6:30pm	C/D/W Dr. Lucetta	
	Stop IV injection.	
	T. LEFTUM 500mg BD	
	T. FLAGYL 400mg TDS	
	T. PARA 650mg TDS	
	DUSTON suppository BD	
	T. PAN 40 mg BD	
24/7/26 10am	S/B Dr. Vinitha	
	Pt reviewed: No c/o ; Voided; Passed stools	
	O/E: GC fair; Afebrile	
	P° IPE	
BP: 110/80	P/A: Ut contracted	
PR: 69/min	Soft; BS ⊕	
SpO₂: 100% RA	Dressing intact	
	LE: BWNL	
POD #2		Adv:
Hb: 10.7		Soft diet
FBS: 87		Plenty of fluids
		Dressing change today
[signature] 12/11/3		

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

UC-00093120 IP18-00036574
Patients R SUMAIYA .R
07-1994 32 Y 0 M 14 D (F)
r. LUCETTA AMELIA DIAS

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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 : Dr. Divyalakshmi

Date & Time : 22/7/26, 7:40 Am

Nurse Name & Signature: S. Pooja

Date & Time : 22/7/26 at 7:30 Am.

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R 32 Y 0 M 14 D (F)
08-07-1994
Dr. LUCETTA AMELIA DIAS

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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	INJ. SUPACEF	1.5 Mg	IV	1-0-1	22/7 @8.30am	☐C ☐DC
2	INJ. PAN 40	40mg	IV	1-0-1	22/7 @8.30am	☐C ☐DC
3	INJ. PARACETAMOL	1gm	IV	1-1-1	22/7 @2pm	☐C ☐DC
4	JUSTIN SUPPOSITORY	1tab	P/R	1-0-1	22/7 @	☐C ☐DC
5	INJ. TRAMC	1gm	IV	1-1-1	22/7	☐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 : 22/7/2026 @ 4pm

Nurse Name & Signature: Sha parameshwari 016808

Date & Time : 22/7/2026 @ 4pm

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA.R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Rainbow Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SYNTOCIN	5U	iv	stat	22/7/26 9:20AM	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	22/7/26 9:20AM	☐C ☑DC
3	INJ. EMESET	4mg	iv	stat	22/7/26 9:20AM	☐C ☑DC
4	INJ. CARBOPROST	0.25mg	im	stat	22/7/26 9:28AM	☐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. ASHWINI.S (signature) 1013-48

Date & Time : 22/7/26 9:AM

Nurse Name & Signature: Thanu (signature) 6012

Date & Time : 22/7/26 @ 10:40AM.

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

UC-00093120 IP18-00036574
Mrs R SUMAIYA .R
8-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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DRUG CHART

Date of Admission: 22/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA.R
06-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS

Weight. 83.80 Ward. ....

				Date / Time			
DRUG : INJ. SUPACEF				Date / Time	22/7	23/7	
Dose	Route	Frequency	Start Date	8Am		NS / SM	
1.5mg	IV	1-0-1	22/07				
Name & Signature of the Doctor Starting the Drugs: M. Jayareene							
Additional Instructions:				8pm	EP / B	SB / AD	
Daily Doctor's Endorsement by a Sign					D1	D2	
DRUG : INJ. PAN				Date / Time	22/7	23/7	
Dose	Route	Frequency	Start Date	7AM		SB / EP	
40mg	IV	1-0-1	22/7				
Name & Signature of the Doctor Starting the Drugs: M Jayareene							
Additional Instructions:				7pm	NS / AD	SB / AD	
Daily Doctor's Endorsement by a Sign							
DRUG : INJ. PARACETAMOL				Date / Time	22/7		
Dose	Route	Frequency	Start Date	6Am			
1gm	IV	1-0-1	22/7				
Name & Signature of the Doctor Starting the Drugs: M. Jayareen				2pm			Time change
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : INJ. TRAPIC				Date / Time	22/7	23/7	
Dose	Route	Frequency	Start Date	8Am		NS / SM	
1gm	IV	1-1-1	22/7				
Name & Signature of the Doctor Starting the Drugs: M Jayareen				2pm	SP / SB		
Additional Instructions:				10pm	E.D / SE		
Daily Doctor's Endorsement by a Sign							

Patient Sticker

Weight. 33.30 Ward. SPR

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/7/26	9AM	INJ SUPACEF	0.1ml	ID		SP
22/7/26	8.30AM	INJ PAN	40mg	IV		SP
22/7/26	8.30AM	INJ EMESET	4mg	IV		SA
22/7/26	8.30AM	INJ SUPACET	1.5g	IV		SP
22/7/26	7.30AM	Inj: PARACETAMOL	1gm	IV		SP
22/7/26	9:20AM	INJ. SYNTOCIN	5U	iv		PT
22/7/26	9:20PM	INJ. TRANEXAMIC ACID	1g	iv		PT
22/7/26	9:20AM	INJ CARBOPROST	0.25mg	im		PT
22/7/26	9:28AM	INJ. EMESET	4mg	iv		PT

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Dr. LUCETTA AMELIA DIAS

I.V. FLUIDS CHART

Weight. 83.80 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/7	8AM	IVF 1© RL	IV	125 ml/hr	16426	SP / SA	22/7/26		SP / SA
22/7/26	9AM	RL-1©	iv	rushed	Dr. ashi 101348	PT / SM	22/7/26	Dr. ashi 101348	PT / SM
22/7/26	9:20AM	RL-1© C Inj: Syntocin 20U	iv	100	Dr. ashi 101348	PT / SM	22/7/26	Dr. ashi 101348	PT / SM
22/7/26	9:30AM	RL-1©	iv	rushed	Dr. ashi 101348	PT / SM	22/7/26	Dr. ashi 101348	PT / SM
22/7/26	2AM	RL-1©	IV	125 ml/hr	14835	SM / NS	23/7 at 10AM		SM / NS

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 83.8° Ward 7m floor

DRUG: JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	P/R	1-0-1	22/7

Name & Signature of the Doctor Starting the Drugs: M. Jayaraman

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
9AM	/	NS / Sm	
9pm	EP / ES	ES / EP	

DRUG: INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	IV	1-1-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
6AM	/	ES / SP	
2pm	SP / SP	P.E / V.A	
10pm	E.P / ES	PS / SA	

DRUG: INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	22/7

Name & Signature of the Doctor Starting the Drugs: 12IM3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	23/7	24/7
10am	SM / PS	N.S / V.A
	DP	

DRUG: T. CEFTUM.

Dose	Route	Frequency	Start Dt.
500mg.	PO	BD	24/7/26

Name & Signature of the Doctor Starting the Drugs: 159079

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7
8AM	N.S / V.A
8pm	
	DP

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

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight 83.80 Ward 7 floor

Sheet No: ....

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO.	TDS	24/7/20

Name & Signature of the Doctor Starting the Drugs: 159079

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7
8AM	N.S V.A
2pm	
10pm	

DRUG : T. PARACETMOL

Dose	Route	Frequency	Start Dt.
1000mg	PO	TDS	24/7/20

Name & Signature of the Doctor Starting the Drugs: 159079

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7

DRUG : T. PAN

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	24/7/20

Name & Signature of the Doctor Starting the Drugs: 159079.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7
6am	BS/FD
6pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/26	10:30Am	T- MISOPROSTOL	600 mcg	PR	182217	020378	020378
22/7/26	10: 30Pm	JUSTIN SUPPOSITORY	100mg	PR	182217	020378	020378

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

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Patient Sticker

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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

22/4/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		18	18	18	18	18		20	20	20				21				20				18			
	0 - 10																									
Saturations	94 - 100 %		100	100	100	100	100		99	99	100				100%				100%				100%			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA	RA	RA	RA		RA	RA	RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98°F	98°F	98°F	98°F	98°F		98°F	98°F	98°F				98.9°F				97.6°F				98.8°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		102																							
	90			90		90			88		80				88				80				72			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		120		110		106		110	110	112				100				112				115			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70		72		68		70	70	70				69				65				70			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓								✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓																			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		–		–		–								–				–				–			
	Heavy / Foul																									
Liquor	Clear / Pink		–		–		–								–											
	Green																									
TOTAL YELLOW SCORES			0		0		0		0	0	0				0				0				0			
TOTAL ORANGE SCORES			0		0		0		0	0	0				0				0				0			
Nurse Initial																										

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

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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

28/7/22	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	22				22				02				20				18				22			
	0 - 10																								
Saturations	94 - 100 %	99%				99%				97%				100%				100%				100%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp °C	40																								
	39																								
	38																								
	37	98.0F				98.8F				98.6F				98.1F				97.5F				97.2F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	77bpm				98bpm				82bpm				79bpm				65bpm				69bpm			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	108				108				100				130				117				110			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
		(71)				(74)				(82)				(85)				(89)				(77)			
		60				62				60				69				65				61			
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				1				0				0				0			
Nurse Initial																									

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FLUID CHART

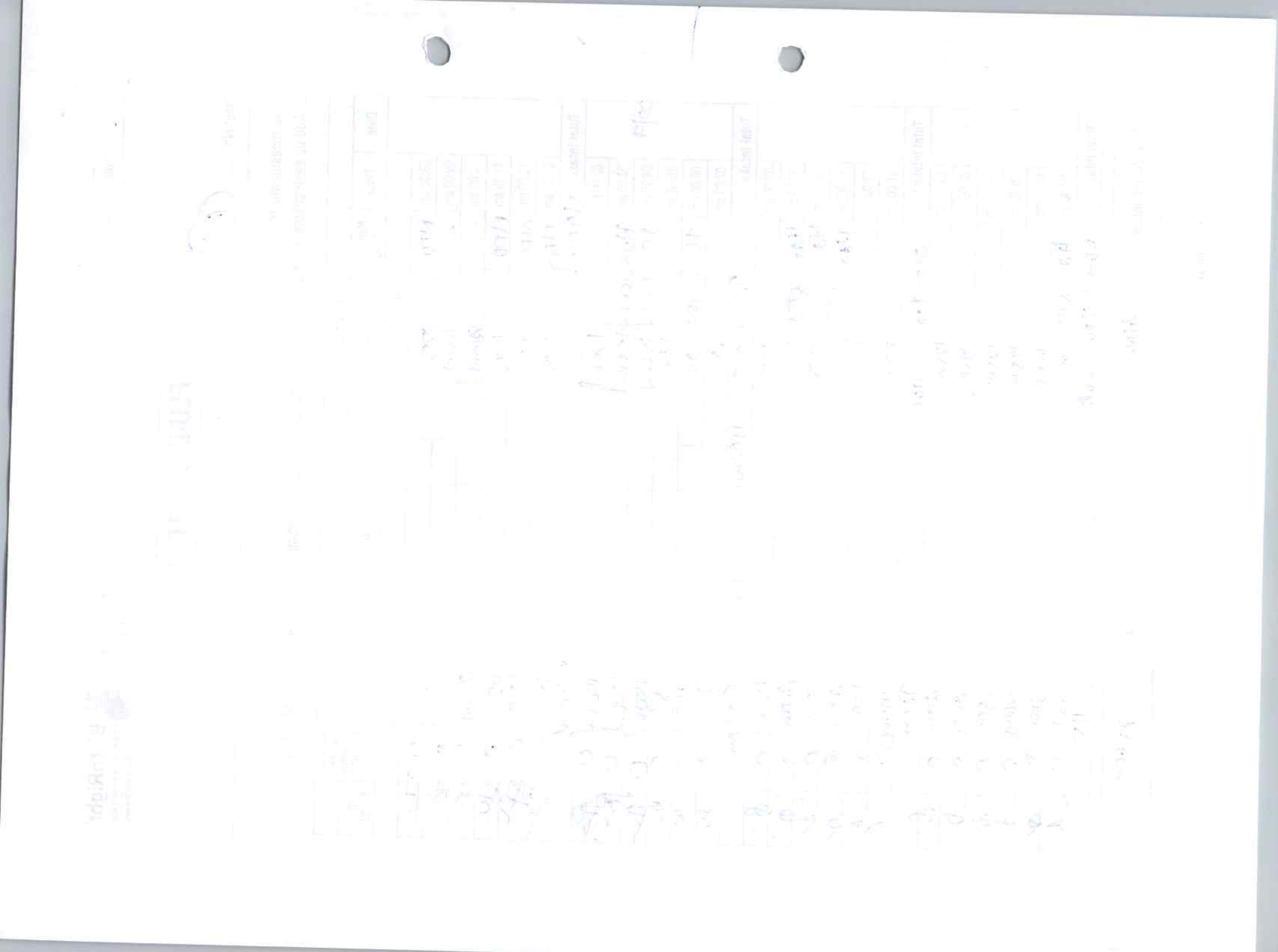
Sheet No. : 1

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

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	NPO		125							0	
	09:00 am	NPO		600ml							0	
	10:00 am	NPO		800ml						250ml	0	
	11:00 am	NPO		125						60	0	
	12:00 pm	NPO		125						150	0	
	01:00 pm	NPO		125						100	0	
Total Intake : 1100ml						Total Output : 560ml						
	02:00 pm			125ml						150ml	0	
	03:00 pm	H20	100ml	125ml						150ml	0	
22/7	04:00 pm	TC	150ml	125ml						150ml	0	
	05:00 pm			125						150	0	
	06:00 pm	TC	100	125						100	0	
	07:00 pm			125						200	0	
Total Intake :			350 + 750 = 1100ml			Total Output :				900 ml		
	08:00 pm			125						150ml	0	
	09:00 pm	H20	100ml	125						200ml	0	
	10:00 pm	H20	100	125						150ml	0	
	11:00 pm	H20	100	125						200ml	0	
	12:00 am			125						150ml	0	
	01:00 am			125						100ml	0	
Total Intake :		250+750 = 1100ml				Total Output :				950ml		
	02:00 am			125ml						200ml	0	
	03:00 am			125ml						250ml	0	
	04:00 am			125ml						150ml	0	
	05:00 am			125ml						200ml	0	
	06:00 am			125ml						200ml	0	
	07:00 am	H20	150ml	125ml						150ml	0	
Total Intake :		50ml + 750 = 800ml				Total Output :				1150ml		

Total 24 hrs. Intake	4100ml

Total 24 hrs. Output	2560ml



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FLUID CHART

Sheet No. : 23/7/2026 (2)

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	T.C water	200	125						250	0	
	09:00 am	T.C wat.	200	125						250	0	
	10:00 am	H2O	200	IVF stop						(BDR)	0	
	11:00 am										0	
	12:00 pm	H2O	200								0	
	01:00 pm						✓			270	0	
Total Intake : 800 + 250ml = 1050ml										Total Output : 770 ml		
	02:00 pm	H2O	300ml								0	V.A
	03:00 pm									500ml	0	V.A
	04:00 pm	H2O	300ml								0	V.A
	05:00 pm									200ml	0	V.A
	06:00 pm	H2O	300ml				✓				0	V.A
	07:00 pm	H2O	100ml								0	V.A
Total Intake : 1000 ml										Total Output : 700 ml		
	08:00 pm	H2O	200								0	E.P
	09:00 pm									200	0	E.P
	10:00 pm	H2O	250	100 (wt, pump)			✓				0	E.P
	11:00 pm										0	E.P
	12:00 am	H2O	300							250	0	E.P
	01:00 am										0	E.P
Total Intake : 850 ml										Total Output : 500 ml		
	02:00 am	H2O	200								0	E.P
	03:00 am									200	0	E.P
	04:00 am	H2O	250								0	E.P
	05:00 am										0	E.P
	06:00 am	H2O	250				✓			300	0	E.P
	07:00 am										0	E.P
Total Intake : 3500 ml										Total Output : 500 ml		

Total 24 hrs. Intake	2500ml

Total 24 hrs. Output	2470ml

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NURSING CARE RECORD

Date: 22/7/18

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		Achieve acceptable pain control & relief		- Assess the level of pain by using pain scale. - Provide diversional therapy.	Reduced pain	Reassessment is done	[signature]
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	Assess the level of pain using pain scale regularly position patient comfortably	patient feel better	patient pain level reduced	[signature] 01688
Night	8PM	Acute pain Related to the surgical site	10pm	patient said surgical site Measure pain scal	inj. Para given 1gm now feel better	now Feel better	[signature] 021873

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 23/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 am	Assess the patient position and explain the mother nutritional support.		Improve the patient condition and improve the vitals is stable	Evaluate the patient condition.	Re-assessment is done	[signature] 607415
Afternoon	2pm	Assess the patient position and explain the mother nutritional support	3pm	Assed the patient position and explained the mother nutritional support	evaluate the patient condition	Re-assessment is done	[signature] 60227x
Night	8PM	Ensure the pain Relief Management	10PM	To be Assessed the pain score and monitored	Justine suppositories given and monitore pain score	Re Assessment Done	[signature] 021875.

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
22/7/26	7.AM	pt mrs. Sumaiya 32y/F.	
		she is G3 P1 L1 A1 prev LSCS / Booked	
		GDM on MNT. LCB - 7yrs - 3months	
		back. pt came c/o pain	
		vital signs checked & recorded.	
		BP - 130/70 PR - 102b/m RR - 18b/m	
		temp - 98°F. CTG connected FHR ⊕	
		Informed to Dr. Divyalakshmi	
		seen the pt history collected	
		Advice to prepare the pt	
		for Emergency LSCS order	
		carried out. parts preparation	
		done. pt is on NPO. IV placement	
		done c 18G venflon back flow	
		⊕. pt taken morning bath care.	S. Nirosha
	8.30AM	Inj. pan 40 IV, Inj. Emeset IV	
		Inj. supacef 0.1ml test dose ID	
		given as per doctor order.	
		CBG checked as per doctor	
		order 110mg/dl. Informed to	
		Dr. Vinitha. catheterisation done	
		by Dr. Vinitha urine draining	
		clear.	S. Nirosha
	8.35pm	CBC sample collected	
		sent to lab as per doctor	
		order. pt is on NPO	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	9AM	pt have no drug allergy, clothing for surgery, i.Sign in given, Surgery & anesthesia consent done. pt care hand over given to OT staff. pt shifted to OT as per doctor order.	[signature]
		OT Notes	
22/7/26	9:05 AM	=> patient received from LDR to OT. while receiving patient ID Band consent checked.	
		-> Anaesthesia given by Dr. Ashwini under spinal Anaesthesia.	
		=> Surgery done by Dr. Lucetta.	
		=> Internal sterilization done.	[signature] 607891
		Baby details	
		Baby: Female	
		Time: 9:20AM	
		wt: 2.909kg.	
		-> Foly's catheter insitu urine drain clear.	
		=> Inj methylene blue inserted 200ml draine clear clear urine after.	
22/7/26	10:40 AM	=> patient shifted to NICU and patient handover to NICU staff	[signature] 607891

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/18	10.40am	post op receiving notes	
		pt received from OT	
		to MICU. pt care hand over	
		taken from OT staff. pt	
		conscious & oriented. IV	
		line ⊕ & patent. PV bleeding	
		is minimal. pt received with	
		baby. DBF given to baby	
		sucking good.	S/N [illegible]
	11AM	pt vital signs checked &	
		recorded maintain I/O chart.	
		She is on NPO. maintain	
		I/O chart	S/N [illegible]
		B - Breast soft	
		U - Uterus contracted	
		B - she is on CBD	
		B - Bowel movement ⊖	
		L - lochia rubra present	
		E - REEDA assessment not applicable	
		H - Homan's sign negative	
		E - pt emotional status good.	[illegible]
	12pm	pt is stable. maintain	
		I/O chart. Encourage to	
		mobilise. she is on NPO.	[illegible]
	1.30pm	pt care hand over given	
		to evening duty staff. pt	
		and started by sips of water.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	1.40pm	Evening duty Notes: Patient details handed over taken from Morning duty staff. patient conscious & oriented. vitals are checked & recorded. Patient maintain NPO. PV bleeding normal.	Sfno parameswari 016808
	2.30pm	post partum assessment done B ⇒ Breast soft. Direct breast feeding given. U ⇒ Uterus contracted. PV bleeding normal B ⇒ B. catheter present. I/o chart maintain B ⇒ Bowel movement present L ⇒ lochia rubra present no evidence of foul smelling E ⇒ REEDA assessment not applicable H ⇒ Homan's sign negative E ⇒ Patient emotional status good.	Sfno parameswari 016808
	3pm	patient side no Complaints. PV bleeding normal. Direct breast feeding given. Baby sucking well.	Sfno parameswari 016808

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(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	contine	orals given. There is no	
		complaints of vomitting.	
		orals encouraged.	S/N parames 016808
	4pm	patient shifted to ward.	
		patient details, files handed	
		over given to 7th floor	
		staff.	S/N parames 016808
		Receiving notes:-	
	4[15]pm	patient was conscious & oriented	
		was taking orally & micturating	
		was maintained I/O chart	
		general condition is fair —	[signature]
	6pm	- has normal rocking [illegible]	
		vital signs were checked & recorded	
		maintained I/O charts due medications	
		given as per order —	[signature]
	7[30]pm	patient report handing over to	
		(N) duty staff —	[signature]
22/7/26	7.30pm	Night duty on 22/07/2026:	
		patient Conditions and details	
		handing Over taken from	
		Evening duty Staff Nurse	
		patient on Conscious Oriented	
		GCS 15/5. S1 and S2 heart sounds	
		are hearing good. IVF.	
		125 ml/h Bowel sound hearing	
		continue IV medications.	[signature] 2817R

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
22/1/26	8PM	vital signs are Monitore and Recorded H.D.stable	
	10PM	IV Medications will be Given as per the Doug chart.	
	11PM	feeding Teaching Processdone.	
	12AM	Rechack the vital H.D Stable and Monitore done ——→	021875
		B - Breast is soft	
		U - Uterus Contracts well	
		B - Bowel sound hearing	
		B Blader Was Adequate	
		L - Lochia Rubra is normal	
		E - Emotionaly OK.	
		H Hormons is ok. no changes	021875
	2AM	patient sleeping pattern good Provide Comfortable positioning	
	4AM	Rechack the vital H.D Stable Monitored & Recorded done	
	6AM	IV Medications Given as per the Doug chart follow	
	7AM	Encourage Oral Nutrition	
	7:30AM	patient Details H.D Stable and patient details hand Over Given to Morning duty staff Nurse ——→	021875

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GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(A)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty	
23/7/18	7:30AM	pt's details = Handover taken from night Duty staff: pt's conscious oriented, Vitals are stable, CBD (+), IV line patten, IVF 125 ml/hr on flow, CBD (R) plan 10AM today, pt's have soft diet, pt's flatus not passed, tomorrow's plan, tomorrow Bath & dressing, pt's IV medication only. U/D drained well. PV bleeding is (N). →	Sinadhuy 607353.
	8AM	pt's vital sign checked and recorded. Vitals are stable. Maintained I/o chart, U/D drained well.	
		B- Breast is soft, No engorgement U - Uterus contraction well, B - Bowel movement not present B - Urine drained well. L - Lochia rubra (+) E - Pooda Scale NA H - Homan's sign negative E - Emotional status good. →	Suf 607353.
	9:30Am	Dr. Vinitha phone call order, Inj. Clexane 40mg SC given at 10AM, CBD (R) at 10AM. →	Suf 607353

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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
23/7/26	10AM	Pt/s No c/o giddiness, Vomiting, CBD (R) explain to pt/s 1st voided measuring, encouraged plenty of oral fluids. →	[signature] 607383.
	11AM	Dr. lucetta mam come and seen assessed the pt/s condition, pt/s flatus not passed, only kanji given, pt/s encouraged ambulation, 1st voide measuring. →	[signature] 607383.
	12pm	Pt/s vitals are stable. Maintained I/O chart. PV bleeding is normal No other complaints. →	[signature] 607383
	12:30pm	Pt/s urine not voided inform to Dr. lucetta mam Mgg test, maintained I/O chart. →	[signature] 607383.
	1:30pm	Pt/s details Hand over given to Evening duty staff. →	[signature] 607383.
		EVENING DUTY	
	1:30pm	Pt/s details handing over taken from morning duty Staff. Vitals pattern CBD removed on 10 Am I St void. RBOM! FBS, PPBS, Hb.ov POD-2. no other complaints motion and flatus passed	[signature] 607728

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Lucetta	Date of Delivery: 28/7/26
Assistant Surgeon: Dr. Vinitha	Time of Delivery: 9:20 am
Anaesthetist's Name: Dr Ashwini	Gender of Baby: FEMALE
Type of Anaesthesia: SA	Weight of Baby: 2.909 kg
Neonatologist: Dr. Prasanna	AGPAR Score: 8/10 ; 9/10
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Previous LSCS in labour

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: 3 mins

CTG Description: Reactive

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

Surgical Procedure: Emergency lower segment cesarean section with sterilisation ↓ SA

Post Operative Diagnosis: P_2L_2 | POD #0

Peri-Operative Complications: Nil

Amount of Blood Loss: 300 ml Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

B/L Fallopian tubes

(P.T.O)

Examination Findings when Appropriate:

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

Skin Incision: ☑ Pfannenstiell ☐ Transverse ☐ Midline ☐ Other .....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision lower uterine segment
Previous Scar: ~~☑ Intact~~ ☑ Thinnedout ☐ Ruptured ☐ No Scar extremely thinned out
Incision Through Placenta: ☐ Yes ☐ No UV fold adherent to Lower uterine segment
Delivery of head: ☑ Manual ☐ Forceps Hence not dissected. ↑ Peritoneal fluid ⊕
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood Methylene blue dye test done → Negative.
Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Offensive ☑ Not Offensive ☐ Piecemeal
Cord Appearance: Normal ; 1 True knot ⊕ Cord around the neck ☐ Yes ☑ No
Appearance of placenta: Normal
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Cavity explored ☑ Yes ☐ No
Sterilization: ☑ Yes ☐ No Modified Pomeroy's technique.

Uterine Closure: ☑ One Layer ☐ Two Layers 1-Vicryl Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture
Sheath Closure: 1-Vicryl Suture
Fat Closure: ☐ Yes ☐ No ..... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress 3-0 Monocryl Suture
Vaginal Packing: ☐ Yes ☑ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in 24 hours until 10am 23/7/26 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:
N.P.O x 4 hours
IV fluids @ 125 ml/hr
W/E ↑ Bleeding P/V — Inj. Supacef 1.5g IV 1-0-1
Inj. Pan 40mg 1-0-1 IV
Inj. Paracetamol 1g IV ~~1-0-1~~ 1-1-1
Justin suppository 1 tab PR 1-0-1
Inj. Trapic 1g IV 1-1-1
Foleys CBD ; removal after 24 hrs @ 10am 23/7/26
Hb, FBS, APBS POD #2

Doctor Name: Dr. Lucetta
Doctor Signature: UHD 12113
Date & Time: 23/7/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lucetta
Asst. Surgeon : Dr. Akshitha
Anaesthetist : Dr. Ashwini
Scrub Nurse : SN. Siva.

GUC-00093120 IP18-00036674
Mrs R SUMAIYA.R
06-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

..... Age : ..... Gender : .....
ry Name : Emcscs
9:05AM Out-time : 10:40AM

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 9:07AM

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 : A. Ashwini 101348
Name : DR. ASHWINI. S

Before Skin Incision ➤ ➤

TIME OUT Time: 9:15 AM

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

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

Anticipated Critical Events

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

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

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

Signature : VBV
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 10:40AM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

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

Signature : 02064
Name : SN. Siva.

Patient

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R (F)
08-07-1994 32 Y 0 M 14 D
Dr. LUCETTA AMELIA DIAS

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 22 Feb 26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to –

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

If yes , identify

Chief Complaints: pt came c c/o pain in abdomen

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor:

Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on MNT	Prev LSCS	Nil

Blood Group: "B" Positive LMP: 7/11/25 EDD: 14/8/26 Gestational age during admission: 38wks

Contractions: Yes Vaginal Discharge:

Obstetric History: G 3 P 1 L 1 A 1 Previous LSCS Yes

Height: 166 Weight: 82.30 BMI: 30

Temp: HR: RR: BP: SpO_2

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	GDM on MNT
☐ 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 ....

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 ....27.... (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 ....

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. Sumaiya....

Orientation not given Reason: ....–....

Nurse Signature: ....[signature]....

Nurse Name: ....[illegible]....

Date & Time: ....22/7/R....

Patient Stic

IC-00093120 IP18-00036574
s R SUMAIYA .R
-07-1994 32 Y 0 M 14 D (F
. LUCETTA AMELIA DIAS

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/4/26 Time of Arrival: 4am Time Seen by Nurse: 4:10am

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: 102 RR: 18 SpO_2: 100 BP: 130/70 Weight: 33.20kgs

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 7/11/25 EDD: 12/8/26 Gestational Age: 36 wks 1d

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 22/4/26	Time 3am	Frequency: 2 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)

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

- Location: lower abdomen
- Duration: 15 secs Days / Weeks/ Months (Strike out which is not applicable)
- Character: tightening
- Frequency: 2 in 10 mins
- Interventions: deep breathing

6) **Past History:**

a) Surgeries: Prev CS

b) Medical: CsDm on MNT

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☑ Gestational Diabetes on metformin
☐ 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: 7 AM

Nurse Name : S. Pooja Nurse Signature: .....

Date: 22 Feb Time: 7:30 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. [illegible] Gender: ☐ Male ☑ Female Age : 31

UHID No : GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Date : 22/7/26

Instruction:
This consent form sho [illegible] 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 CESAREAN SECTION. WITH STERILIZATION.

upon (Name of the Patient) MRS. SUMAIYA

(Ind: PREVIOUS LSCS IN LABOUR)

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, injury to adjacent structures, need for blood transfusion, risk of thromboembolism, anesthesia related complications, MICU stay, MICU care, 1% risk of sterilization failure.

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. Lucetta

Consentee :
Signature : Sumaiya
Name : SUMAIYA
Date & Time : 22/7/26

Patient Attendant :
Signature : [illegible]
Name : [illegible]
Relationship with Patient: [illegible]
Date & Time : 22/7/26

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : [illegible]
Name : Dr. V. Smitha
Date & Time : 22/7/26

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

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

JC-00093120 IP18-00036574
s R SUMAIYA .R
07-1994 32 Y 0 M 14 D (F)
LUCETTA AMELIA DIAS

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

Gender: M ☐ F ☐ - IP No: .... Consultant: ....

Ward / Bed No. : .... Anaesthesiologist : Dr. M Ramamadi

Operative procedure planned : Emergency lower segment caesarian section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease	☐ Hypertension	☐ Diabetes mellitus	☐ Renal failure
☐ Hepatic disorders	☐ Shock	☐ Multiple organ failure	☐ Polytrauma / RTA
☐ Incapacitating COPD	☐ Others : Aspiration, dehydration, Bradycardia, bleeding		

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Ms. Sumaiya .... the above mentioned operation I Diagnostic I Therapeutic procedures .... EMERGENCY LOWER SEGMENT CAESAREAN SECTION

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : ....

Name : SUMAIYA

~~Relationship with~~ Patient: Patient

Date & Time : 22/7/26

Witness :

Signature : ....

Name : ....

Date & Time : 22/7/26

Doctor (who is taking the consent) :

Signature : ....

Name : ....

Date & Time : 22/7/26 8.45

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Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

Date: 22/3/26. Time: 8. AM. Proposed Operation: Emergency LSCS.

Diagnosis: Preterm 1st in labour

B.P / CRT: 130/80 H.R: 140/m. Weight: 83kg. ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Opt. CBC

Hgb: 11.9 (15/4/26)	**Laboratory Data:** Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	B Tve
WBC:	Creat:	Total Bill:	HCV:	2D Echo:	
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		↑TSH - 1.5
INR:	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:	**Allergies:**		

Medical History: CVS : Diabetes : GDM on OHA → Mvg

RESP :

CNS : Preterm 1st in labour pain. (Stable)

Renal : Physical Activity:

Hepatic / GE :

Others :

Past Anaesthetic History: Preterm 1st LSCS 2018.

Physical Exam:

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

Lungs : AE / NAD

Heart: S1 S2

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

Pre-Operative Instructions:

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

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: II E — Patient Identified ☑ — Consent Present ☑ — Chart Reviewed ☑

H.R: 108/min | B.P / CRT: 120/74mmHg | SpO: 99–100% | R.R: 16/min | Fasting Status: >6hrs

Pre-OP Diagnosis: pleural LSCS in labour | Operation: Emergency LSCS | Last Feed: 9 AM

Surgeon: Dr. Lucetta 9AM | Anaesthesiologist: Dr. Ashwin 10AM 11AM | Date: 22/7/18 | Technician:

TIME
N_2O /AIR /O_2, LPM
HALO /ISO /SEVO
Drugs: Inj. bupivacaine 5ml IV

FIO_2 / SaO_2
$ETCO_2$
ECG ← 100% — 100% →
Temperature ← NSR, sinus tachycardia →
Urine Output ← RL — 20 iv started @ 100 ml/hr →

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

Antibiotic
Suppository
Blood Loss
NOTES

LAB Values
ABG
GRBS
Others

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

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9AM
OP Start:
OP End:
Leave OR: 10:30AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity
☑ Spinal ☐ Epidural ☐ Caudal ☐ Specify:
Others:
Position: sitting
Site: L2 – L4
Needle Size: 27G Introducer
Parasthesia ☐ Yes ☑ No
Catheter at skin NIL cm
Drug Name & Conc: 2 2ml of 0.5%
Bolus: bupivacaine (heavy)
Infusion: +60µg fentanyl given after free flow of CSF.
Block Level: T6 level
Comments:
Transportation to ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: DR. ASHWINI
Signature of the Doctor: A. Ashwini

101348

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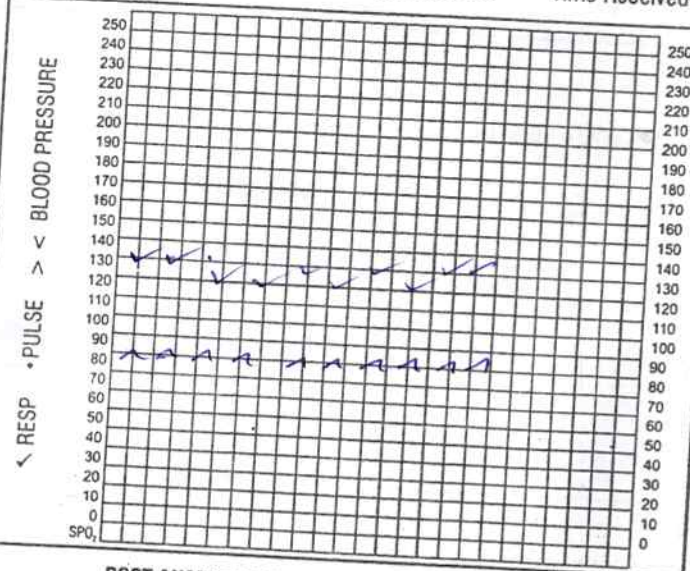
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanu. Time Received : 10:40AM Time Discharged : .....



IV Cannula Site : .....

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

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

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

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7/21	10AM	0/10	NPO till further orders	S. Ashi 01348
			INF @ 100 ml/hr	
			iv antibiotics as advised	
			Inj. paracip 1g iv tds	
			Inj. tramadol 50mg iv (SOS)	
			Inj. emeset 4mg iv (SOS) before Inj. tramadol.	

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

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

Anaesthesiologist Name : DR. ASHWINI.S
Anaesthesiologist Signature: S. Ashi
Date & Time: 22/7/21 01348 10AM

PACU Nurse Name : Thanu
PACU Nurse Signature: Thanu
*Date & Time: 22/7/21 @ 10:40 Am.

Transferred to Unit by (PACU): Thanu
Date & Time: 22/7/21 @ 10:40AM

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00093120 IP18-00036574
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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes
2.	Decolonize surgical patients with skin antiseptic(Chlorhexidine bath /wipes)	Yes
3.	Antibiotic prophalaxis given within 60mts prior to skin incision	Yes
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	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	Yes
8.	Application of incisional negative pressure wound dressing	Yes

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/7/26

Date of Removal: 23/7/26 @ 10 am

Parameters / Date / Shift Time	22/7/26 M	22/7/26 Evening	22/7/26 N	23/7/26			
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	S/N Faiu[illegible]	S/N Sripasar	[illegible]	[illegible]			
Signature of the Nurse	[illegible] 01672	[illegible] 01680	[illegible]				

Removed D.D.N

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

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Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: **TRANSFERRED TO :**

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NA	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	~~NA~~	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: _____		
	Receiving Nurse : _____ 607871		
	Signature of Incharge:		

Patient Stic

UC-00093120 P18-0003657
rs R SUMAIYA .R
3-07-1994 32 Y 0 .1 14 D
r. LUCETTA AMELIA DIAS

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 22 Feb

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	02	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

IP18-003657
UC-00093120
Mrs R SUMAIYA .R 32 Y 0 M 14 D
18-07-1994
Dr. LUCETTA AMELIA DIAS

				Date :	22/7	22/7	22/7	23/7
				Time :	8AM	8pm	8PM	8AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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.	1	1	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	22	22	22
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ 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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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BRADEN 'Q' SCALE

	1	2	3	4	E	N	M	
				Date :	23/7	23/7	24/7	
				Time :				
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	
'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	
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	
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	
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	
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	
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	
				TOTAL SCORE	27	27	27	
				Evaluator's Name	[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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PAIN ASSESSMENT FORM

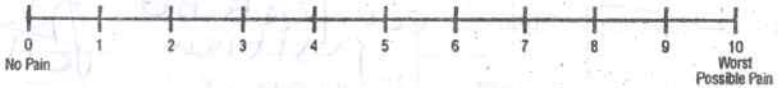
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/26	8am	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	deep breathing	[illegible]
22/7/26	11pm	1/10	lower abdom	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
22/7/26	2pm	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	provide comfortable position	[illegible] 016808
22/7/26	8PM	1/10	Surgical sit	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provided IV medicin	[illegible] 021875
23/7	8AM	1/10	surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
23/7	8Am	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
23/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 600
23/7/26	9PM	2/10	Surgical S/C	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible] suppository	[illegible] 021875
24/7/26	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 607798
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093120 IP18-00036574
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/7/26	22/7/26	22/7/26
		Score	3Am	30	7:30Pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
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	30	30
		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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Patient's Name: ....

MRD NO: GUC-00093120 Mrs R SUMAIYA.R IP18-00036574 08-07-1994 32 Y 0 M 14 D (F) Dr. LUCETTA AMELIA DIAS

Age :....... Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/7th Time: 7.30Am

Location : Ⓛ Omotacoped

Size : 18G

Cannula inserted by : Jai Minute

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7	8Am	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	2PM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obsem	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	Path	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	Pathe	[illegible]
23/7	12AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	obsone	[illegible]
	10Am	☐Yes ☐No	☐Yes ☐No	ob sore	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obsorn	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	6PM	☐Yes ☐No	☐Yes ☐No	pathan	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	pathan	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	pathan	[illegible]
24/7/24	12AM	☐Yes ☐No	☐Yes ☐No	pathou	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	pathou	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	pathor	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	pathor	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

24/7/24 @ 6am

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

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

Doc. No. : RCH / GDY / FRM / CLINICAL / 137

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		
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		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

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

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PATIENT TRANSFER FORM

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
06-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission	Date & Time of Transfer Order
	22/7/26 @ 7.31 pm	22/7/26 @ 4pm
Treating Consultant Name: Dr. Lucetta	Transfer Ordered by: Dr. Jayaveera	Reason for Transfer: Further mgt
From Unit: LDR	To Unit: 709	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: casesheet	Number of Imaging Films: CTG	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameswari 016808	Dr. Jayaveera

Patient & Clinical Records Received by : SNirmala

Date & Time of Patient Received : 22/7/26 at 4pm

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

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours (N/A)

9. Additional notes: .....

Continuity of Care:

Date: 22/7/26

23/7/26

L - 02 L - 2

A - 02 A - 2

T - 02 T - 2

C - 01 C - 1

H - 01 H - 1/8

03

PW

Handover given by ..... Sr Poola .....

Signature ....

Date & Time: 22/7/26 .....

Handover taken by ..... Sr Mmaee .....

Signature ....

Date & Time: 22/7/26 at 4:05pm

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/7/16.	8.30Am	110mg/dl	[illegible]	Sh/Roy.

PATIENT TRANSFER FORM

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GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
06-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission	Date & Time of Transfer Order
	22/7/26 @ 7:31AM	22/7/26 @ 10:40AM
Treating Consultant Name: Dr. Lucetta	Transfer Ordered by: Dr. Ashwini	Reason for Transfer: For Further Management
From Unit: OT	To Unit: MIIU	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 1 IP file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : S. Pooja

Date & Time of Patient Received : 22/7/26 @ 10.40am

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

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

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
08-07-1994 32 Y 0 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/7/26 @ 10:40AM OT **TRANSFERRED TO :** MICU

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00093120 IP18-00036574
Mrs R SUMAIYA .R
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Dr. LUCETTA AMELIA DIAS

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
22/7/24	8AM	Yes	Educate about fall risk safety needs (pt side rails)	father	No learned barrier	Oral	None	Yes	Good	
23/7/24	2pm	yes	explain about breastfeeding	Noted	NO	oral	none	yes	good	
24/7/24	6AM	ye	explain about breastfeeding	noted	NO	oral	none	ye	good	607774

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

PATIENT TRANSFER FORM

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00093120 IP18-00036574
SUMAIYA .R
1994 32 Y 0 M 14 D (F)
CETTA AMELIA DIAS

	Date & Time of Admission	Date & Time of Transfer Order
	22 Feb 7 AM	22 Feb 9 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta	Dr. Vinotha	Pt Core Emboss
From Unit	**To Unit**	**Information to Attendant**
CDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pt DP file	CT ☑	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 ☐
Dr. Vinotha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Sharpoo.	Dr. Vinotha.

Patient & Clinical Records Received by :
601871

Date & Time of Patient Received :

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

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 23/07/2023 Time: 1:30 PM

Origin: — Height: 166 cm Weight: 83.8 kg BMI: ☑ 26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NIL

Diagnosis: EMERGENCY LSCS

k/c/o-GDM on MNT

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: Sumaiya

Name: SUMAIYA

Date & Time: 23/07/26 1:30 PM

Dietician's

Signature: A. Lq (018336)

Name: A. Sadiqa Farheen

Date & Time: 23/07/26 1:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
22/07/26	08:30 AM.	NPO.	A.B (018336)
	02:45 PM.	- Shift to Ward.	
		→ Sips of Water	A.B (018336)
23/07/26.	08:30 AM	- Patient is on Soft Diet.	
		EM-LSCS → done.	
		- Patient is Stable. Oral intake is Better.	A.B (018336)
		- Advised to take easy-digest foods.	
		- Consume Small-frequent meals.	
		- Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc)	
		R/A. Values:-	
		Energy - +600 kCal.	
		Protein - +17-19 g/d.	
	11:30 AM	- Semi-Solid diet.	