Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 13 D (F)
Dr. SHEELA M

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		25/9/24 at 10am					
Activity Sheet update by Pharmacy							

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

Rainbow® Children's Hospital — Not to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: MRS. TASLIMA AKTER SUMI

UHID No: 92839 IP No: 36576 Consultant: DR. SHEELA Dept: LDR

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	11:10AM	LDR	5th floor	01/8/20
23/7/26	8:40 AM	5th floor	LDR	
23/7/26	10.10 am	LDR	OT	
23/7/26	11:50AM	OT	MICU	607721
23/7/26	5.00 PM.	LDR	5th floor	01/8/20

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	22/7/26	173/245	01/8/20
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	CBC, Urine, Creatine,	28602.	
	APT, APTT, INR,		
	Blood grouping	028605	
22/7/26	packed rbd /cell	26023 box	
	issue.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7	CTG (1)			009888	[signature] 0180
23/7	CTG - (2)			009933	[signature]
23/7	CTG - (4)			009933	[signature]
23/7/26	Infusion pump	12pm	24/7/26 10PM	1[illegible]31967	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/7/26	catheterization	(1)	31719	
23/7/26	& placement	(1)	31719	
24/7/26	physio	(1)	732740	

ANY OTHER INFORMATION:

23/7/26 Procedure : Elective LSCS

Surgeon : Dr. Sheela

Anesthetist : Dr. Sathish

Asst. Surgeon : Dr. Laxmitha, Dr. Sridevi

Starting time : 10:10 Am

Ending time : 11:35 Am

Date: 25/7/26 Time: 10 Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 23/7/26

Patient Name: Mrs: Taslima Akter Sumi Date of Birth: 11/5/1994 Age: 32y

Gender: F Ward : OT UHID No.: 92839

Date of Surgery: 23/7/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective lscs

Time in : 10:10 Am Time Out : 11:50 Am

		NAME	AMOUNT
1.	Surgeon	: Dr: Sheela	
2.	Anaesthetist	: Dr: Sathish	
3.	Assistant Surgeon	: Dr: Lucette Dr: Sridevi	
4.	OT Technician	: Mr: Thangadurai	
5.	Circulating Nurse	: C/N Runs	
6.	Assistant Nurse	: S/N Ngaiya	

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

Record Finalized done.

Signature of the Surgeon

607721
Signature of Circulating Nurse

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

Patient Sticker

LSCS

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CONSUMABLES OF OT

Circulating staff : C/N Risha Technician : Mr. thangam Date : 23/1/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		5
HME filter : A / P / N		
Syringes : 10 cc		4
05 cc		4
02 cc		4
01 cc		
Cautery plate : A / P / N		1
IV set		2
RL		4
NS : 10ml / 100ml / 500ml / 1000ml		2
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		1
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		
Tab. Misoprost : 200mg		

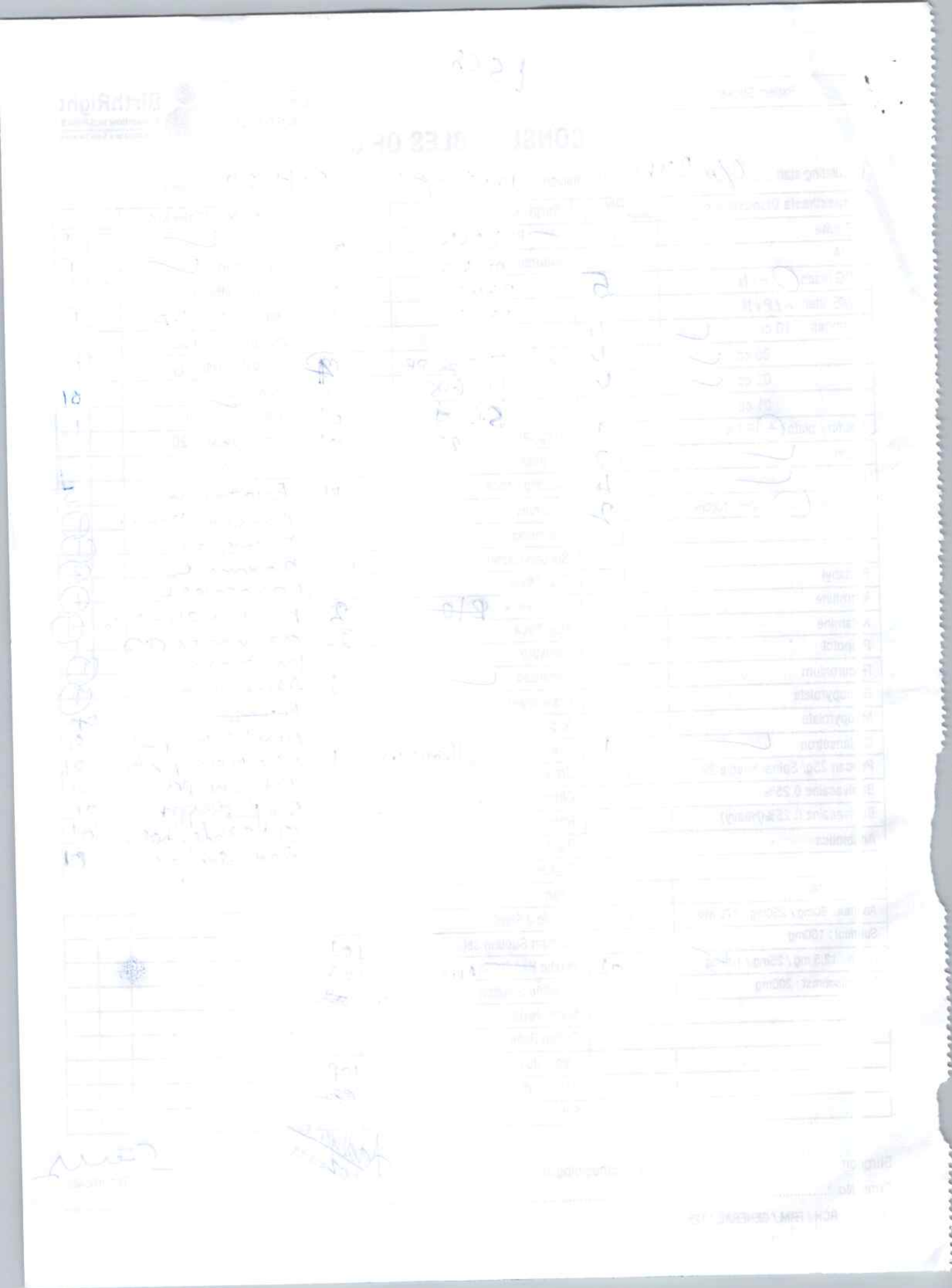
Surgical Disposables	Qty Issued	Qty Used
Major Pack LSCS		01
Sutures PF 6.5		
2347		3
1326		1
Gloves 7 Size PR		04
PF 6.5		05
S.C 7.		01
Surgical blade 22		01
NG tube		
Cautery pencil		01
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack R/O		3
Mop Pack		2
Steristrip		
Underpad		1
Draw sheet		
Abgel		
Foleys catheter Silicon(14)		1
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		01
Plastic Bed Sheet Apron		03
Betadine Solution	02	02
Microshield		
Cotton Balls		
Latex Gloves		10P
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		1
Suction Catheter		
Feeding Tube 6F		1
Vaccum Suction Set		
Surgical Gloves 6.5		1
Gauze Pack		01
Syringe 1ml / 2ml		1
Surgical Blade # 20		
Koochies (S)		
Evatocin		5
Anawin Heavy		1
Bupnigesic		1
Bioxamic		2
Lasoprost		1
Needle 26x1½		1
O2 mask (A)		1
Mazolam		1
Admanorin		1
Emergency		01
NEW MOM pad		01
NEW MOM pipator		01
Baby wipes		01
Baby diapper		01
OT Table Sheet		01
20ml Syringe		01

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036576	**Ward**	8F-OT COMPLEX
Patient Name	Mrs TASLIMA AKTER SUMI	**Bed Name**	MICU 804
Age/Sex	32 Y 2 M 12 D / Female	**Order No**	18-0001731922
Date	23/07/2026 13:07	**Prescription No**	PRIP18-0628834
Payor	SELFPAY	**Dispensed Date**	23/07/2026 13:12
UHID	GUC-00092839		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	18072026	12/30	1	255.00	255.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010726	06/29	3	120.00	360.00
4	Encore Microptic gloves-6.5		H	2603019005	03/29	5	128.00	640.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	4	128.00	512.00
6	FOLEY'S CATHETER 14 FR (SILICON)	ROMSONS		40E25G0959	06/30	1	979.68	979.68
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
9	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	165510	04/31	1	221.00	221.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
15	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	2	21.01	42.02
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
19	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
21	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
22	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**10,757.10**	**15,589.11**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-07-2026 13:12

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	IP18-00036590	**Ward**	3F-NICU 2
Patient Name	Baby B/O TASLIMA AKTER SUMI	**Bed Name**	NICU 319
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001731926
Date	23/07/2026 13:10	**Prescription No**	PRIP18-0628833
Payor	SELFPAY	**Dispensed Date**	23/07/2026 13:11
UHID	GUC-00094198		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	2603019005	03/29	1	128.00	128.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
						Total :	**270.00**	**270.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-07-2026 13:11

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	IP18-00036576		
Patient Name	Mrs TASLIMA AKTER SUMI	**Ward**	8F-OT COMPLEX
Age/Sex	32 Y 2 M 12 D / Female	**Bed Name**	MICU 804
Date	23/07/2026 13:07	**Order No**	18-0001731921
Payor	SELFPAY	**Prescription No**	PRIP18-0628832
UHID	GUC-00092839	**Dispensed Date**	23/07/2026 13:11

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	26E02K29	04/31	4	28.13	112.52
6	DSYRINGE 20ML(NIPRO)	NIPRO	GENERAL	026B11K32	01/31	1	61.00	61.00
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	5	32.34	161.70
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	2	525.00	1,050.00
12	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304645	04/28	1	31.55	31.55
13	NEEDLE 26 1 2 INCH	Dispovan	GENERAL	21664D	04/31	1	2.66	2.66
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
						Total :	**2,880.25**	**4,075.78**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-07-2026 13:11

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036590		
Patient Name	Baby B/O TASLIMA AKTER SUMI	**Ward**	3F-NICU 2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Bed Name**	NICU 319
Date	23/07/2026 13:10	**Order No**	18-0001731925
Payor	SELFPAY	**Prescription No**	PRIP18-0628831
UHID	GUC-00094198	**Dispensed Date**	23/07/2026 13:10

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	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
4	VASOCON INJ 1MG1ML	NEON LABORATORIES LTD		KP85439	02/27	1	13.04	13.04
						Total :	**135.04**	**135.04**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-07-2026 13:10

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	IP18-00036576	**Ward**	8F-OT COMPLEX
Patient Name	Mrs TASLIMA AKTER SUMI	**Bed Name**	MICU 804
Age/Sex	32 Y 2 M 12 D / Female	**Order No**	18-0001731923
Date	23/07/2026 13:07	**Prescription No**	PRIP18-0628835
Payor	SELFPAY	**Dispensed Date**	23/07/2026 13:13
UHID	GUC-00092839		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 13 D (F)
Dr. SHEELA M

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		10am	S. Arol 5007		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036576 **Admit Date** : 22-Jul-2026 **Admit Time** : 09:08 AM **UHID** : GUC-00092839

Patient Details :

Patient Name	: Mrs TASLIMA AKTER SUMI	**Age**	: 32 Y 2 M 11 D
Guardian	: Mr KAZI JANA ALAM SIDDIQUE	**DOB**	: 11-05-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Zaith resideney 13/31 model school road thosands light chennai Chennai. Chennai Tamil Nadu INDIA 600001	**Phone No**	: 9087334024
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr KAZI JANA ALAM SIDDIQUE **Relationship** : Husband

Contact Address : Zaith resideney 13/31 model school road thosands light chennai Chennai. Chennai Tamil Nadu INDIA 600001 **Phone No** : 9087334024

Signature

Doctor Details :

Doctor Name : Dr. SHEELA M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 76.48

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 TASLIMA AKTER SUMI**	**Age :**	**32 Y 2 M 11 D**
IP No:	**IP18-00036576**	**Sex:**	**Female**
Consultant:	**Dr. SHEELA M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Kazi Jana Alam Siddique
Relationship: Husband
Date: 22/07/2026 Time: 9.09 Am
Witness Name: Savithra
Witness Signature:

Patient Address:
Zaith resideney 13/31 model school road thosands light chennai Chennai. Chennai Tamil Nadu INDIA 600001

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 : Taslima Sume	UHID Number : GUC-00092839
Self/Attendant Name : Kazi Jasim Alam Siddiqui	Relation : Husband
Self/ Attendant Signature : Phone Number : 8428191733	Name & Signature of Financial Counselor

GUC-00092839 IP18-00036
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Patient was admitted for Elective repeat LSCS
* Able to perceive fetal movements. No c/o lower Abdominal Pain, bleeding or leaking PV

LMP: 13/11/2025 EDD: 20/08/2026
Corrected EDD: GA: 35 weeks + 6 days.
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Formula:
$G_3 P_1 L_0 A_1$

Obstetric History:
G_1 - TOP @ 22 weeks, Severe oligo, IUGR
G_2 - 2023, Preterm LSCS @ 29 weeks, hydrops baby died after birth, Rh incompatibility in Bangladesh
G_3 - PP, Spontaneous conception, Booked

Present Pregnancy Record:
Booked and Immunised,
NT scan - Normal; NIPT - Low risk,
Anomaly Scan - Normal, Anti-D given at 28 weeks

RISK FACTORS:
RH - Negative
ICT - Positive
Hypothyroid
GDM on MNT

Height: 166 cm
Weight: 95.10 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ ⊕ RS : B/L NVBS ⊕
Liver/Spleen: Urine Output:

Obstetric Examination

Fundal Height: Uterus @ 36 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

$G_3 P_1 L_0 A_1$
Previous LSCS
- ICB - 3 years
- AB - Negative

LMP - 13/11/2025
EDD - 20/08/2026
RMP

GDM on MNT
GA - 35 weeks + 6 days
Rh - Negative
ICT - Positive (1:32 titre)
mild polyhydramnios

(P.T.O)

Patient Sticker

Family History:

Mother - T_2 DM,
Asthmatic (expired)

Surgical History:

Previous LSCS x (1) 2025

Medical History:

* K/C/o Hypothyroid before conception
* GDM on MNT from 29 weeks
* Anti-D given @ 28 weeks 150mcg 07.06.2026 @ Bangladesh

Medication History:

Tab. THYRONORM 25mcg PO od.

Plan of Care:

C/I/T Dr. Sheela

- Admission
- Posts preparation
- Secure IV line
- CTG 4th hourly.
- Hourly FHR monitoring.

Investigations:

CTG - Reactive

Doctor Name: Dr. Vinitha / Dr. Shreeden
Signature: [signature]
Date & Time: 22/07/2026

Consultant Name: Dr. Sheela
Signature: For [signature]
Date & Time: 22/07/2026

Patient

GUC-00092839 IP18-0003657
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

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RESULT SHEET

Date	3/7/26	22/7/26				
Time						
Hb	10.1	10.6			AB - NEGATIVE	
PCV	30	32				
RBC	3.81	4.05				
WBC	13,510	8,220				
N/L	78/13	78/14			HIV, HBsAg, VDRL, HCV } Non-Reactive	
Platelets	3.43	2.33				
CRP	7					
ESR						
PCT						
RBS						
Na	130					
K	4.1					
Cl	104					
Ca/Mg						
Phosphate					LVEF - 63%.	
Urea	23	17			ECG, ECHO } Normal.	
Creatinine	0.59	0.55				
ALP					3/7/26	
SGPT					TSH - 1.22	
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1	14/1				
APTT	29.5	28.3				
CSF Protein / Sugar						
Cells						
N/L						

18225 18227

(P.T.O)

Date	8/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones.	Negative					
CUE - PUS Cells.	2-4					
CUE - RBC Cells	0-1.					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
					Urine c/s - No growth	
	18/7/26					

Culture and Sensitivities : 10/07/2026

34w+1d, SLIUG, cephalic

Placenta - Posterior Liquor - Normal

AFI - 13.8 EFW - 2480 grams

MCA PSV < 1.5 MoMs.

17/07/2026

Radiology :

USG : SLIUG

X-Ray : Cephalic

ECHO : Placenta - Posterior

CT : Mild polyhydramnios

MRI SDP - 5.8

Others (ECG, Contrast Studies etc..) :

MCA PI - 17%.

Umbilical (A) PI - 51%.

CPR - 6%.

AFI - 21.2

MCA PSV MoM : 1.3

↓

67.09

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...TION FORM

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

Diagnosis : ....

Hospital : Rainbow Hospitals.

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Ex and Advices (C-Section)

Signature: 5/7

Findings and Recommendations :

S/B physio-therapist Notes / Dr. mohanapriya. S (PT)
MPT OBG & gyn.

- Avoid lifting weights / pulling or pushing weight / Avoid sitting down for 2 weeks
- Can do cross leg sitting
- Lying down posture / Sidelying posture encouraged.
- Breast feeding posture / straight sitting with foot supported
- Diaper changing posture

Consultant :

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

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

- coughing and huffing technique.

Exercises:

1) Breathing Exn / Abdominal Breathing Exn
2) Thoracic Breathing Exn
3) Ankle mobilisation Exn
4) Knee mobilisation Exn
5) Kegels Exn
6) Posterior pelvic Tilt
7) pelvic bridging Exn

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Dr. SHEELA M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/2/26 12pm	S/B Dr. Sheela	
	Pt c/o pelvic pain	
	PFM (+)	
	P/A: Ut 36 wks	
PR 86/min	Relaxed	
BP (N)	No scar tenderness	
Temp	FHS (+) 142/min	
mild dehydration		Adv
		- Adequate hydration
		CTG 4th hrly
		W/F contractions
		- Syp. Sucrafil-O/Gavis 10ml SOS
		- Reserve 2 O PRBC, AB Negative
		- Hourly monitoring
		- Inform SOS
		[signature]
		108542

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26	S/B Dr. Jayareecha/Dr Shreedevi	
6pm	G3P1L0A1 / P.LSCS / 35wk+6d / AB negative	
	Nil complaints	
	O/E: pt GC fair, afebrile	
Temp Ⓝ	PΘ/PEΘ	
PR-86/min	CVS S1S2	Rx
BP-110/70mmHg	RS-B/L AE Ⓝ	→ NPO from [illegible] am
	P/A- uterus @ 36weeks	→ Posted for Elective
	not acting	Repeat LSCS tomorrow
	head unengaged	→ Reserve 2 PRBC
	FH good.	AB negative
	L/E: no bleeding PV.	- CTG monitoring
		→ Catheterize the bladder
	H/F 14.86 75	→ Shift to LDR @ 9AM
22/7/2026	C/S/B Dr. K Vinodhini	
10.40pm	G3P1L0A1 / previous LS / 35wk+6d / AB negative	
	- No specific c/o	Adv
	O/E - GC fair, Afebrile	1) To follow preop order
CTG- ~~Reactive~~	No P/PEΘ	2) Repeat CTG at 5AM
	CVS / RS NAD	
	P/A - Uterus ~36weeks	
	Relaxed	
	FHS ⊕	

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

(D)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HE - No Bleeding PV	
		12/10/21
23/07/2021	Pt received in MICU	
	c/s/b Dr. Vimitha / Dr. Shreedevi	
T-(N)	Pt reviewed,	
PR- 100/min	c/o burning sensation in the urethra	
BP- 120/72mm Hg	D/E Pt GC fair, Afebrile	Advice
	P° / PE°	-NPO
	CVS /	-vitals Monitoring
	RS / NAD	- IVF 1 DRL IV @ 100ml/hr
	P/A- uterus @ 36 weeks	- Pre-op medications
	Relaxed	- Shift to OT on order
	Cephalic	- Inform NICU
	FHS-good	- Catheterisation in OT
	23/07/21	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2026 11:50 Am	C/S/B Dr. Vinitha / Dr. Shivyalakshmi / Dr. Shreedevi	
POS	pt GC fair, Afebrile	Advice
	P° / PE°	- NPO X 6 hours
T-(N)	CVS / RS / NAD	- Vitals Monitoring
PR-71/min		- IVF 1@RL @ 125ml/hr
BP-90/70mmHg	P/A- ut well contracted Soft	- Follow daug chart
Uo-Nil		- W/F ↑ Bleeding PV
Baby-NICU	Dressing @ & Dry	- INJ. CLEXANE 40mg SC @ 8pm today
B/L- Breast Soft	L/E- BWNL	
	CBD insitu clear urine draining.	- CBD X 16 hours (removal on orders)
	IB2217	- Ilo chasting (Strict)
		- Inform SOS)
		- Trace & Inform Baby's Blood group.
23/7/26 1PM	S/B Dr. Sheela pt-reviewed.	Advice
POD-0	O/E: pt GC fair, afebrile	- Continue same Orders.
	P° / PE°	- BP manually Q15 mins.
T-(N)	CVS / RS / NAD	- Clexane @ 8pm
PR-98/min	P/A: Soft	- CBD X 16 hours. Remove on orders only
BP-100/64mmHg	ut-firm & well contracted -	- Inform baby blood group.
SpO2-100% @ RA	dressing dry, intact -	- Inform SOS.
last hour V/O-Found clear	L/E: No undue bleeding pr CBD insitu	
Baby NICU		

Docu. No : RCH /FRM / CLINICAL / 088

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Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2024	C/S/B Dr. Sheela	
3:45pm	Pt reviewed, c/o mild lower Abdominal Pain	
POS	O/E Pt GC fair, Afebile	Advice
T-(N)	P° / PE°	- NPO till 6pm
PR- 72/min	CVS /	- IVF 1 DRL @ 125ml/hr
BP- 102/66mmHg.	RS / WAD	- Vitals Monitoring (hrly)
UO- 100 ml/hr, clear.	P/A- Ut well contracted	- Follow drug chart
Baby- NICU	Soft, BS - Sluggish	- After NPO Liquid diet
B/L- Breast Soft	Dressing (+) & Dry	- Kanji & Soft diet on orders
	L/E - BWNL	- CBD x 16 hrs (on orders)
	CBD insitu clear Urine draining	- I/O charting
		- W/F ↑ Bleeding PV
		INJ. CLEXANE 40mg @ 8pm today
		- Shift to ward.
23/07/2024	C/I/T Dr. Sheela	
3:50pm	→ Baby's Blood group - B-POSITIVE	
	→ DCT - Positive (4+), Mother - ICT positive.	
	→ So, INJ. ANTI-D not given	
	→ Liquid diet after 6pm	
	→ Kanji on passing flatus.	

18221

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Nikita	
28/7/26. 8:30 pm.		
	D0 LSCS.	
	Nil complaints	
	O/E C/C fair P/A soft NT	
	Afebrile BS (+)	
BP 110/70 PR 78/min	No pallor/PE U/O WR	Advice
	ASD dry	- Liquid diet → semisolid diet
	℞ Y/C - B - WM >	. ✓ (after passing flatus)
		- Vitals monitoring
	Not passed flatus Nikita	I/O charting
		- CBD till F/O.
		- W/f bleeding PV
		- Informed
28/7/20 10 pm.	C/O/W Dr Sheela	
	- In bed ambulation	
	- Remove foley at 5 AM.	
	-	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26	S/B Dr. Vinitha	
10 AM	Pt reviewed	
	O/E: GC fair; Afebrile	
BP: 98/64	P° IPE°	
PR: 85/min	P/A: soft; BS +	
SpO2: 98% RA	Ut contracted;	
	Dressing intact	
	L/E: BLWR	
		Adv:
		Kanji → soft diet
		oral fluids
		monitor vital
		follow drug chart
		Inj TRAMADOL 50mg IV 100ml NS.
24/7/26	S/B Dr. Priyadarshini	
2:30pm	pt reviewed. Tolerating diet	
POD-1	O/E: pt GC fair, afebrile	
	P° IPE°	Advice
T: Afebrile	P/A: soft, BS+	- soft diet.
PR: 88/min	ut. well contracted	- monitor vitals
BP: 112/66 mm	dressing dry	- Ambulation.
		- oral fluids
voiding freely	L/E: BWR	- follow drug chart
passed flatus		- Inform SOS.
Baby NICU		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Paritha	
24/9/2026	Pt reviewed	
9pm		
POD-1	o/e	
	Pt GC fair	Advice
T (N)	afebrile	- Soft Diet
BP - 110/70	P/P	- Plenty of orals
PR - 99/min	CVS /	- Vitals monitoring.
SpO2 - 99% RA	RS / NAD	- Follow drug chart.
Baby - NICU	P/A - Soft, BS (+)	- Syrup Duphalac 15ml PO stat.
voiding freely	UT firm & cont well	
passed stools	Dressing Dry.	
	C/S - No undue bleeding P/V.	[signature]
25/9/26 9:30am	S/B Dr. [illegible]	
PB negative	pt reviewed	
POD#2	voiding freely	
	passed 4 episodes loose stools	
BP 100/60 mmHg	o/e afebrile	
PR 70bpm	GC fair	Plan
SPO2 99% @ RA	P° / PE°	- monitor vitals
Temp (N)	P/A uterus WC	- normal diet
	soft	- hydrate
B/L breast soft	BS (+)	- Ambulate
secretions minimal	HE BWNL	- bath & dressing today
Baby NICU		- following orders
EBF	[signature] 22435	

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi

Date & Time : 22/07/2026 @ 9AM

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

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 5th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. MAGINEX FORTE	1.5g	IV	BD	23/7/26 @12pm	☑C ☐DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD	23/7/26 @8.45am	☑C ☐DC
3	INJ. PARACETAMOL	1g	IV	BD	23/7/26 @4pm	☑C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	23/7/26 @11.40am	☑C ☐DC
5	INJ. CLEXANE	40mcg	SC	OD	—	☑C ☐DC
6	T. THYRONORM	250mcg	PO	OD	23/7/26 @6am	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 23/7/26 @ 4.30pm

Nurse Name & Signature: S/N Parameshwari 016808

Date & Time : 23/7/2026 @ 4.30pm

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

GUC-00092839 IP18-0003657(
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F
Dr. SHEELA M

Patient S

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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-00092839 IP18-000365
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

REGULAR PRESCRIPTIONS Weight 85.10 Kg Ward CDR

DRUG : INJ. MAGNEX FORTE

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	23/7/26

Name & Signature of the Doctor Starting the Drugs: IB2217

Additional Instructions: x (5) doses

Daily Doctor's Endorsement by a Sign

Date	23/7	24/7	25/7
12AM	/	RV SN	RV SN
12.30 pm	SP TP		
12pm	MD SN/KB		
	(5D)	(4)	

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	23/7/26

Name & Signature of the Doctor Starting the Drugs: IB2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	23/7	24/7	25/7
7AM	/	RV SN	RV SN
7pm	VP	RV SN	

DRUG : ~~INJ. MAGNEX FORTE~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date			

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-0-1	23/7/26

Name & Signature of the Doctor Starting the Drugs: IB2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	23/7	24/7	25/7
4AM	/	RV SN	RV SN
4pm	SP MD		

GUC-00092839 IP18-00036
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

Weight. 85.1 kg Ward. LDR

VARIABLE D…			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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/7	8:45 am	INJ. SUPACEF	0.1ml	Id	182217	RV / KJ
23/7	8:45 am	INJ. PANTO	40mg	IV	182217	RV / KJ
23/7	8:46 am	INJ. EMESET	4mg	IV	182217	RV / KJ
23/7/26	10.10 am	INJ. SUPACEF	1.5g	IV	182217	WD / SA
23/7/26	10:25 Am	TRAPIC	1G	IV	71590	RS / SA
23/7/26	10:30 Am	Emeset	4M	IV	71590	RS / SA
23/7/26	10:40 Am	CARBOPROST	1 cc	IM	71590	RS / SA
23/7/26	11:40 Am	JUSTIN SUPPOSITORY	100 mg	PR	182217	DS / SA
23/7/26	12 pm	INJ. MAGNEX FORTE	0.1ml	Id	182217	SP / SA

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

GUC-00092839 IP18-0003
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

I.V. FLUIDS CHART

Weight. 85.10kg Ward LR

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
23/7/26	7am.	IVF 10 RL	IV	100ml/hr	182217	VR.	23/7/26	182217	SP MD
23/7/26	10:20 Am	SYNTOCIN 20U IV 30RL	IV	0/w 1 hr		RS AS	23/7/26		SP MD
23/7/26	2pm	IVF 10RL	IV	125 ml/hr	182217	SP MD	24/7/26 10AM	10AM	SP

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

339 IP18-00036576
MA AKTER SUMI
32 Y 2 M 12 D (F)
A M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 85.10 kg Ward LDR

DRUG : JUSTIN SUPPOSITORY				Date/Time	23/7	24/7	25/7
Dose	Route	Frequency	Start Dt.	11AM	RV	10.30 AM RV TP	
100mg	PR	1-0-1	23/7/24				
Name & Signature of the Doctor Starting the Drugs: 182217							
Additional Instructions:				11PM	RV SN	RV SN	
Daily Doctor's Endorsement by a Sign							

DRUG : INJ. CLEXANE				Date/Time	23/7	24/7
Dose	Route	Frequency	Start Dt.	8pm	RV SN	RV SN
40mg	SC	0-0-1	23/7/24			
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Tab. THYRONORM				Date/Time	24/7	25/7
Dose	Route	Frequency	Start Dt.			
25MCG	PO	OD	24/7	6AM	RV SN	RV SN
Name & Signature of the Doctor Starting the Drugs: 164288						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : C. LACTARE.				Date/Time	24/7	25/7
Dose	Route	Frequency	Start Dt.	8AM		SA PM
1 TAB	PO	1-1-1	24/7			
Name & Signature of the Doctor Starting the Drugs: 164682				4PM		
Additional Instructions:					8pm	
				10PM	RV SN	
Daily Doctor's Endorsement by a Sign						

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

Patient Sticker

Rainbow Children's Hospital
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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

				Date/Time	24/7	25/7
DRUG : Syrup Duphalac						
Dose	Route	Frequency	Start Dt.	9pm	RJ SW	
15ml	PO	0-0-1	24/7			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

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

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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STAT / ONCE ONLY DRUGS

Name: Taslima

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/7	3.10pm	Inj: EMESET	4 mg	IV	16428	SA	
24/7	8.10pm	Inj: TRAMADOL	50 mg in 100 ml NS	IV	16428	SA	

GUC-00092839 IP18-000
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

Patient S

(1)

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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		20			20				20				20				20				20			
Saturations	0 - 10																								
	94 - 100 %		96%			96%				98%				99%				98%				98%			
	< 94 %																								
Administered O_2 (L/min.)			RA			LA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38		98.6			98.4				98				98.6				99.4				98.6			
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		90			85				88				92				85				94			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		120			110				100				103				109				140			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40		70			65				60				71				84				67			
NEURO RESPONSE [✓]	Alert		✓			✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓			✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓			✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink		✓			✓				✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES			0			0				0				0				0				0			
TOTAL ORANGE SCORES			0			0				0				0				0				0			
Nurse Initial			TW			[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

22/7/26

12 pm - 139/142 bpm

1 pm - 139/142 bpm

1 pm -

2 pm -

3 pm -

4 pm - 156 bpm

5 pm - 152

6 pm - 150 to 156

7 pm - 148 bpm

8 pm - 148 bpm

10 pm - 150 bpm

12 AM - 148 bpm

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

(2)

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Early Warning Observation Score Chart - Obstetrics

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

23/7/20

		Date	23/7																						
		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	19/20					20 b/m				20 b/m			
	0 - 10																									
Saturations	94 - 100 %	98%		98%							99%		97%	98%					97%				98%			
	< 94 %																									
Administered O_2 (L/min.)											RA		RA	RA RA					RA				RA			
Temp °c	40																									
	39																									
	38																									
	37	98.4°F		98°F							98°F		98.2°F	98.2°F 98.4°F					98.5°F				98.2°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	100 b/m																								
	90																									
	80			70 b/m							93		84	80	76				96 b/m				75 b/m			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	120		120							100		104	110	109				98				100			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES		0		0							0		0	0	0				0				0			
TOTAL ORANGE SCORES		0		0							0		0	0	0				0				0			
Nurse Initial																										

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

UC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI (F)
32 Y 2 M 12 D
11-05-1994
Dr. SHEELA M

③

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

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

24/7/26

	Date	24/7																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				19				18				20				20				18			
	0 - 10																								
Saturations	94 - 100 %	98				99%				99				99				97				96%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp °c	40																								
	39																								
	38													98°F				98°F				98.6°F			
	37	98.4				98.5°F				98°F															
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100									86 b/m															
	90	85				80		82						89 b/m								91 b/m			
	80																	80 b/m							
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150													110				106							
	140	98				100		113		101												120			
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50													(81)				(68)				(78)			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							66																	
	60	64				60				63								60							
	50													73								60			
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓		✓		✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓		✓		✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +													+											
	Protein > + +																								
Lochia	Normal	✓				✓		✓		✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓				✓		✓		✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0				0		0		0				0				0				0			
TOTAL ORANGE SCORES								0		0												0			
Nurse Initial		[illegible]				[illegible]		[illegible]		[illegible]				[illegible]				[illegible]				[illegible]			

Patient

GUC-00092839 IP18-0(
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 01

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.

22/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			←	→		on Admission			→		
	09:00 am	H2o	100ml							300	No	SA
	10:00 am										IV	SA
	11:00 am	TC	150ml							✓	line	SA
	12:00 pm	H2o	100ml									SA
	01:00 pm	H2o	100ml							✓		SA
Total Intake :		450ml				Total Output :				2 times & 200ml		
	02:00 pm	H2o	50ml								No	SA
	03:00 pm									✓	IV	SA
	04:00 pm	H2o	100ml									SA
	05:00 pm	H2o	200ml							✓	line	SA
	06:00 pm	H2o	100ml								No	SA
	07:00 pm	H2o	100ml							✓	line	SA
Total Intake :		600ml				Total Output :				3 times		
	08:00 pm											NB
	09:00 pm	water	50ml							✓		NB
	10:00 pm										no	NB
	11:00 pm	water	100ml							✓	IV	NB
	12:00 am										line	NB
	01:00 am	water	50ml							✓		NB
Total Intake :						Total Output :						
	02:00 am											NB
	03:00 am	water	50ml							✓		NB
	04:00 am										no	NB
	05:00 am	water	50ml							✓	IV	NB
	06:00 am										line	NB
	07:00 am									✓		NB
Total Intake :		300ml				Total Output :				6 times		

Total 24 hrs. Intake	1400 ml	Total 24 hrs. Output	11 times

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

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

FLUID CHART

Sheet No. : (2)

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

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
23/7/26												
	08:00 am	N									N IV 0	
	09:00 am	P	100ml									
	10:00 am	O	100ml								0	
	11:00 am		600	RL 600ml						170ml	0	
	12:00 pm			125ml						100ml	0	
	01:00 pm			125ml						70ml	0	
Total Intake : 200ml + 850ml										Total Output : 340ml		
	02:00 pm			125ml						35ml	0	
	03:00 pm			125ml						100ml	0	
	04:00 pm			125ml						150ml	0	
	05:00 pm			125ml						85ml	0	
	06:00 pm	H2O	30ml	125ml						80ml	0	
	07:00 pm	TC	210ml	125ml						100ml	0	
Total Intake : 240ml										Total Output : 550ml		
	08:00 pm	H2O	100ml	125ml						300ml	0	
	09:00 pm			125ml						250ml	0	
	10:00 pm	TC water	100ml	125ml						200ml	0	
	11:00 pm			125ml						300ml	0	
	12:00 am	Juice	100ml	125ml						75ml	0	
	01:00 am	H2O	50ml	125ml						100ml	0	
Total Intake : 350 ml + 750 ml.										Total Output : 1,225.		
	02:00 am	TC water	100ml	125ml						150ml	0	
	03:00 am			125ml						80ml	0	
	04:00 am	Juice	100ml	125ml						100ml	0	
	05:00 am			DC						150ml	0	
	06:00 am	Juice	100ml	DC							0	
	07:00 am	Kanji	100ml	DC						ORS Remove	0	
Total Intake : 400ml + 375ml										Total Output : 480 ml		

Total 24 hrs. Intake	3,165

Total 24 hrs. Output	2,595.

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 3

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

24/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	100ml	125ml							0	
	09:00 am	H20	60ml	125ml							0	
	10:00 am			DC							0	
	11:00 am	H20	180ml							420ml	0	
	12:00 pm	H20	100ml								0	
	01:00 pm									230ml	0	
Total Intake : 410ml + 250ml										Total Output : 650 ml.		
	02:00 pm	H20	150ml								0	
	03:00 pm										0	
	04:00 pm	H20	150ml								0	
	05:00 pm	milk	100ml				motion				0	
	06:00 pm	H20	100ml							250ml	0	
	07:00 pm										0	
Total Intake : 500ml.										1 time Total Output : 250ml.		
	08:00 pm	H20	100ml								0	
	09:00 pm									✓	0	
	10:00 pm	H20	100ml								0	
	11:00 pm	H20	150ml				Motion				0	
	12:00 am		100ml							✓	0	
	01:00 am	H20	100ml							✓	0	
Total Intake : 550 ml										1 times Total Output : 3 times		
	02:00 am	H20	100ml							✓	0	
	03:00 am										0	
	04:00 am	H20	150ml								0	
	05:00 am	H20	100ml							✓	0	
	06:00 am	H20	80 ml								0	
	07:00 am	H20	100ml.								0	
Total Intake : 530 ml										✓	0	
										Total Output : 3 times		

Total 24 hrs. Intake	2,270 ml.	Total 24 hrs. Output	900ml + 6 times.

GUC-00092839 IP18-0
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 I
Dr. SHEELA M

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Date: 22/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	Ensure adequate hydration and Electrolyte Balance	9.30 AM	*Monitor intake and output chart * Assess for dehydration *Monitor IV fluids	Maintained Fluid Balance to some extend	Reassessment Done	21/7/26
Afternoon	2PM	Maintain good Nutritional Stat		=> To Maintain enclosure high rich protein diet	=> To Improved Metabolism	The patient Vital Sign Stable	21/7/26
Night	8AM	Maintain personal hygiene		=> Maintained The personal hygiene	=> Maintained personal hygiene	=> Reassessment done	

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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	8am	prevent infection	10 am	Maintain strictly hand washing with aseptic procedure	prevented infection	Reassessment done	[signature] 6 on
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	Assess pain using pain scale regularly position patient comfortably	patient feel better	patient pain level reduced	[signature] 01680
Night	8pm	Relieve pain & discomfort	10 pm	Assess the mother provide comfort position	promot pain	Reassessment done	[signature] 60

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GUC-00092839 IP18-
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11
Dr. SHEELA M

Patie

(1)

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	9Am	Admission Notes (22/7/26)	
		Mrs. Taslima Akter Sumi / 32years /	
		Female got admission under	
		Dr. Sheela mam, patient	
		diagnosis is G3P1L0A1 / 35+6days	
		Monitored vitals and Recorded.	
		Maintained I/O. patient	
		General condition fair.	
		orientation given. CTG on	
		connect. FHR Monitoring. No	
		any other complaints ————	[illegible] 0161720
	9:30 Am	⇒ stopped CTG as per	
		doctors order FHR is good (+)	
		patient was stable ————	[illegible]
	10:30 Am	⇒ Dr. Ashwini seen the pt	01808
		Explained about the NPO	
		status procedure to pt ————	[illegible] 01808
	11:10 Am	⇒ Dr. Sree Devi Advised to	
		pt shifted to ward 1hr FHR	
		Monitor 4th hourly CTG	
		monitor. pt care hand over	
		given to 5th floor staff ————	[illegible] 01808
22/7	11.15 am	Receiving Notes	
		⇒ The patient receiving	
		from LDR. patient is	
		consciously oriented.	

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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ The patient is Normal diet.	
		→ The patient CTD with hourly y FHR a hourly Monitor y document.	S.Anni 01458
	12pm	The patient Dr. Sheela mam advice to Adequate hydration, oral & hourly w/f contraction, syp. sucrafil SoS Reserve 2 @ PRBC, Ar Negative, FHR, 1 hourly,	
		→ The will STo chart maintain y document	S.Anni 01458
		→ The patient is FHR. 139-142 clearly Record. Dr. vinitha y Sripavi Phone tox msg 1. CBC, Blood Grouping, urea, creatine, PT, INR.	S.Anni 01458
	2.00pm	→ The patient CBC, Blood grouping urea, creatine PT, INR sended to lab.	
	2:10 pm	→ CTG Connected Ends at 3:05 pm	
	6pm	→ Vitals are Checked and Recorded vitals are stable	
	7pm	→ FHR Monitored hourly	01384

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Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7	5:06pm	→ Dr. Sheela mam phone call order to patient well hydration, ambulation, night 10pm normal diet after 10pm liquid diet, 5pm NPO, posted surgery 10am. mam told,	[signature]
	6:00pm	→ The patient FHR maintaining consistent	
		→ The patient I/O chart maintaining document	[signature]
	7:30pm	→ The patient hand over to night duty staff	[signature]
22/7		Night Duty 22/7/26.	
	7:30pm	The patient details handing over from the Evening duty Staff Nurse and patient was conscious and oriented and patient was active. no IV line present. patient in Air.	→ [signature]
	8:00pm	Vitals are checked and recorded. vitals are stable	→ [signature]
	9pm	CTG was conducted. DR Seetharam told next CTG 5AM and no need hourly FHR	→ [signature]

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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		Continue	
	12AM	Vital Signs are checked & Recorded vital Signs are stable | 12AM | CR ++ | PP ++ | CRT <3sec |	
	2am	The patient was stable and no other complaints	
	3am	The patient was well sleep and no other freshly Complaints	
	4am	VPnl are checked and recorded VPnls are stable | 4am | CR ++ | PP ++ | CRT <3sec |	
	8am	patient was NPO in 5.00am no other diet	
	6.00am	patient was prepare for the elective LSCS	
	7.00am	patient was prepare the elective LSCS.	
	7.15am	Patient was Bath and after catheterization inserted.	
	7.30am	Patient details handing given to morning duty staff nurse	

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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

NURSES NOTES

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(3)

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26.		Morning duty @ 23/7/26	
	7:30am		
		Patient details handing	
		given taken, by Night duty	
		SN	01877
		-) patient was conscious and	
		oriented patient was active	
		alert	
	8am	-) vitals are checked and	01534
		recorded vitals are stable	
		-> inserted IV line 2ml	
		flush given	
	8:00	-) patient feeling uncomfortable	0112
	am	of catheter. informed to	
		LDR cug. Doctor advice to	
		wait duty time duration	
		-) Dr visiting may saw	01834
		the patient and gave advice	
		to attend doctor advice to	
		remove catheter	
		-) catheter removed	
		-) patient shifted to LDR	01834
	9:15	-) patient detail handover	
	am	are given to LDR SN	
			01834.

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving notes on 23/7/26	
23/7/26	9.30 am.	pt received ward to	
		[illegible] Patient conscious & oriented	
		IV line present. Pt c/o in	
		pain sensation pt in NPO pt	
		general condition is good —	Ben/01/0760
	10.00 am	pt vital counted & recorded	
		FHR is counted FHR is good	
		[illegible] consent [illegible]	
		in OT pt [illegible] 10ml on flow —	Ben/01/0760
	10.10 am.	Inj. [illegible] 1.5 gm [illegible] dose	
		given no [illegible] as per doctors	
		order pt shifted to OT pt	
		handling over to OT staff —	Ben/01/0760
		OT shifting note	
23/7/26	10:10 Am	Patient received from LDR to OT-III.	
		patient is conscious & oriented. IV line	
		is present. patient vital signs are	607721
		stable. patient having pain during	
		shifting.	
	10:15 Am	SA given patient vital signs are stable	
		IV fluid on flow. ~~pos~~	607721
	10:20 Am	Positioning done. painting & draping	
		done. skin incision given. no excessive	
		bleeding is present.	

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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

(4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	10:26 AM	A single alive baby girl delivered @ 10:26 AM with birth weight of 2.57 kg. Baby shifted to NICU for observation.	607721
		Methelin blue irrigation done. urine output noted and urine drained.	607721
	11:30 AM	Skin suturing done. no bleeding from the surgical site. surgical site dressing done. IV fluid on flow. 170 ml urine drained.	
	11:50 AM	Patient shifted to micu. Hand over given to micu staff	607721
23/7/26	12pm	NICU received Notes: patient received from OT. patient conscious & oriented. Vitals are checked & recorded. Elective LSCS done. pv bleeding normal. Receiving output room Baby NICU.	016808
	1pm	post partum assessment done. B → Breast soft. No breast engorgement. U → Utrus contracted. pv bleeding normal B → catheter present. P/o chart maintain.	

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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
23/7/26	contiw	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.	S/N parameswari 01b808
	2pm	patient maintained NPO IVF 125ml/hr onflow to the patient. PV bleeding normal. Dr. Dhivyalakshmi saw the patient Urine out put 35ml.	S/N parameswari 01b808
	3.30pm	Dr. Sheela saw the patient advised to NPO till 6pm IVF 125ml/hr, Vitals monitor hourly, After NPO liquid diet kanji & soft diet on order.	S/N parameswari 01b808
	4pm	Due medication given. Urine out put clear. PV bleeding normal. patient shifted to ward, as per doctor advice.	S/N parameswari 01b808
	5pm	Patient details, files handed over given to 5th floor staff	S/N parameswari 01b808

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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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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		Receiving Notes (23/7/26)	
	5pm	patient received from CDR to	
		5th floor in strecter and pt	
		was concious & oriented &	
		Iv line present and CBD	
		present and patient under	
		room and patient on	
		Npo and patient had no	Pdy
		complaints	07304
	5.10pm	Vitals are montiored &	
		recorded and Vitals are	
		stable.	
	5.15	Iv fluid connected 125ml/	
	pm	hr on flow and no other	
		complaints	
	6pm	Npo break sips of water	
		given and Iv fluid was	
		going 125ml/hr on flow	Pdy
		and No vomiting present	07304
		patient was stable	
	7pm	Vitals are monitored &	
		recorded and Vitals are	
		stable.	
	7.10	Due medication given as	
	pm	per drug chart order &	Pdy
		documented	07304
	7.30pm	patient Handed over to	

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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
		Night duty Staff Nurse	[signature] 0D307
		Night duty 23/7/26	
	7:30pm	Patient details handing over from the evening duty staff nurse. patient was conscious & oriented. patient on line pattern patient →	[signature] 60724
	8:00pm	Vitals signs are monitored and recorded. vitals are stable 8pm CP ++ / PP ## / CPT 23sec →	[signature] 60
	8-30pm	DR. nithia mam seen the patient advice to removed CBD at 5AM →	[signature] 02113
	10pm	The patient was comfortable position no any fresh complaints	
	11 pm	Due to medication given as per drug chart order	
24/7/26	12AM	vital signs are checked & recorded vital signs are stable 12AM CP ## / PP ## / CRT 23sec →	[signature] 02113

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

GUC-00092839 IP18-00036576
Mrs TASUMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26		continue.	
	2AM	The patient was sleeping. no any fresh complaints	
	4AM	vital signs are checked & Recorded vital signs are stable.	
		[4AM / CP ++ / PP ++ / CRT <3sec]	[signature] 02113
	6AM	Due medication was given as per drug chart order.	[signature] 02113
	7AM	ABD was removed.	
	7AM	Maintained I/O Chart & Recorded.	
	7:30AM	The patient Handing over given to morning duty staff	[signature] 02113
24/7/26		Morning duty (24/7/26)	
	7:30 AM	patient Handover taken from night duty staff Nurse and patient was concious & oriented - IV line present and patient under room air	[signature] 07304
	8AM	vitals are monitored & recorded and vitals are stable.	[signature] 07304
	10:30 AM	Dr. Sheela mam through phone call advice to	

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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
24/7/26		give suppository and 4th hourly vitals and start soft diet	[signature]
	11AM	patient was normal and stable and no other complaints	[signature]
	12pm	vitals are monitored & recorded and vitals are stable.	[signature] OD304
	1PM	Monitored Input & output chart & documented	[signature]
	1.30 PM	patient Handed over to evening duty staff Nurse	[signature] OD304
		← 24/7/2026 ON Evening duty	
24/7	1.30pm.	The patient details handing over. taken from morning duty to Evening duty. The patient is conscious and oriented Iv line present no pain, no swelling. Iv line pattern.	[signature] 019501
	2pm.	Patient was soft diet taking orally and tolerating well. no fresh complain's.	[signature] 019501
	4pm	vital signs are checked and recorded vital are stable.	
		Due medication was given as per doctor's order.	[signature] 019501

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Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 13 D (F)
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NURSES NOTES

☐ No Known Drug Allergies NIL

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue notes	
24/7	6pm.	maintained. Intake and output	MS/01801
		chart. chart & documented.	
	7.30 pm	The patient defaults handing	MS/01801
		over given to Night duty staff	
		Night Duty 24/07/26	
24/7	7:30pm	The patient details handing	
		over given taken from evening	
		duty staff nurse The patient	
		was conscious & oriented and	
		patient was stable IV line	
		has pain & swelling to give	
		The Redress. →	NBmohan 60844
	8:00pm	Vitals signs are checked	
		and recorded. Vital signs	
		are stable. CP | PP | RT	
		8pm ## | ## | [illegible] →	NBmohan 60844
	9.00pm	Due to medication as per	
		drug chart order. & documented →	NBmohan
	10:30pm	IV line change and	
		documented →	[illegible] 021113
	11pm	Due medication was given	
		as per drug chart order →	[illegible] 021113
	12.00pm	vitals signs are checked and	
		recorded vitals signs are	
		stable 18 | →	NBmohan 60844

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

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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
	2.00am	The patient was sleep and no other fresh complaines	Nbrothy 6am
	4.00am	Vitals signs marked and checked vitals are stabled.	
		4am | CP | PP | CRT H | ff | Less	Nbrothy
		Due to medication as per doctor & drug chart order given & documended.	Nbrothy 6am
	6.00am	Due to medication as per doctor's order & drug chart order given & documended	Nbrothy 6am
	7AM	Maintained I/O chart & Recorded vital	
		Due medication was given as per drug chart order	[illegible]
	7.30AM	The patient Handing over given to morning duty staff	[illegible]

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GUC-00092839 IP18-0
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11
Dr. SHEELA M

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/7/26 Time of Arrival: 9 AM Time Seen by Nurse: 9AM

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 89bpm RR: 20bpm SpO_2: 100% BP: 120/80 Weight: 35.10kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 0	A 1

LMP: 13/11/25 EDD: 20/8/26 Gestational Age: 35+6 days

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

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

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

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

6) **Past History:**

a) Surgeries: — Previous LSCS

b) Medical: Hypothyroid

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 9.15AM

Nurse Name : S/N. Tauefsolii? Nurse Signature: Fau [signature]

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

Patient Sticker

GUC-00092839 IP18-0
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11
Dr. SHEELA M

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 02/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		2
Caesarean section in labour		1
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	S/N. Tanjila 01/7/26	
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.

BRADEN 'Q' SCALE

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(1)

	1.	2.	3.	4.	Date: 22/7/26 Time: M	22/7 E	22/7 N	[illegible] N
	…anges …n	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
		2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perce…	…etely limited: …nsive (does not moan, flinch …sp) to painful stimuli due to …inished 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	24	24	24
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk 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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

BRADEN 'Q' SCALE

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					Date : 23/7	23/7	23/7	24/7
					Time : 2pm	5pm	8	11
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.	1	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
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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
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				TOTAL SCORE	23	22	22	22
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

PAIN ASSESSMENT FORM

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Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	2am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	12pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position.	
23/7/26	4pm	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position.	
23/7/26	6pm	1/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7/26	8pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	
24/7/26	12am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7/26	4PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj Paracip 1gm IV given.	

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

Docu.No: RCH /FRM / CLINICAL / 152

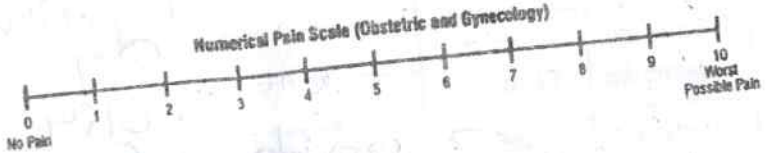
(P.T.O)

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 22/7/26	E 22/7	N 22/7
		Score	0	0	0
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	0	
		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

GUC-00092839 IP18-00036576
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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	M 23/7/26	E 23/7/26	N 23/7
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:				30	30
		Signature	[signature] 19344	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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(3)

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Morse Fall Risk Assessment Form

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

Patient's Name:..........
MRD NO: GUC-00092839 IP18-00
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M
Age :..... Sex: ☐ M ☐ F
Consultant :..........

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 23/7/24 Time: 9AM
Location : (Rt) Metacarpel
Size : 18G
Cannula inserted by : S/c Maili

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
23/7	9am	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	11am	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	1pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	3pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	5pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	7pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	8pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	10pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
24/7	12AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	2AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	4AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	6AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	8AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	10AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	12pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	2pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	MS
	4pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	MS
	6pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	MS
	8pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	10pm	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : 24/7/24 Time: 10.30PM.
Location : Metacarpal
Size : 20
Cannula inserted by: S/N: Soumya. [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7	11PM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	3AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
	5AM	☐Yes ☐No ✓	☐Yes ☐No ✓	Observed	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00092839 IP18-000
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis — G3P1L0A1 35+6
2. Treatment and Care ✓
3. Plan
3. Pain Management ✓
4. Informed Consent ✓
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
22/7/2[illegible]	9AM	Informed consent	Educated to patient about NPO & Informed consent	Patient	NO	oral	None	verbal	Good	[illegible] 2[illegible]
23/7	8am	2	explain about treatment and care	patie[illegible]	no	[illegible]	no	verbal	good	[illegible]
24/7	8AM	09	Health education given about Nutrition, diet	patient	NO	oral	None	verbal	good	[illegible]

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

INTERDI... / FAMILY EDUCATION RECORD

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

Part - I.
Patient's /

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

Identified Educa... needs:

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

Part - II

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

Part - III: CODES

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

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

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

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

VITAL SIGNS RECORD

Name :

GUC No.:

Date : 23/7/26

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
12 pm	98°F	71 bpm	20 bpm	90/70	99%		
12.15pm		67 bpm	20 bpm	90/60	99%		
12.30pm		66 bpm	13 bpm	88/64	99%		
12.45pm		60 bpm	15 bpm	90/70	99%		
1.00pm		72 bpm	15 bpm	90/70	99%		
1.15pm		72 bpm	17 bpm	90/70	100%		
1.30pm		60 bpm	15 bpm	90/60	99%		
1.45pm		60 bpm	14 bpm	90/60	99%		
2.00pm	98°F	62 bpm	14 bpm	90/70	99%		
2.15pm		72 bpm	19 bpm	90/70	100%		
2.30pm		67 bpm	15 bpm	90/70	98%		
2.45pm		68 bpm	18 bpm	90/60	98%		
3.00pm		66 bpm	14 bpm	90/60	97%		
3.15pm		70 bpm	15 bpm	90/60	97%		
3.30pm		76 bpm	19 bpm	90/60	99%		
3.45pm		72 bpm	18 bpm	102/66	98%		
4.00pm	98°F	78 bpm	18 bpm	100/60	99%		
4.15pm		70 bpm	17 bpm	100/60	99%		
4.30pm		66 bpm	16 bpm	100/70	99%		
4.45pm		68 bpm	20 bpm	107/71	99%		
5pm		70 bpm	20 bpm	110/80	99%		
6pm	98.2°F	84 bpm	18 bpm	104/62	97%		
7pm		80 bpm	19 bpm	110/80	98%		
8pm	97.9°F	76 bpm	20 bpm	107/61	96%		

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
9pm	98°F	77bpm	20bpm	109/60	95%		
10pm		76bpm	18bpm	106/63	96%		
11pm		77bpm	19bpm	99/57	97%		
12am	96.5°F	76bpm	20	98/68	98%		
1AM	98.5	65bpm	20bpm	90/60	97%		
2AM		80bpm	18bpm	120/60	96%		
3AM		70bpm	20bpm	98/67	98%		
4AM	98.2°F	75bpm	-	100/60	98%		
8AM	98.4°F	85bpm	20bpm	98/64	98%		
10AM	98.4°F	79bpm	19bpm	94/76	97%		

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

Name :

GUC No.:

)ate :

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
[illegible]	[illegible]F	[illegible]bpm	[illegible]b/m	1[illegible]/[illegible]0	98%.		

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

	Date & Time of Admission	Date & Time of Transfer Order
	22/7/26 @ 9.08am	23/7/26 @ 5.00pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sheela	Dr. Divyalakshmi	Further mgt
From Unit	**To Unit**	**Information to Attendant**
LDR	5th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Casesheet	CTG	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 Parameshwari 016808	Dr. Divyalakshmi

Patient & Clinical Records Received by : [signature] 017354 23/7/26 @ 5.00pm

Date & Time of Patient Received : [signature] 017354 23/7/26 @ 5.00pm

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

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Sheela	Date of Delivery: 23/07/2026
Assistant Surgeon: Dr. Lucetta / Dr. Shreeden	Time of Delivery: 10:26 Am
Anaesthetist's Name: Dr. Sathish	Gender of Baby: Girl
Type of Anaesthesia: Spinal	Weight of Baby: 2.571 kg
Neonatologist: Dr. Sireesha / Dr. Poojitha	AGPAR Score:
Scrub Nurse: S/N Agalya	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: $G_3P_1L_1A_1$ | 36 weeks | RH-NEGATIVE | ICT-POSITIVE | PREVIOUS LSCS

☑ Elective ☐ Emergency Indication: Previous LSCS / RH-NEGATIVE / ICT-Positive / Bad obstetric history

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 min

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: ELECTIVE REPEAT LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis: $P_2L_1A_1$ | POD-0 | POST LSCS

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

* UV fold pulled up above the previous LSCS scar.
* UV fold released and bladder pushed down.

Examination Findings when Appropriate:

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

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

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

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

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

Skin Incision: ☐ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other Incision through the previous scar

Uterine Incision: ☑ Lower Segment Thinned out ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☑ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps (old meconium)

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

Delivery of Placenta: ☐ Manual ☑ OCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal (meconium stain seen) Cord around the neck ☐ Yes ☑ No

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

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

* Bladder integrity checked with methylene blue. Bladder intact.

* Endometriosis noted in anterior and posterior surface of uterus.

Uterine Closure: ☐ One Layer ☑ Two Layers 1-VICRYL Suture

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

Sheath Closure: 1-VICRYL Suture

Fat Closure: ☑ Yes ☐ No 3-0 MONOCRYL Suture

Skin Closure: ☑ Subcuticular ☐ Mattress 3-0 MONOCRYL Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 16 hours days ☐ Await instructions

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

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

Post-Operative Notes: NPO X 6 hours - Ilo chesting

IVF IORL @ 125ml/hr

Vitals Monitoring

INJ. MAGNEX FORTE 1.5g IV 1-0-1 x ③ doses

INJ. PANTOPRAZOLE 40mg IV 1-0-1

INJ. PARACETAMOL 1g IV 1-0-1 (4AM-4PM)

INJ. CLEXANE 40MG SC @ 8pm today

CBD x 16 hours (Removal on orders)

JUSTIN SUPPOSITORY 100 mg 1-0-1 (11AM-11PM)

Doctor Name: Dr: Sheela Doctor Signature: For Dr 22/7

Date & Time: 23/07/2024

SURGICAL SAFETY CHECKLIST

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

Surgeon : Dr. Sheela
Asst. Surgeon : Dr. Lucette Dr. Sridevi
Anaesthetist : Dr. Sathish
Scrub Nurse : SN. Ageliye

..... Age : ..... Gender : .....
gery Name : EL-ISCU
Date : 23/7/26 In-time : 10:10Am Out-time : 11:50am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:15Am

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 : Sath
Name : SATHISH

Before Skin Incision ➤➤

TIME OUT Time: 10:17m

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

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

Anticipated Critical Events

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

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

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

Signature : for M 11428
Name : Dr. Sheela. M

Before Patient Leaves Operating Room

SIGN OUT Time: 11:40Am

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

Signature : GUARD
Name : Desna

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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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	TRAPIC	1Gm	IV	STAT	23/7/26	☐C ☐DC
2	EMESET	4MG	IV	TDS	23/7/26	☐C ☐DC
3	CANBOPROST	ICC	IM	STAT	23/7/26	☐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 : ..... SATHISH .....

Date & Time : 23/7/26 12 pm .....

Nurse Name & Signature: Risna 607721 .....

Date & Time : 23/7/26 12 pm .....

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

PATIENT TRANSFER FORM

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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

	Date & Time of Admission: 22/7/26 @ 9:5 am	Date & Time of Transfer Order: 23/7/26 @ 11:50 am
Treating Consultant Name: Dr. Sheela	Transfer Ordered by: Dr. Sathish	Reason for Transfer: For further management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 1 Ip file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. sathish

Patient & Clinical Records Received by : Mr parameshwar 016808

Date & Time of Patient Received : 23/7/26 @ 11.50am

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-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 23/7/26 @ 11:50am 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	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	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	Yes	
	e.Dressing Intact	NA	
4	**Pain Assessment**	Yes	
	a.Pain score assessed & analgesia given		
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**	Yes	
	a.Surgical dressing intact		
	b.All drains fixed, output noted	Yes	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	Yes	
6	**Medications Pre & Post-Op Orders**	NA	
	a.Medications due time noted		
	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**	Yes	
	a.Oxygen cylinder full & ambu bag at bedside		
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**	NA	
	a.Chest tube: underwater seal below chest level		
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	NA	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**	NA	
	a.Documentation completeness	Yes	
	Transferring Nurse:	[illegible]	
	Receiving Nurse : OT Nurse S/N Parameshwari 016808		
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

IC-00092839 IP18-00036576
s TASLIMA AKTER SUMI
-05-1994 32 Y 2 M 12 D (F)
. SHEELA M

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 23/7/26@10:15pm Date of Removal: 24/7/26 6AM

Parameters	Date / Shift Time	23/7/26 morning	23/7/26 Evening					
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		RSNA	SHOPNA					
Signature of the Nurse		607724	01888					

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

PATIENT TRANSFER FORM

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0092839 IP18-00036576
ASLIMA AKTER SUMI
1994 32 Y 2 M 12 D (F)
HEELA M

Treating Consultant Name Dr Sheela	Date & Time of Admission 22/7/26 at 9.05 am	Date & Time of Transfer Order 23/7/26 at 10.10 am.
From Unit NICU	Transfer Ordered by Dr Nivitha	Reason for Transfer Pt. Shifted to OT
Number of Sheets in Clinical File Office (1)	To Unit OT	Information to Attendant Yes ☑ No ☐
	Number of Imaging Films CD (3)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt. Shifted to OT Under bp by Dr Nivitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Dan 0760	Dr Nivitha.

Patient & Clinical Records Received by : Rishe 607721

Date & Time of Patient Received : 23/7/26 @ 10:10Am

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

Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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GUC-00092839 IP18-00036576 Mrs TASLIMA AKTER SUMI 11-05-1994 32 Y 2 M 11 D (F) Dr. SHEELA M	Date & Time of Admission 22/7/26 @ 9:05 am	Date & Time of Transfer Order 23/7/26 at 9.30
Treating Consultant Name Dr. Sheela	Transfer Ordered by 1 -	Reason for Transfer Further Mangmt
From Unit 5th floor	To Unit LDR	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 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
Sileej 01534 23/7/26	

Patient & Clinical Records Received by : Sindhu Devi 2760

Date & Time of Patient Received : 23/7/26 @ 9.30 am,

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

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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: ..... 5th Floor ..... Shifted to: ..... CPR .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

PRE - OPERATIVE CHECK LI

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Date: 22/7/26

Patient's Name : Mrs. Taslima Akter Sumi Age : 32 y Gender : ☐ M ☒ F

Blood Group : AB (-) UHID : 00092839

Planned Surgery : elective LSCS Surgeon : Dr. Sheela

Anesthetist : Dr. Ashwini Date & Time of Operation : 22/7/26 at 10.00am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : M. Santhana Lekshmi Nurse In-Charge Name : S. Amirtha

Billing Executive Signature : Signature of Nurse In-Charge : S. Amirtha

Date & Time : 22/07/2026 17:43 pm Date & Time : 22/7/26 at 5.40pm.

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PRO

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GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

Patient Name : .....
UHID No : .....
Gender: ☐ Male ☐ Female
Age : .....
Date : .....

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

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

ELECTIVE REPEAT LOWER SEGMENT CESAREAN SECTION
INDICATION: RH NEGATIVE / PREVIOUS LSCS / ICT-POSITIVE / BAD OBSTETRIC HISTORY upon (Name of the Patient) Mrs. TASLIMA AKTER SUMI

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

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

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

Bleeding, Infection, Blood transfusion, Bowel & Bladder Injury, MICU Stay, NICU Stay

My signature on this form indicates that

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

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

Consentee :
Signature : .....
Name : Taslima
Date & Time : 23/7/2026

Patient Attendant :
Signature : .....
Name : Md. Kazi Fana Alam Siddique
Relationship with Patient: Husband
Date & Time : 23/7/2026

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Shreedevi
Date & Time : 23/07/2026

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

UC-00092839 IP18-00036576
rs TASLIMA AKTER SUMI
1-05-1994 32 Y 2 M 11 D (F)
r. SHEELA M

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

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

Ward / Bed No. : ..... Anaesthesiologist : Dr. Sathish / Dr. Mohan

Operative procedure planned : Elective lower segment Caesarean 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 : HYPOTENSION / BRADYCARDIA / PPH / PONV

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 / my patient Ms. Taslima Akter Sumi the above mentioned operation / Diagnostic / Therapeutic procedures Elective LSCS

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 : Taslima Akter Sumi

Relationship with Patient: patient

Date & Time : 22/7/2026 @ 10:25AM

Witness :

Signature : ....

Name : Mr. Karifana alam siddiqu

Date & Time : 22/7/26 @ 10:25am

Doctor (who is taking the consent) :

Signature : ....

Name : DR. [illegible] 101348

Date & Time : 22/7/26 10:30AM

Department of Ana[esthesia]
PRE-ANAESTHE[TIC]

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D (F)
Dr. SHEELA M

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

Date: 22/7/26 Time: 10:30AM Proposed Operation: Elective LSCS

Diagnosis: G3 P1 L0 A1 / previous LSCS / Rh Negative pregnancy, ICT +ve

B.P / CRT: 120/70 mmHg H.R: 90/min Weight: 85kg ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

3/7/26

Laboratory Data:

Hgb: 10.1g%	Glucose:	Protein: 6.3g%	HIV:	X-Ray:
PCV: 30	Urea: 23	Alb: 3.2g%	HBS Ag:	ECG: NSR
WBC: 13.51	Creat: 0.56	Total Bill: 0.3	HCV:	2D Echo: EF-65%
Plate: 3.43L	Na: 130	Dir. Bill: 0.0	Blood group: AB Neg	Stress/Anglo: unremarkable
PT: 14.8sec	K: 4.1	LDH:	T3	Other:
PTT: 29.5sec	Ca++:	Alk phos: 123	T4	
INR: 1.00	Mg++:	Amylase:	TSH 1.22	
	Cl-: 104	SGOT/SGPT: 17/17		

Allergies: NKDA.

Medical History: CVS: K/c/o hypothyroidism since conception

RESP: Diabetes: GDM since 7 months GA - on diet therapy

CNS:

Renal:

Hepatic / GE:

Others: Stopped Inj. LMWH 40mg 2 days back. Physical Activity: (N) exercise tolerance
Stopped T. Ecospirin 75mg from yesterday.

Past Anaesthetic History: H/o LSCS (2023) under SA - uneventful.

Physical Exam: (N) built

Airway: (N) MP 1 (2) 3 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: movts (N) Teeth: permanent dental caps (+)

Lungs: B/L NVBS (+), clear

Heart: S1 S2 (+), No murmurs

CNS: NFND

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site: 18G/22G Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
T. Thyronorm	25µg OD.
T. Fe	

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:

i) Continue T. Thyronorm 25µg OD

Signature: [signature] 101748 Name: DR. ASHWINI.S

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No | Fasting Status:

Physical Status: | Patient Identified | ☐ Consent Present | ☐ Chart Reviewed

H.R: 70/M | B.P / CRT: 120/60 | SpO_2: 98% RA | R.R: 20/ | Last Feed:

Pre-OP Diagnosis: ..... | Operation: LSCS | Date 23/7/26

Surgeon: SHEELA | Anaesthesiologist: SATHYA | Technician: .....

TIME 10am 11am

N_2O /AIR /O_2, LPM

HALO /SO /SEVO

Drugs: SYNTOCIN 20U IV

FIO_2 / SaO_2 56 57 58 59

$ETCO_2$

ECG

Temperature 36 36 36

Urine Output

Fluids / Blood RL 30

Antibiotic

Suppository

Blood Loss

NOTES

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

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

ABG

GRBS

Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☑ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 10.5am
OP Start: .....
OP End: .....
Leave OR: 4 a

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: Only
☐ IV: .....
☐ IV: .....

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

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

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

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

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: 0.5% Bupivacaine
Site: L2-L3 at 0.2ml
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: Preservative free morphine
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: SATHYA
Signature of the Doctor: .....

Patient Sticker

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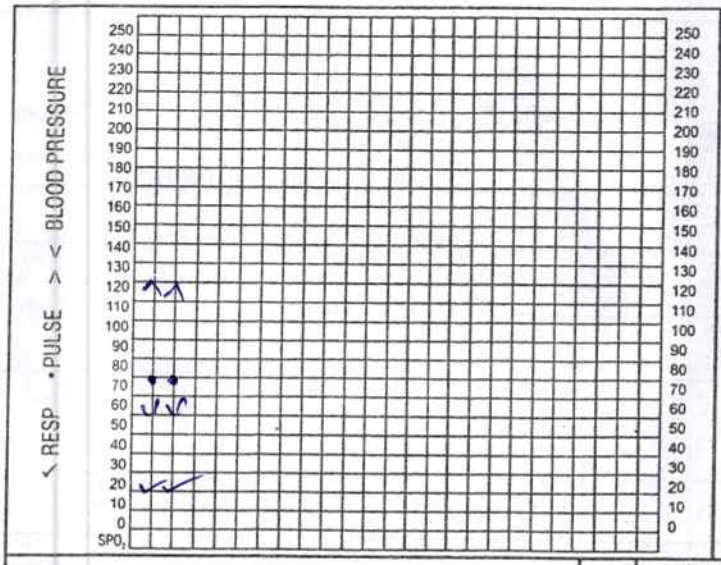
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 11:50 Am Time Discharged : 11:50 Am



IV Cannula Site : .....

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

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2			A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2			Exceptions to this, are to be explained in the space below by the Discharging Physician:
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						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : SATHYA
Anaesthesiologist Signature: .....
Date & Time: 23/7/26

PACU Nurse Name : Risna
PACU Nurse Signature: .....
Date & Time: 23/7/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): MICU
Date & Time: 23/7/26 @ 11:50 Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level 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 : .....

Patient Stick

GUC-00092839 IP18-000
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 11 D
Dr. SHEELA M

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated? baby NICU
   - ☐ a. Yes
   - ☐ b. No

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: ....

Date: 23/7/26

Continuity of Care:

Baby NICU

Handover given by SN Parameshwari

Signature [signature] 016808

Date & Time: 23/7/26 @ 12pm

Handover taken by ....

Signature ....

Date & Time: ....

PATIENT TRANSFER FORM

(1)

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GUC-00092839 IP18-0003 Mrs TASLIMA AKTER SUMI 11-05-1994 32 Y 2 M 11 D Dr. SHEELA M	Date & Time of Admission 22/7/26 at 9:08 A	Date & Time of Transfer Order 22/7/26 at 11:10 A
Treating Consultant Name Dr Sheela	Transfer Ordered by Dr: Vinitha	Reason for Transfer Observation
From Unit LDR	To Unit 5th floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File whole IP files	Number of Imaging Films CTM - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

pt shifted toward

Name & Signature of Person who is Transferring S/N Akalya 818080	Name of Person Ordered Transfer Dr: Vinitha.

Patient & Clinical Records Received by : S. Amruth 81438 22/7/26 at 11.00 am.

Date & Time of Patient Received : S/N 80610

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

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

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

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

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	NO
4	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes
	INTRAOPERATIVE	
5	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yes
6	Maintain normothermia during the surgical procedure (>36 deg C)	Yes
	POSTOPERATIVE	
7	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	NO
8	Application of incisional negative pressure wound dressing	NO

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI
11-05-1994 32 Y 2 M 12 D (F)
Dr. SHEELA M

Rainbow Children's Hospital | BirthRight

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 23/7/26 6am .... Date of Removal: 23/7/26 @ 9:10am

Parameters	Date / Shift Time: 23/7 N	23/7 M					
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☑Yes ☑No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No Removed	☐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	Brishy	Suy					
Signature of the Nurse	Vaishnavi 020104	01824					

GUC-00092839 IP18-00036576
Mrs TASLIMA AKTER SUMI (F)
11-05-1994 32 Y 2 M 12 D
Dr. SHEELA M

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

MICU TRANSFERRED TO : OT.

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

RCH/GDY/FRM/CLINICAL/598