Rainbow Children's Hospital

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		1/8/24 at 11:30am	01934				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: MRS. HUSNARA BEGUM

UHID No: BUC-13790 IP No: ..... Consultant: DR. MATHANGI Dept: LDR

Date of Admission: 30/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26	8·30AM	LDR	510	
30/7/26	11·30AM	510	LDR	
30/7/26	15:30 pm.	LDR	OT	
30/7/26	3:30Pm.	OT	MICU	
31/7/26	10:50AM	MICU	5th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	30/7/26	17347 99	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/7/26.	Large Biopsy	260244414	
31/7/26	CBC	26024475	31/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/7/26	Infusion pump	3:30pm	31/7/26 10AM	1735673	[illegible]
30/7/26	Laparoscopy	1:00pm	2:45pm	1735054.	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	IV placement	1	IP34800	
30/7/26	catheterization done in OT	1		
30/7/26	IV placement	1	IP35072	

ANY OTHER INFORMATION:

procedure : TLH + BSO

Surgeon : DR. Mathangi

Surgeon : DR. Sheela / DR. Priyadharsini

Asst Surgeon : DR. Arshitha

Anaesthetist : DR. Sathish / DR. Mohan

Time in : 12:30pm Time out : 3:30pm

Date: 1/8/26 Time: 11.40AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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01-04-1989 57 Y 3 M 29 D (F)
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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		1/8/26 at 11.40Am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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PRE - OPERATIVE CHECK LIST

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Date: 30/7/26

Patient's Name : Mrs. HUSNARA BEGUM Age : 57 y Gender : ☐ M ☑ F

Blood Group : O +ve UHID : 13790 / 36680

Planned Surgery : Total Laparoscopic hystrectomy c Bl Salpingo ophrectomy Surgeon : Dr. Mathangi

Anesthetist : Dr. priyadharsini Date & Time of Operation : 30/7/26 at 12pm.

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Dellibabu. C Nurse In-Charge Name : P.Mani 1012876

Billing Executive Signature : [signature] Signature of Nurse In-Charge : [signature] 012876

Date & Time : 30/07/26 @ 9:03 Am Date & Time : 30/7/26 at 9Am

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

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OPERATION NOTES

DR. MATHANGI

Surgeon : DR. Sheela / DR. priyadharsini	Asst. Surgeon : DR. Akshitha
Anesthetist : DR. Sathish / DR. Mohan	OT Nurse : SIN. Gunadevi
Pre-Operative Diagnosis: $P_3L_3A_1$ / 3 SVD / HMB /	
Surgical Procedure : TOTAL LAPAROSCOPIC HYSTERECTOMY	

Weight : 91.4 kg	Date : 30/7/26	Start Time : 1:00pm	End Time : 3:30pm

Post Operative Diagnosis: $P_3L_3A_1$ / 3 SVD / POST TLH / POD-0

INDICATION: Recurrent Heavy Post menopausal bleeding.

Peri-Operative Complications:

Operation Notes: Under strict aspectic precautions, patient under general anesthesia, patient in low lithotomy position, abdomen and perineum painted and draped. Pneumoperitoneum created. A 10mm (10 mm) Supraumbilical camera port made. Two 5mm lateral working ports made both right and left side respectively.

Findings: Laparoscopic findings:- Field Vascular.

Procedure Notes:
- Uterus Normal in size
- Bilateral tubes and ovaries Normal
- On cut section a 2x3cm submucous fibroid seen in uterus

Total laparoscopic Hysterectomy proceeded by cauterising and cutting bilateral round ligaments. UV fold of peritoneum cut and bladder pushed down. Infundibulopelvic ligament cauterised and cut. Bilateral uterine vessels cauterised and cut. Bilateral Mackendrot's and uterosacral ligaments cauterised and cut.

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

B/L Salphingooophorectomy done. Uterus separated from vault using monopolar Cautery. Specimens retrieved vaginally. Vault sutured with Baab's Sutures. Hemostasis secured. Bladder catheterised. Ureteric persistalic checked laparoscopically. All ports removed

Wound Care: under vision. Port sites sutured using monocryl.

Speciment sent for HPE.

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

Advice

- NPO x 6 hours (till 10pm)
- IVF 1 ORL @ 100ml/hr

When to Start Mobilization:

- Vitals Monitoring
- BP 2nd hourly monitoring
- INJ. SUPACEF 1.5g IV 1-1-1

Special Referrals:

- C-PAN D 40mg PO 1-0-1
- T. PARACETAMOL 1g PO 1-1-1-1

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

- JUSTIN SUPPOSITORY 100 mcg PR 1-0-1
- INJ. CLEXANE 40mg SC C/M 8AM

Any Other Post-Operative Care Needed including Required Follow Up

- CBD removal c/m 8AM
- CBC c/m 6AM
- I/o charting
- Overnight clear liquids
- To start Ranji in morning after checking bowel sounds.

Name of the Surgeon: Dr. Mathangi / Dr. Sheela

Signature of the Surgeon: For OS2217

Date & Time: 30/07/2026

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 : IP18-00036680 **Admit Date** : 30-Jul-2026 **Admit Time** : 07:04 AM **UHID** : GUC-00013790

Patient Details :

Patient Name	: Mrs HUSNARA BEGUM A	**Age**	: 57 Y 3 M 29 D
Guardian	: Mr AYUB KHAN	**DOB**	: 01-04-1969
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 27/12 FANPET 1ST STREET, NANDHANAM Nandanam Chennai Tamil Nadu INDIA	**Phone No**	: 9025269816
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr AYUB KHAN **Relationship** : Husband

Contact Address : 27/12 FANPET 1ST STREET, NANDHANAM Nandanam Chennai Tamil Nadu INDIA **Phone No** :

R. Ayub

Signature

Doctor Details :

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

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs HUSNARA BEGUM A**	**Age :**	**57 Y 3 M 29 D**
IP No:	**IP18-00036680**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name:

Relationship:

Date:

Time:

Patient Address:
27/12 FANPET 1ST STREET,
NANDHANAM Nandanam Chennai
Tamil Nadu INDIA

Witness Name:

Witness Signature:

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 :	UHID Number :
Self/Attendant Name :	Relation :
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 30/7/26

Time of Admission : 7 am

PERSONAL DETAILS

Name : Mrs Husnara Begum Age 57y Date of Birth

UHID No.: GUC 00013790 IP No.:

Department : Gynaecology Consultant : Dr Mathangi

PRESENTING COMPLAINTS

57y / $P_3L_3A_1$ (Previous 3 SVD)

Not attained menopause yet

Previously regular cycles 2 yrs back

Last 2 years – irregular cyles every 6 months once

3-5 days/6 months ; HMB, changes ≃ 10 pads per day associated with clots.

Underwent D&C twice : In Aug 2025 and (Oct 2023 - Disordered prolif endometrium) Oct 2024

K/c/o Hypertension X 1 year

USG : (14/7/26):

Uterus 7 X 4 X 4.9 cm ;

Submucous fibroid (FIGO 2) 1.6 X 2 cm

Rt ovary not visualised due to bowel shadows

Lt ovary normal.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 41 y	Parity : $P_3L_3A_1$
Previous Periods : Previously regular cycles 2 yrs back ;	Mode of Delivery All SVD
LMP : 15/5/26	Last Child Birth : 33 y
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
Hypertension x 1 year (on T. Amlong 5mg 1-0-0) T. Thelma 20mg 0-0-1)	Nil except 2 D&C

FAMILY HISTORY	NOTES / ALLERGIES
Mother - Hypertension Mother attained menopause a/t 55 yrs	Nil.

INITIAL ASSESSMENT :

	Breasts	Local / Speculum Examination
Date 30/7/26 Ht. 158.5 Wt. 91.4 BMI 36.38 B.P 130/80 mmHg Pallor No CVS $S_1 S_2$ ⊕ Respiratory System NVBS Thyroid	B/L Breasts soft **Abdominal Examination** Soft	 **Bimanual Pelvic Examination**

PROVISIONAL DIAGNOSIS: 57y / $P_3 L_3 A_1$ / Prev SVD / Not sterilised / Submucous fibroid (FIGO 2)
Admitted for TLH ē BSO @ 12:30pm

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	c/D/w Dr. Mathangi • NPO • IV fluids • Dulcolex suppository • Consent • Inj. Supacef 1.5g IV & • Inj. Pan 40mg • Inj. Emeset 4mg	 2 tab STAT Aft test dose 1/2 hr before surgery

Name of the Doctor : Dr Mathangi (consultant) (FOR) [signature] 12113

Date : 30/7/26 Time : Signature of Doctor

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RESULT SHEET

Date	16/7/26	31/7/26			
Time				Bl grp: O positive	
Hb	12.1	10.3			
PCV	38.4	31			
RBC	4.84	4		HbsAg :	NR
WBC	7250	9780		HIV 1 & 2 :	
N/L				Anti HCV	
Platelets	3.39	2.79			
CRP				ECHO : Normal;	
ESR				EF : 60.1.	
PCT				ECG : Normal	
RBS					
Na				TT_3 : 117.43	
K				TT_4 : 10.4	
Cl				TSH : 1.2 (N)	
Ca/Mg					
Phosphate				FBS : 97	
Urea				PPBS : 102	
Creatinine				HbA1C : 5.1	
ALP					
SGPT				Urea : 23	
SGOT				Creatinine : 0.6	
T.Bill/Conj					
T.Protein					
S.Albumin				Chest X ray : NAD	
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

1/4/26

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

Culture and Sensitivities : (19/8/25) PAP smear: Atrophic inflammatory smear with reactive cellular changes
Negative for intra-epithelial lesion / malignancy

Radiology :
USG : 14/7/26 Uterus: - normal (7 x 4 x 4.9 cm)
X-Ray : Submucous fibroid (FIGO 2) 1.6 x 2 cm
ECHO : Rt ovary not imaged due to bowel gas shadows
CT : Left ovary 1.5 x 1 x 1.8 cm - normal
MRI : Bil adnexa appeared normal
Others (ECG, Contrast Studies etc.,) : No free fluid seen in POD.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Case Received in MICU.	
30/07/2016		
3:30 pm	C/S/B Dr. Pavithara	
DOS.	Pt reviewed	
		Advice
T- (N)	O/E Pt ac/fair	- NPO X 6 hours (7 till 10 PM).
BP- 106/60	afebrile	- IVF @ 100 ml/hour
PR- 80/min.	No pallor	- Overnight clear liquids.
	NO PE	- Morning to check Bowel Sounds
Receiving	CVS- S1 S2 (+)	and Start Soft Diet.
UO- 50ml.	RS- NVBS (+)	- BP and hourly monitoring.
	P/A - Soft.	- Vitals monitoring.
	Dressing Dry.	- Follow drug chart.
		- CBG / Clexane 40mg SC c/m 8AM
	Ys- No Bleeding P/r.	- CBC c/m 6AM.
		- To continue routine Anti-Hypertensives.
	1/8/16	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 8:40pm	S/B Dr. Vinodhini / Dr. Divyalakshmi	
	pt. reviewed	
POD-0	O/E: pt AC fair, afebrile po / PEO	Advice
T-N		- NPO till 10pm
PR-83	CVS / RS / NAD	- Overnight clear liquids
BP-112/70		- Kanji 7AM
SpO₂-95% @RA		- CBD / Clexane 8am
	P/A: soft	- CBC 4n 6am
U/O -150ml clear	dressing dry	- monitor vitals
		- follow drug chart
	Y/E: NAD	- Inform SOS
		16428
31/7/26 7am	S/B Dr. Vinodhini / Dr. Divyalakshmi	
	pt reviewed. Tolerating liquids	
POD-1		Advice
T-(N)	O/E: pt AC fair, afebrile po / PEO	- Kanji diet STAT.
PR-84/min		- soft diet 9am
BP-110/68 mmHg	P/A: soft, BS (+)	- CBD / Clexane 8Am
SpO₂-96% @RA	dressing dry	- monitor vitals
passed flatus		- follow drug chart
	Y/E: NAD	- Inform SOS

Hb-10.3, Plt-2.9 (margin note)

U/O 150ml clear

16428

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/01/2026 8:30Am	C/S/B Dr. Vinitha / Dr. Shreedevi	
POD-1	O/E Pt GC fair, Afebrile	Advice
	P° / PE°	- Soft diet @ 9Am
T-(N)	CVS	- vitals Monitoring
PR- 88/min	RS NAD	- Plenty of orals
BP- 109/64mmHg	P/A - Soft, BS(+)	- Ambulation
	Dressing (+); No active Soakage	- Measure & Inform, 1st void
Not voided Yet	L/E - NAD	- Follow drug chart
Flatus Passed		- Inform (SOS)
	18221	
31/01/2026 9:30Am	C/S/B Dr. Mathangi	
	- Post op Day-1	
	- Pt comfortable	
	- Not voided Yet	
	- Passed Flatus	
	- Bowel sounds - good	
	- If voided Shift to ward	
	- Soft diet, Ambulation	
	18221	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/1/2026 10:30 Am	C/S/B Dr. Vinitha / Dr. Shreedevi	
POD-1	Pt voided (com)	Advice
	O/E Pt GC fair, Afebrile	- soft diet
T-(N)	P° / PE°	- Plenty of oral fluid
PR-85/min	CVS /	- vitals monitoring
BP-124/85 mmHg.	RS / NAD	- follow drug chart
SpO2 -98-1-↓ RA	P/A - ~~Soft~~, BS(+)	- Ambulation
Flatus passed.	Dressing (+), No Active soakage	- Inform (SOS)
		Shift to ward
	1822/7	
31/07/2026 9 PM POD-1	C/S/B Dr. Panitha.	
	Pt reviewed	
	O/E Pt GC fair	Advice
	afebrile	- Soft Diet
T-(N)	P / PR	- Plenty of orals
BP-140/90	CVS /	- Vitals monitoring
PR-92/min	RS / NAD	- Follow drug chart.
SpO2 -98-1-RA	P/A- Soft, BS(+).	- Syrup Duphalac 15ml
Passed flatus	Dressing Dry.	stat.
Not passed stools.		

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Docu. No. : RCH

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

Patient Sticker

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: HDR 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	T. AMLONG	5mg	P/O	1-0-0		☑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 Vinitha VHD 12113

Date & Time : 30/7/26

Nurse Name & Signature: S/N. Tamilselvi-J

Date & Time : 30/7/26 at 7AM

GUC-00013790 IP18-00036660
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TRAPIC	1Cr	IV	SC		☐C ☑DC
2	JUSTIN SUPPOSITORY	100mg	PR	Stat		☐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 : ..... SAI

Date & Time : 30/7/26

Nurse Name & Signature: SIN. Sangeetha Rwy 020338

Date & Time : 30/7/26 at

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

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: 5th Floor ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	TDS	31/7/26 at 4AM	☐C ☐DC
2	C. PAN D	40mg	PO	BD	31/7/26 at 4AM	☐C ☐DC
3	T. PARACETAMOL	1g	PO	QID	31/7/26 at 6AM	☐C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	31/7/26 at 9AM	☐C ☐DC
5	INJ. CLEXANE	40mcg	SC	OD	31/7/26 8AM	☐C ☐DC
6	T. AMLONG	5mg	PO	OD	31/7/26 at 9^{30}AM	☐C ☐DC
7	T. TELMA	20mg	PO	OD	30/7/26 c/H.	☐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 : 31/07/2026

Nurse Name & Signature: S. Shalini (614072)

Date & Time : 31/7/2026 at 10^{30} Am

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

Patient

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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DRUG CHART

Date of Admission: 30/7/26 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-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 91.1kg Ward. COR

DRUG : T. AMLONG

Dose	Route	Frequency	Start Date
5 MG	PO	1-0-0	30/7

Name & Signature of the Doctor Starting the Drugs: 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7	1/8
Time			
8AM	TJ MD	9:30pm KS/SN	KS

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	30/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7
Time		
4AM	TJ MD	
12pm	KS EP	Stop
8pm	TJ MD	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	30/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7	1/8
Time			
4AM	TJ MD	PST	
4pm	TJ MD	MA EP	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1-1	30/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	30/7	31/7	1/8
Time			
6AM	TJ MD	PST	
12pm	KS EP		
6pm	MA EP		
12AM	TJ MD	PST	

Mrs HUSNARA ... 57 Y 3 M ...
01-04-1969
Dr. MATHANGI RAJAGOPALAN

Patient St...

Weight. 91.4Kg Ward. ADR

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

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

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/7/26	9.15AM	INJ. SUPACEF	0.1 ml	ID	121113	TP MP
30/7/26	11.15AM	INJ. PAN	40 mg	IV	121113	TP MP
30/7/26	12 pm	INJ. SUPACEF	1.5 g	IV	121113	SD SPi
30/7/26	11.15AM	INJ. EMESET	4 mg	IV	121113	TP MP
30/7/26	8.20pm	DULCOLAX SUPPOSITORY	2 tab	PR	121113	SP SA
30/7/26	1:00pm	TRAMC	1 Cr	IV	[illegible]	[illegible]
30/7/26	3:00pm	Sup. Justin	100mg	PR	[illegible]	[illegible]
31/7/26	10PM	Syrup Duphalac	15ml	PO	[illegible]	[illegible]

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 91.6kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/7/26	08:00Am	IVF 1@RL	IV	100 ml/hr	[signature] 182217	SP / SA	30/7/26	[signature]	SP / SA
30/7/26	1:00pm to 3:30pm	3@RL	IV	Over 2 hrs	[signature] 7159	[signature]	30/7/26	[signature]	[signature]
30/7/26	3:30pm	IVF 1@RL	IV	100ml/hr	[signature]	SP / SA	30/7/26	[signature]	TJ / MD
30/7/26	8:30 pm	IVF 1@RL	IV	100ml/hr	[signature]	TJ / MD	31/7/26	[signature]	TJ / MD
31/7/26	1AM	IVF 1@RL	IV	100ml/hr	[signature]	TJ / MD	31/7/26	[signature]	TJ / MD
31/7/26	6AM	IVF 1@RL	IV	100ml/hr	[signature]	TJ / MD	31/7/26	[signature] 12113	81 / SN

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

GUC-00013790
Mrs HUSNARA BEGUM A
01-04-1969
Dr. MATHANGI RAJAGOPALAN
IP18-00036680
57 Y 3 M 29 D (F)

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Sheet No: 1

REGULAR PRESCRIPTIONS

Weight 9.6 Ward UPR

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	30/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time			
30/7	31/7	1/8	
9AM	SN	KS	
9PM	MP	PST	

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	1-0-0	31/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
31/7	1/8	
8AM SN	KS	

DRUG : T. TEMLMA

Dose	Route	Frequency	Start Dt.
20 mg	PO	0-0-1	30/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time			
30/7	31/7	1/8	
9PM	WH	PST	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	31/7

Name & Signature of the Doctor Starting the Drugs: 124682

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
31/7	1/8	
8AM	KS	
8PM	PST	

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

Patient Sticker

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REGULAR PRESCRIPTIONS

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

				Date/Time	31/7	1/8
DRUG : T. FLAGYL						
Dose	Route	Frequency	Start Dt.			
400mg	PO	1-1-1	31/7	8AM		
Name & Signature of the Doctor Starting the Drugs: 12468				4PM		
Additional Instructions:				9PM	PST	
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 ....

Patient Sticl

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1989 57 Y 3 M 29 D (F)
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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

30/7/26

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

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

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
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(2)

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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

31/7/26	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	18		20				20				20				20				18			
	0 - 10																								
Saturations	94 - 100 %	97%	98%	98%		95%				98%				98%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA	RA	RA		RA				RA				RA				RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98.6	98.4	98.6		99.8				97.6				98.4				97.6				98.92			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	88	82	85		88				90				96				96				96			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
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	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		SS	SS	SS		SS				SS				SS				SS				SS			

Patient

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1989 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital
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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.

30/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	NPO		100						100	0	
	09:00 am			100ml							0	
	10:00 am			100ml			motion passed.				0	
	11:00 am			100ml						120ml	0	
	12:00 pm			100ml							0	
	01:00 pm										0	
Total Intake :				500ml.		Total Output :				220ml.		
	02:00 pm	NPO									0	
	03:00 pm	NPO		RL 150ml.						3:30pm 150ml	0	Paracet
	04:00 pm	NPO		100ml						75ml	0	
	05:00 pm	NPO		100ml						100ml	0	
	06:00 pm	NPO		100ml						180ml	0	
	07:00 pm	NPO.		100ml						250ml	0	
Total Intake :		1900ml				Total Output :				655ml		
	08:00 pm	NPO		100						200	0	
	09:00 pm	NPO		100						150	0	
	10:00 pm	H20	50ml	100						150	0	
	11:00 pm	Tcuator	200	100						100	0	
	12:00 am	H20	100	100						100	0	
	01:00 am	Tcuator	150	100						50	0	
Total Intake :		1050ml				Total Output :				750ml		
	02:00 am	H20	100	100						150	0	
	03:00 am	H20	100	100						150	0	
	04:00 am	Tcuator	200	100						150	0	
	05:00 am	H20	150	100						200	0	
	06:00 am	Tcuator	100	100						150	0	
	07:00 am	H20	100	100						150	0	
Total Intake :		1350ml				Total Output :				950ml		

Total 24 hrs. Intake	41800ml	Total 24 hrs. Output	21575ml

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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FLUID CHART

Sheet No. : .....

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
31/7/26										CBD		
	08:00 am	Water	150ml	RL 100ml						250ml	0	SP
	09:00 am	Water	200ml	100ml						CBD removed	0	SP
	10:00 am	Water	200ml	100ml						500ml	0	SP — 1st voided
	11:00 am	Soup	120ml	IV Stop							0	SP
	12:00 pm	H2O	300ml								0	SP
	01:00 pm	H2O	100ml							✓	0	SP
Total Intake : 1170ml + 300ml.						Total Output : 150ml + (few)						
	02:00 pm	water	150ml								0	AD
	03:00 pm									300ml	0	AD
	04:00 pm	water	200ml								0	AD
	05:00 pm	Butter milk	200ml							voided ✓	0	AD
	06:00 pm										0	AD
	07:00 pm	water	200ml								0	M
Total Intake : 750ml						Total Output : 2 times urine passed						
	08:00 pm										0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output :						
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: P3L3 A1 / TLH c BSO				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —		
	Surgery / Procedure: TLH c BSO				Post OP Day:		
BACKGROUND	Date / Shift	30/7/26 morning	30/7/26 E	30/7/26 N	31/7/26 M	31/7/26 E	31/7 N
	Medical Condition (Any special condition to be noted):	HTN	HTN	HTN	HTN	HTN	HTN
	Diet:	NPO	NPO	Liquid	liquid	Liquids	Soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98 F	98°F	98F	98.6°F	98 F	98.9°F
	Res:	18	18/mt	20b/m	20/mt	20b/m	20 m
	SpO_2:	100	100%	99%	97%	98%	98%
	Pulse:	96	80/mt	94b/m	88/mt	90b/t	92m
	BP:	130/80	106/60	110/70	109/64	120/83 (91)	140/94
	LOC:	conscious	Conscious	Conscious	Conscious	conscious	conscious
	Fall Risk Score:	30	30	20	20	20	20
	Pain Score:	0	1/10	0/10	1/10	1/10	0/10
	Skin Integrity	Normal	Normal	Normal	Normal	normal	Normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NPO	NPO	Liquid	liquid	Liquids	Soft
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	non Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Pooja	Shalini	Infaiseli	Shalini	Pouyanp	Thasfe
	Signature / ID :	Pooja	Shalini	10702	Shalini	[illegible]	[illegible]
	Date:	30/7/26	30/7/26	31/7/26	31/7/26	31/7/26	1/8
	Time:	8am	7.30pm	7.30am		7.30PM	7.30
	Taken Over By Name :	Shalini	Infaiseli	Shalini	Pouyanp	[illegible]	
	Signature / ID :	Shalini	10720	Shalini	[illegible]	[illegible]	
	Date:	30/7/26	30/7/26	31/7/26	31/7/26	31/7	
	Time:	1.30pm	7.30pm	7.30am	1.30PM	7.30	

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

GUC:-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 30/7/26

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	9.30 AM	maintain fluid Balance		- monitor vital signs - Administer IV fluid as per doctor order - maintain Fluid chart	maintained fluid balance	Reassessment is done	Roopa 30/7/26
Afternoon	2pm	Prevent falls & injury	2.30 pm	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment was done	Shalom 01/08/26
Night	7.30 pm	Achieve acceptable pain control & comfort	8pm	* Assess pain using pain scale * Administer analgesic * position Patient Comfortably	Reduced pain to some extend	Reassessment Done	Ann 01/8/26

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NURSING CARE RECORD

Date: 31/7/2[illegible]

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	Accheiveable. Acceptable pain Control & Comfort	8³⁰ AM	Assess pain using pain scale Regularly - Admini. Analgesics. → Provide Comfortable position	Relieve pain & Discomfort	Reassessment was done	[signature]
Afternoon	1:30PM	Ensure the Nutrional status improved.	2PM	Encourage the Orals & and Attomahi the Nutrional	Encouraged and Adequate the Nutrion	Re Assessment Done	[signature] 02/8/25.
Night	8pm	To maintain the personal hygene	8 pm	> Assess the child condition. > patient was stable > Administer med	Relive the Discomform.	patient was stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00013790 IP18-00036680
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(1)

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
30/7/26	7AM	Admission Notes (30/7/26)
		Mrs. Husnara Begum / 57 years / Female
		got admission under Dr. Mathangi
		mam. patient diagnosis is P3L3A1 /
		pre sup / Not sterilised / submucous
		Fibroid / Admitted for TLH c̄ BSO.
		Monitored vitals and Recorded.
		Maintained I/O. patient General
		condition fair. pain assessment done.
		patient concious and oriented. No
		any other complaints. Dr. Mathangi
		mam advised for Dulcoflex suppository
		to keep nao. Doctor order carried out [signature] 0/6/20
	7:30AM	Patient care Handing over given
		to Morning duty staff —— [signature] 0/6/20
		morning duty
	7.30AM	pt care hand over taken from
		night duty staff. pt conscious &
		oriented. pt is in NPO. provide
		comfortable bed position. DVT, Braden
		Q, morse fall risk assessment
		done. [signature] 0/7/20
	8AM	IV placement done c̄ 18 G venflon
		back flow ⊕. Room NS slow IV
		on flow connected as per doctor order [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00013790 IP18-00036680
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01-04-1969 57 Y 3 M 29 D (F)
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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
30th	8AM	pt vital signs checked &
continue		recorded. BP - 130/80. T. Amlong 5 mg
		oral given as per doctor order. [illegible]
	8.20Am	po. vinitha advice to keep Dulcolax
		suppository order carried out. Dulcolax
		suppository 2 kept as per doctor order PR.
	8.30Am	pt shifted to ward as per
		doctor order. pt care hand over given
		to 5th floor staff. — [illegible]
		Receiving Notes
30/7/26	8:30 AM	patient received from LDR to 5th floor
		patient was concious & oriented
		IV line present and pt under
		room air and patient was stable
	9:30 AM	patient part preparation done
		and advice to do bath — [illegible]
	11.00 AM	Inj. Sucafet Test dose given
		as per doctor order & documented
		pt shifted to LDR and Handed
		over to ldr staff Nurse — [illegible]
30/7/26	11.30AM	=> Receiving Notes
		Receiving the Patient from
		5th floor, with IP Case Sheet
		While receiving the Patient Consious

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(D)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 30/7/26		and Oriented, afebrile, NPO	
		Inf RL 120ml/hr on flow	
		Patient Sa lite Pattern	
	12pm	Patient Vital signs checked	
		& recorded, General condition	
		fair	Aey/01/7a6
	12:20pm	=> Inj Supacef 1.5gm Feed	
		dose given No allergic reaction.	
	-	Patient General condition fair =>	Aey/01/7a6
	12:30pm	=> Patient shift to OT	
		hand over to staff	Aey/01/7a6
30/7/26		OT Notes.	
	12:30pm	patient hand over taken	Jinymoro3N
		from ADR staff while	
		receiving the patient is	
		Conscious & oriented. Vitals	
		checked & recorded. pulse 60b/m	
		RR = 26 b/m, BP - 100/70mmHg.	Jinymoro3N
		Temp (N) SPO2 = 100%. General	
		Anaesthesia given by DR. Sathish	
	1:00pm	procedure done by DR. Shaela	Jinymoro3N
		procedure went on well.	
		Vitals on monitoring pulse 60bm	
		Temp (N), SPO2 = 100%, RR = 26bm, BP=100/70mmHg	
		Gauze count corrected. HPE	
		sent to lab. skin closed. patient	Jinymoro3N
		documents & details hand	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3:30pm	D	over given to micu staff	[illegible]
		post op receiving notes	
	3:30pm	pt received from OT to	
		micu. pt care hand over	
		taken from OT staff. pt conscious &	
		oriented. IV line (+). swelling in	
		IV line site. IV line removed.	
		Now IV placement done c̄ 18G	
		venflon back flow (+). IVF	
		1000 [illegible] connected on infusion	
		as per doctor order. no PV	
		bleeding. surgical suture site	
		no bleeding. No soakage. pt	
		have no c/o allergy itching.	
		No c/o pain. vital signs checked &	
		recorded. BP-106/66 P/R-80b/m.	
		CBD (+) urine draining clear.	s/n pool/[illegible]
	4pm	pt vital signs checked &	
		recorded. maintain I/O chart	
		IV line patent. provide	
		comfortable bed position.	pool [illegible]
	5:30pm	O2 disconnected as per	
		doctor order. provide comfortable	
		bed position. DVT, Braden &,	
		pain assessment. morse fall	
		risk assessment done.	pool [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continued 30/7/26 →	
30/7/26	6pm	Ho Chart Maintain CBD (+) urine drained well.	
	7pm	Patient general condition is fair.	Shalini 0140
	7pm	CBD (+), urine drained well (250ml)	
	7.30pm	patient handing Over given to Night Duty Staff	Shalini 0140
		Night Duty (30/7/26)	
	7.30pm	Patient care Handing over taken from Evening duty staff. Monitored vitals and Recorded. Maintained Ho. IVF RL 100ml/hr on connected. CBD present. Pain assessment Done. No any other complaints.	0167120
	8pm	Monitored, vitals and Recorded. Maintained Ho. Pain assessment Done. IVF RL 100ml on connected.	0167120
	9pm	Administered medicines as per drug chart. Maintained Ho. Monitored Vitals and Recorded. Pain assessment Done. No any other complaints	0167120
	10pm	Drugs started as per doctor orders. pain assessment Done	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		IVF RL 100ml/hr as per doctor order	01/8/26
	11pm	Patient tolerating orally. IC doctor given. Maintained D/O. Monitored vitals and Recorded. IVF RL 100ml/hr on connected.	01/8/26
31/7/26	12AM	Monitored vitals and Recorded. Maintained D/O. IVF RL 100ml on connected, patient conscious and oriented.	01/8/26
	1AM	Monitored vitals and Recorded. Maintained D/O. IVF RL 100ml/hr on connected. Patient General condition fair. No any other complaints	01/8/26
	2AM	Monitored vitals and Recorded. IC doctor given to patient. IVF RL 100ml/hr on connected. No any other complaints	01/8/26
	3AM	Monitored vitals and Recorded. Maintained D/O. IVF RL 100ml/hr on connected. IC doctor given to patient. No any other complaints	01/8/26
	4AM	Monitored vitals and Recorded. Maintained D/O. IVF RL 100ml/hr on connected	01/8/26

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GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/20	6AM	Morning care given to patient. Monitored vitals and Recorded. Maintained I/O. PVF RL100 ml/hr on connected. Administered drug as per drug chart. No other complaints. Pain assessment Done. CBC sent to lab	[signature] 01/6/20
	7AM	Maintained I/O. Monitored vitals and Recorded. Patient general condition fair. No any other complaints	[signature] 01/6/20
	7:30 AM	patient care Handing over given to morning duty staff	[signature] 01/6/20
		Morning Duty ON 31/7/20	
31/7	7:30 Am	Report Received from Night duty Staff to Morning duty Staff. patient conscious & Oriented. To live patient, No swelling	
	8Am	vital sign checked & Recorded. vital sign are stable. mobilization done, CBD Removed. Inj. clexane 40mg s/c given.	[signature] 31/07/20
		patient general condition is fair	
	8Am	Bp - 109/64 mmHg informed Dr. vinitha she advice now with Tab. Amlong	[signature] 31/07/20

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Contineous 31/7/26	
30/7	9:30 AM	BP - 121/75 mmHg enformed DR vinitha	
		Tab Amlong 5mg p/o given	
		S/B DR. Neathangi She advice	
		Soft diet, Ambulation	Shalini
	10:30 AM	Patient urine self voided (500ml)	
		enformed DR. vinitha. She advice	
		patient shifted to ward.	
	-	IVF Stop	Shalini
	10:50 AM	Patient shifted to ward	
		Received note	
	10:00 am	-) Patient Received from LDR	
		to 5th floor	
		-) Patient detail handling over	
		taken by LDR S/N to 5th	
		floor S/N	[illegible]
		-) Patient was conscious	
		and oriented patient was	
		active & alert on the patient	[illegible]
	12pm	-) Vitals are Checked	
		and Recorded	
	12pm	-) Due medication all given	
		as per drug chart [illegible]	
	4pm	-) Maintaining [illegible]	
		-) patient detail handling over	
	1:30pm	given to evening duty [illegible]	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00013790 IP18-00036680
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(3)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty ON 31/7/2026	
		patient conditions and details	
		handing Over taken from	
		Evening duty staff Nurse	
	2PM	Assess the pt General Condition	
		CNS:- Pt on Conscious & Oriented	
		CVS:- S1S2 heart sounds are hearing good.	
		Res:- Bilateral breathing pattern (+) Room air maintains	
		GIT:- Abdomen Was soft Bowel Sound (+)	
		GU:- Self voiding :- Fall Risk: 20	
		Line & tubing:- 18G metacarpal (+)	021875
	4PM	patient vital sings are Checked	
		and Monitored & Recorded	
		done Hemodynamically stable	
		HR 90bt b/M SPO2:- 98%.	
		RR: 20bt b/M BP: 120/83(91)mg/dl	
		Tem: 98.F.	
		Encourage the Oral diet	
		patterns and Nutritional	
		Status improved	Poryang 021875
	6pm	Due to medication was given	
		as per doctor's Order	
		I/O chart maintained	018900.
		No any complaints	
	7-30pm	child patient details hand	
		Over given to night duty staff	018900

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty.	
31/7/24	7:30pm	patient details handover taken from the Evening duty staff. patient was conscious & oriented Dr line patten.	
	8pm	check the vital sign BP - 140/94 Informed to Dr. Sreedevi mam. mam Advised. follow the injection drug. given the drug as per order.	
	9pm	Oral medication as given for the drug chart order.	
	10pm	Dr. Sreedevi mam phone call Advised. change in oral Antibiotic. Tab Cefixime 200mg & Tab Pantop. given the as per order.	
	11 pm	patient was stable no other complaints. Dr line patten.	
	12am	check the vital sign vitals are the stable. BP - 132/71 (87) Informed to the 'LDR coc.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Stick

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes, identify .....

Chief Complaints: Patient came for TLH & BSO

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vinitha

Time Notified: 7AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypertension 1 year Back	2 D & C	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Irregular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☑ Irregular

Last Menstrual Period: 15/5/26

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G – P 3 L 3 A 1

Previous LSCS: NIL

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☑ Heart Disease (Mother) ☑ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 88 bt/m RR: 20 bt/m

BP: 120/80 Weight: 91.6 kg Height: 152.5 cm BMI: 36.33

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

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Husnara Begum .....

Orientation not given Reason: .....

Nurse Signature: ..... Sr. Fauj 01620 .....

Nurse Name: ..... Sr. Faujia 01620 .....

Date & Time: ..... 30/7/26 at 7AM .....

Patient Sticke

GUC-00013790 IP18-00035680
Mrs HUSNARA BEGUM A
01-04-1989 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 30/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	✓	1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		02
Signature of the Nurse	S/N Tamilselvi 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.

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PAIN ASSESSMENT FORM

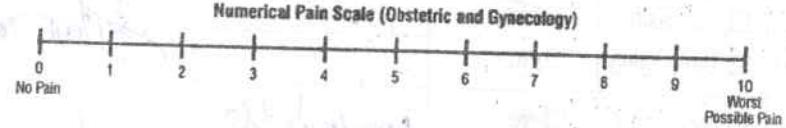
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/7/26	7AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[signature] 01/7/20
30/7/26	8AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]
30/7/26	12PM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
30/7/26	4pm	01/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable bed position	[signature]
30/7/26	6pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 014072
30/7/26	8pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature] 016720
31/7/26	12AM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	[signature] 016720
31/7/26	6AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	[signature] 016720
31/7/26	8AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 014072
31/7/26	2PM	1/10	Surgi si	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature] 021877

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

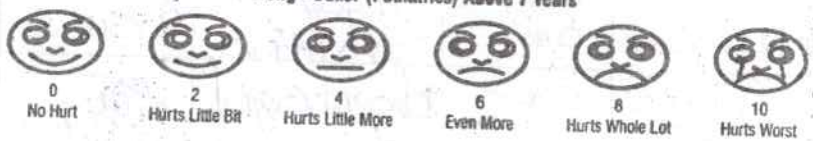
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/7/26 8Am	30/7/26 4pm	30/7/26 N
		Score			20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	
	Normal /On Bed Rest /Immobile	0	0		0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	30	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 21/7/26	E 31/7/26	N 31/7
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15		0	0
	Oriented to own ability	0	0	20	20
Total Morse Fall Scale Score:			20		
		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
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Tick (✓) whichever precaution taken.

Risk Level and Interventions

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BRADEN 'Q' SCALE

					Date : 30/7/26	30/7/26	30/7	30/7/26
					Time : 7AM	2nm	4pm	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift 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	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	24	24	24
				Evaluator's Name	[illegible] 01/8/26	[illegible]	[illegible]	[illegible] 1/8/26

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

					Date : 8/7 31/7 31/7	
					Time : N E N	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 4 4	
"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 4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4	
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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.	3 3 3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4 4 4	
				TOTAL SCORE	24 24 24	
				Evaluator's Name	Shan	

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓬ 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	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓬ In addition to regular turning schedule ⓭ 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	⓫ Use same protocol as for **"High Risk"** Patients ⓬ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

MRD NO:........

Age :............... M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 30/7/26 Time: 8Am

Location : (R) cephalic

Size : 18G

Cannula inserted by : S/n Nivedha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/7/26	8.30Am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	observ	[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		

Removed

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

CANNULA 2

Date : 30/7/26 Time: 3.30pm

Location : (R) metacarpal.

Size : 18G

Cannula inserted by : S/n Poojan

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/7	4pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	observe cannul	Tamil
	12Am	☐Yes ☑No	☐Yes ☑No	observe cannul	Tamil
	2Am	☐Yes ☑No	☐Yes ☑No	observe cannul	Tamil
	4AM	☐Yes ☑No	☐Yes ☑No	observe cannul	Tamil
	6AM	☐Yes ☑No	☐Yes ☑No	observe cannul	Tamil
	8 Am.	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obsd	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
1/8/26	2Am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6Am	☐Yes ☑No	☐Yes ☑No	observ	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Dr. mathangi

Date & Time of Admission	Date & Time of Transfer Order
30/7/26 at 7.40am	30/7/26 at 8:30AM
Transfer Ordered by	**Reason for Transfer**
Dr. vinitha	Pt care

From Unit	To Unit	Information to Attendant
LDR	SIO	Yes ☐ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Pt DP file	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
~~Dr. Dr.~~ Dr. Vinitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja [signature]	Dr. Vinitha.

Patient & Clinical Records Received by : [signature] 30/7/26 @ 8 30 AM

Date & Time of Patient Received : [signature] 30/7/26 8-30AM

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

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

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

PATIENT TRANSFER FORM

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GUC:-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
30/7/26 at 7.04 AM	30/7/26 at 11.30 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Mathangi	Dr. Mathangi	Surgery

From Unit	To Unit	Information to Attendant
5th Floor (510)	LDR	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
	2p file (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Pan →	(1)
2.	Inj. Sucrafat →	(1)
3.	Inj. emeset →	(1)
4.	Dsy 5ml, 10ml →	(1)
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Preethi 010304	

Patient & Clinical Records Received by : 30/7/26.

Date & Time of Patient Received :

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MOU HUSNARA BEGUM GWL 13790	30/7/26 at 7:24 AM	30/7/26 at
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Akortha	Further treatment
From Unit	**To Unit**	**Information to Attendant**
2 DR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP file -		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 Amuthar 1011796	Dr. Akortha.

Patient & Clinical Records Received by : [signature] 0V0378

Date & Time of Patient Received : 30/7/26 at 12:30pm.

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

Unavailable Bed   Nurse not Available   Available Bed not ready

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

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PATIENT TRANSFER FORM

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
30/7/26 at 7.04 Am	30/7/26 at 3:30 pm.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Mathangi	DR. Sathish	Further management

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

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
① Clinical file	—	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
SN Sangeetha	DR. Sathish

Patient & Clinical Records Received by : S. Poojitha

Date & Time of Patient Received : 30/7/26 at 3.30pm

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

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

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PATIENT TRANSFER FORM

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
30/7/26 at 7.04 AM	31/7/26 at 10.50 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr- Mathangi	Dr- vinitha	further treatment

From Unit	To Unit	Information to Attendant
MICU	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
OP File.	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	10ml DSy	3
2.	Inj. Supacef 1.5gm	1
3.	D-water	1
4.	Tab Paracetamol 1gm	8
5.	Cab. Pan D 40mg	8

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 31/07/26	Dr- vinitha

Patient & Clinical Records Received by : Sidey OT Staff

Date & Time of Patient Received : 31/7/26 at 4:40 PM

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

Unavailable Bed Nurse not Available Available Bed not ready

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A (F)
01-04-1969 57 Y 3 M 29 D
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: tamil Patient / Learner Literacy: ☑ Read ☑ Write ☑ Speak Willingness to Learn: Yes ✓ No Healthcare Literacy: Yes ☑ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
30/7/26	7PM	Informed Consent	Informed to patient and attender about Surgery Consent	Patient	NO	oral	None	Verbal	Good	Staff nurse 810120
31/7/26	8Am	Pain Managment	Explain about Pain Managment (comfortable position)	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

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/7/26

Date of Removal: 31/7/26 at 8Am

Parameters / Date / Shift Time	30/7/26 3pm	30/7/26 N	31/7/26 M				
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No CBD	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No Removed	☐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	SN Sangeetha	SN Fairoshi	Shalee 01407				
Signature of the Nurse	[signature] 02034	[signature] 01672	Shalee 01407				

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

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

SSI PREVENTION CHECKLIST

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

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Sheela/DR. priyadharsini
Asst. Surgeon : DR. Arshitha
Anaesthetist : DR. Sathish/DR. Mathangi
Scrub Nurse : SIN. Gunadevi

Patient Name : Mrs. Husnara Begam A Age : 57 Y Gender : F
UHID No. : 13790 Surgery Name : TLH + BSO
Date : 30/1/26 In-time : 12:35pm Out-time : 3:30pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:35pm

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 : Sal
Name : SATHISH (ANAES)

Before Skin Incision ➤➤

TIME OUT Time: 12:50pm

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
- **Is Essential Imaging Displayed?** ☐Yes ☐No
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature : For 182217
Name : DR. mathangi

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

Before Patient Leaves Operating Room

SIGN OUT Time: 3:30pm

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 : Gunadevi
Name : SIN. Gunadevi

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Nar: GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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)

Total laparoscopic hysterectomy with Bilateral salpingo opharectomy upon

(Name of the Patient) Mrs. Husnara Begum

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

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

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

Bleeding, infection, blood transfusion, injury to surrounding structures (ureter, bowel, bladder, blood vessels), conversion to open surgery; prolonged hospital 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: .....

Consentee :

Signature : A. Husnara

Name : A. Husnara

Date & Time : 30/7/26

Patient Attendant :

Signature : R Ayubkhan

Name : R. Ayubkhan

Relationship with Patient: .....

Date & Time : 30/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinitha

Date & Time : 30/7/26

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

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

Ward / Bed No. : ..... Anaesthesiologist : SATISH / MOHAN

Operative procedure planned : TOTAL LAPROSCOPIC HYSTERECTOMY

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 : DESATURATION, HYPOXIA		

Comments : INFECTION, HYPOTENSION, BLEEDING

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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 I 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 : A. Husnara

Name : Mrs. HUSNARA.

~~Relationship with~~ Patient: Patient

Date & Time : 30/4/26

Witness :

Signature : R. Ayub

Name : R. Ayub Khan

Date & Time : 30/4/26

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time : 30/4/26

GUC:-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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PRE-ANAESTHETIC EVALUATION

Name: Mrs. Husnara Begum Age: 56 Sex: F UHID.No: 13790.

Date: 21/7/26 Time: 10.15 am Proposed Operation: TLH + BSO.

Diagnosis: AUB - L

B.P / CRT: 142/91 H.R: Weight: 91 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.1	Glucose: 97/102	Protein:	HIV:
PCV:	Urea: 23.	Alb:	HBs Ag: NR.
WBC: 7250.	Creat: 0.6.	Total Bill:	HCV:
Plate: 3.39.	Na:	Dir. Bill:	Blood group: O +ve
PT:	K:	LDH:	T3 117.43.
PTT:	Ca++:	Alk phos:	T4 10.4
INR:	Mg++:	Amylase:	TSH 1.2
	Cl-:	SGOT/SGPT:	

X-Ray: NAD.
ECG: Sinus rhythm.
2D Echo: No RWMA. GI LV DD. EF - 60%.
Stress/Anglo:
Other:

Allergies: Dust allergy.

Medical History: CVS: K/C/O S.HTN x 1 year on Rx

RESP:

CNS:

Renal:

Hepatic / GE:

Others: Diabetes:

Physical Activity: good exercise tolerance

Past Anaesthetic History: H/O prev ∠ D&C done ↓ GA.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adeq Mentohyoid Distance: >6cm Neck: (N). Teeth: (R) lower incisors caps (+)

Lungs: B/L AE (+)

Heart: S1S2 (+)

CNS: NFND

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: Accessible 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. Amlong	5mg OD
T. Telma	20mg HS.

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:
   - To continue T. Amlong on the morning SX.

6 hrs for solid
2 hrs for clear liquids

Signature: 15/7/26 Name: Dr Priyadharshini

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No

Physical Status: | Patient Identified | ☐ Consent Present | Fasting Status:

H.R: 90/m | B.P / CRT: 110/70 | SpO_2: 96% on | R.R: 20/m | ☐ Chart Reviewed

Pre-OP Diagnosis: ..... Operation: TLH Last Feed:

Surgeon: ..... Anaesthesiologist: SATHISH Date: .....

Technician: .....

TIME
N2O /AIR /O2 LPM
HALO /ISO /SEVO
Drugs:

FIO2 / SaO2
ETCO2
ECG
Temperature
Urine Output

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

Antibiotic
Suppository
Blood Loss
NOTES

LAB Values

ABG
RBS
Others

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

Position:
☐ Pressure Points Checked

Care:
Joint
Tape
Padding
wake

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

Times:
Anaes Start: 12:20pm
OP Start:
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP
☐ ART
☐ IV
☐ IV
☐ IV

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

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

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

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

Regional:
Extremity
☐ Spinal ☐ Epidural ☐ Caudal Specify:
Others:
Position:
Site:
Needle Size: ..... Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

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

Name of the Doctor : SATHISH
Signature of the Doctor :

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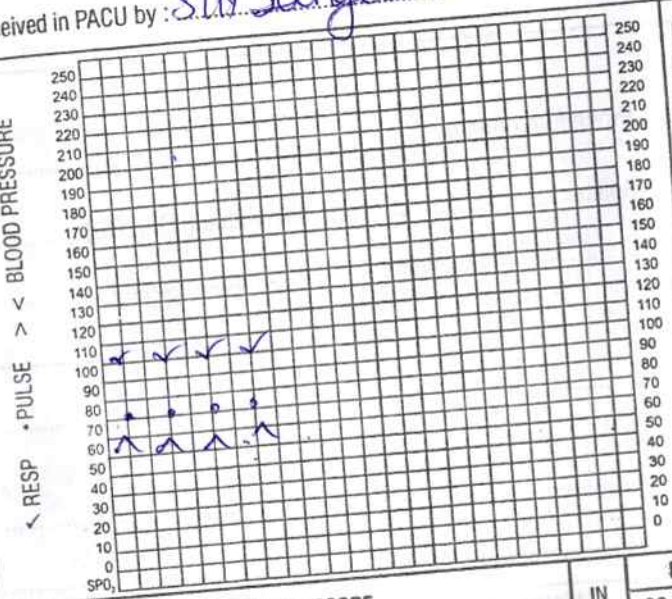
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : S.N. Sangeetha Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : SAT
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : S.N. Sangeetha
PACU Nurse Signature: .....
*Date & Time: 30/7/26

Transferred to Unit by (PACU): S.N. Sangeetha
Date & Time: 30/7/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO : OT

	Date & Time of Transfer:	YES/NO	REMARKS
1	**Patient Identification**	Yes	
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	—	
	b.Surgical procedure & correct site verified	Yes.	
2	**Airway & Breathing**	Yes	
	a.Oxygen delivery (mask/cannula/ventilator) secured	—	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	Yes	
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**	Yes	
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done		
5	**Wound, Dressings & Drains**	Yes	
	a.Surgical dressing intact	No	
	b.All drains fixed, output noted	Yes	
	c.Catheter secure & urine output recorded	No	
	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	Yes	
	c.Emergency meds given in OT (time & dose documented)		
7	**Equipment Safety & Transport Preparedness**	Yes	
	a.Oxygen cylinder full & ambu bag at bedside	No	
	b.Bed/side rails up and brakes applied	No	
	c.Special positioning maintained as per surgery		
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**	Yes	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**		
12	**Documentation**	Yes,	
	a.Documentation completeness	[signature]	
	Transferring Nurse:	[signature]	
	Receiving Nurse :	[signature]	
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 30/7/26 at 11.30AM

TRANSFERRED TO : LDR .

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

RCH/GDY/FRM/CLINICAL/598

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 30/7/26 at **From:** 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	SpO_2 = 100%
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	YES	
	b.No active uncontrolled bleeding	YES	
	c.Last vitals recorded before transfer	YES	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	YES	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	YES	
	b.Reassessment done	YES	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	YES	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	YES	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	YES	
	c.Emergency meds given in OT (time & dose documented)	YES	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	YES	
	c.Special positioning maintained as per surgery	YES	Supine
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	YES	
11	**BIOPSY/HPE SENT**	YES	
12	**Documentation**		
	a.Documentation completeness	YES	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

GUC-00013790 IP18-00036680
Mrs HUSNARA BEGUM A
01-04-1969 57 Y 3 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 31/07/2026 Time: 01:00 PM

Origin: — Height: 158.5cm Weight: 91.4kg BMI: 36.38kg/m²

Food Allergies: NIL

Diagnosis: TOTAL LAPAROSCOPIC HYSTERECTOMY.

Medical History: Hypertension x 1 year.

Surgical History: NIL ; Except 2-D&C

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: Soft Diet. Advised to take Adequate fluid intake — Water, tender Coconut, Buttermilk/Juice/Fruits(etc) - Consume small-frequent meals; Soft - easy to digest foods - Encourage Adequate protein to support recovery & healing - Avoid Spicy, oily and hard foods(etc)

Patient's / Attendant's Daughter

Signature: Ramsiya

Name: Ramsiya Begum K

Date & Time: 31/07/26 @ 1:05 PM

Dietician's

Signature: A-M (018336)

Name: A. Sadiqa Ferheen

Date & Time: 31/07/26 @ 01:00 PM