

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/7/26

Name of the Patient: .

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 24 D (F)
Dr. PRIYADHARSHINI S M

UHID No: .



Gender: Female

Ward: 7th Floor

Room No: 701

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .

Time: .

Nurse Sign

Date: 30/7/26

Time: 6 AM

Pharmacy Sign

Date: 30/7/26

Time: 8:15 am

PATIENT INFORMATION
FROM THE

NAME

DATE

ADDRESS

CITY

STATE

TELEPHONE

DATE OF BIRTH

SEX

RELIGION

EDUCATION

OCCUPATION

REMARKS

DATE

Signature



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 24 D (F)
Dr. PRIYADHARSHINI S M



ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6 AM	P.lee 602261				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 20 D (F)
Dr. PRIYADHARSHINI S M



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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Akshaya Abinavaraam
UHID No: 90718 IP No: 36626 Consultant: Dr. Priyadharsini Dept: LDR
Date of Admission: 26/7/26 Time: 7:39pm Date of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	1:40pm	CPR	at	<i>[Signature]</i>
27/7/26	2:55pm	OT	new	<i>[Signature]</i>
27/7/26	7:15pm	LDR	7th floor	<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	27/7/26	1733743	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

[illegible]

28/7/26

CBC, Electrolytes

~~26024200~~

P. V. G. 6072

39435

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7	CTH - (1)			010087 ✓	Shalini 24072
26/7	CTH - (2)			010087 ✓	Shalini 24072
27/7	CTH - (3)			010087 ✓	Shalini 24072
27/7	CTH - (4)			10093 ✓	Shalini
27/7	CTH - (5)			10093 ✓	Shalini 24072
27/7	CTH - (6)			10093 ✓	Shalini 24072
27/7	CTG - (7)			010099 ✓	Shalini 24072
	CTG - (8)			010099 ✓	Shalini 24072
	CTG - (9)			010119 ✓	Shalini 24072
27/7/14	infusion pump	12 pm	28/7/26 12-46 pm	17 33690 ✓	Shalini
	CTG - (10)			010119 ✓	Shalini

[illegible]

27/7/26 Procedure: Emergency lvs
Surgeon: Dr. Prayadharshini
Anesthetist: Dr. Prayadharshini Dr. Ashwini
Assist. Surgeon: Dr. Ashithe, Dr. Sreedhar
Starting time: 1:55 pm
Ending time: 2:45 pm

Prepared By:

P. 607261

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAM.K
08-08-1996 29 Y 11 M 24 D (F)
Dr. PRIYADHARSHINI S M

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26	S. M. P. 607363		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	NA	NA							
Eye Care	NA	NA							
Mouth Care	NA	NA							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	yes	yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing, (Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling, Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Sinabhi	Singh							
Signature :	[Signature]	[Signature]							
Date & Time:	29/7 8am	30/7 8am							
Hand Over Taken By Name :	Pouyannu								
Signature :	[Signature]								
Date & Time:	29/7 att 2pm								

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ADMISSION SHEET

Registration Details :



Admission No : IP18-00036626

Admit Date : 26-Jul-2026

Admit Time : 07:39 PM UHID : GUC-00090718

Patient Details :

Patient Name : Mrs AKSHAYA ABINAVARAAM.K

Age : 29 Y 11 M 20 D

Guardian : Mr ABINAVARAAM.K

DOB : 06-08-1996

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 11B1,KANAGAMMAL COLONY,
PAZVANTHANGAL, CHENNAI Naganallur
Chennai Tamil Nadu INDIA 600061

Phone No : 9944515795/ 8220825238

E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : MICU 802

Ward Name : 8F-OT COMPLEX

Room No : MICU 802

Admission Type : First Visit

Contact Details :

Name : Mr ABINAVARAAM.K

Relationship : Husband

Contact Address : 11B1,KANAGAMMAL COLONY
PAZVANTHANGAL, CHENNAI Naganallur
Chennai Tamil Nadu INDIA 600061

Phone No : 8220825238


Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Priyadharshini S M

Phone No :

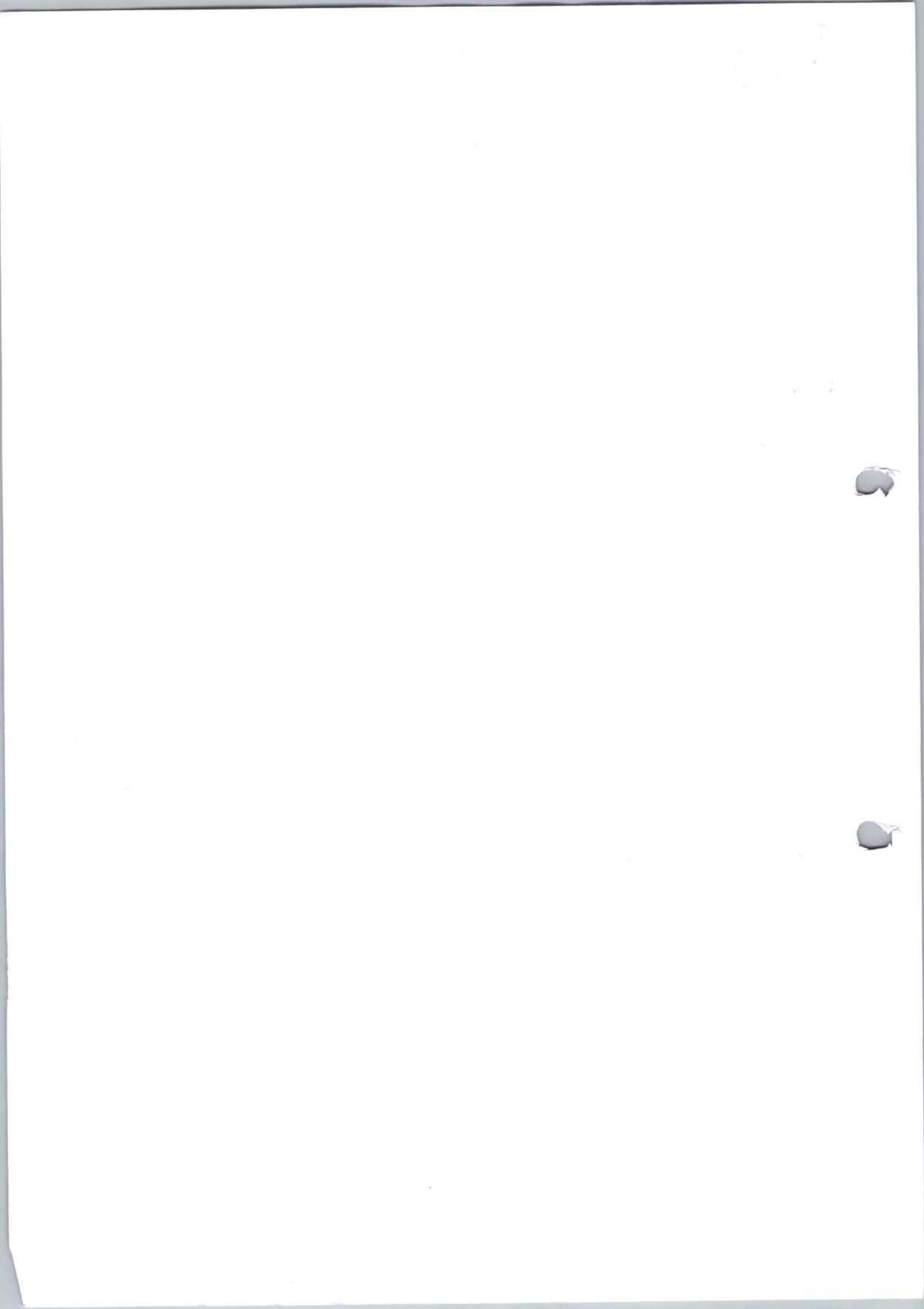
Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 7000.00

Payor Name : SELFPAY



GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs AKSHAYA ABINAVARAAM.K

Age : 29 Y 11 M 20 D

IP No: IP18-00036626

Sex: Female

Consultant: Dr. PRIYADHARSHINI S M

Ward/Bed No: 8F-OT COMPLEX/MICU 802

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

[Signature]

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

[Signature]

Name: Mr. Abinavaraam .K

Relationship: Husband

Date: 20/7/26

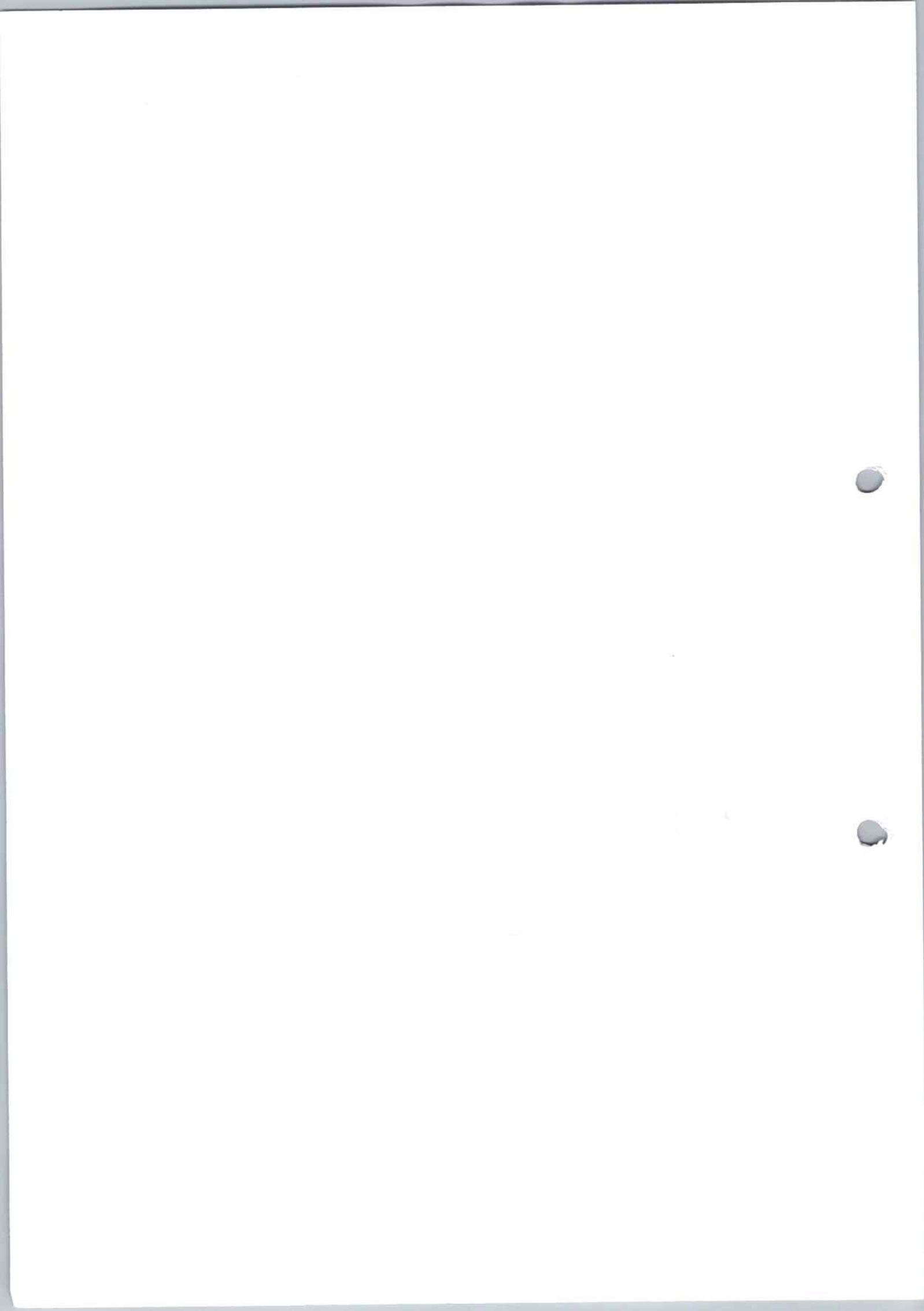
Time: 7:39 pm

Witness Name: *[Signature]*

Witness Signature:

Patient Address:

11B1,KANAGAMMAL COLONY,
PAZVANTHANGAL, CHENNAI
Naganallur Chennai Tamil Nadu INDIA
600061



BILLING POLICY

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

DECLARATION

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

Patient Name : AKSHAYA . R	UHID Number : Que. 000 910478
Self/Attendant Name : ABINAVARAM K	Relation : Husband
Self/ Attendant Signature : [Signature] Phone Number : 9944515795	Name & Signature of Financial Counselor : [Signature]




भारत सरकार
GOVERNMENT OF INDIA


அக்ஷயா சுந்தரமணி
Akshaya Sundaramani
பிறந்த நாள் / DOB : 06/08/1996
பெண் / FEMALE

9412 9021 6560


ஆதார் - சாதாரண மனிதனின் அதிகாரம்

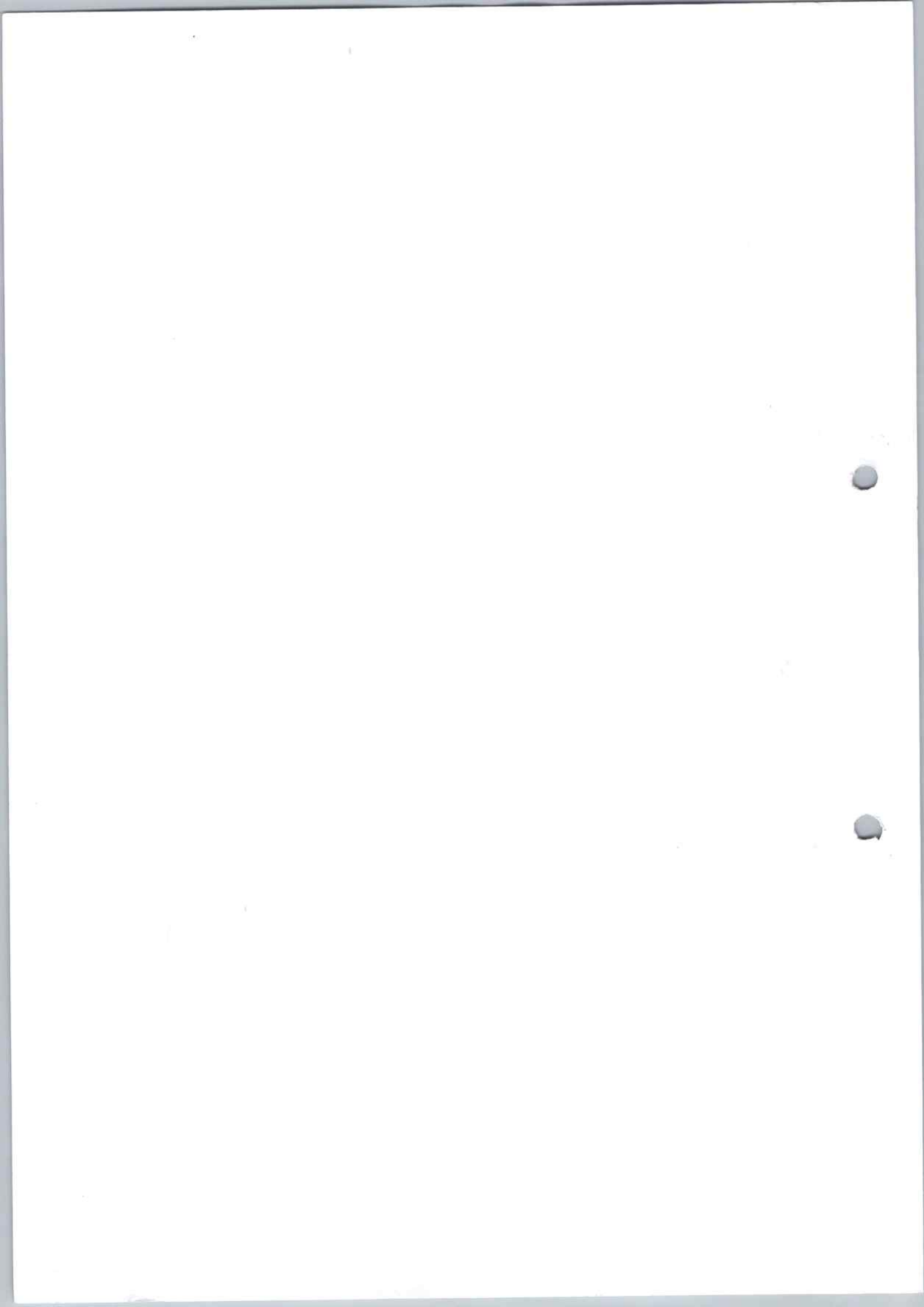
भारतीय विधि एवं प्रमाणन
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:
D/O சுந்தரமணி, எண் 7/264A,
SOUTH MADA VILAGAM,
AVUDAYARKOVI,
Avudayarkoil, Pudukkottai, Tamil
Nadu, 614618

614618



www
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No. 1947,
Bengaluru-560 001





CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

postnatal Advice & care /

701

Signature:

Findings and Recommendations :

SIB physiotherapist notes / Dr. Madanapriya (PT).
Mpl obj & sym.

- Avoid lifting weights
- Cross leg sitting encouraged.
- Lying down posture encouraged advised
- Breast feeding posture /
- Diaper changing position

Consultant :

Name : Signature : Date & Time :

- midline, pubic, ischial
- pubic, pubic, pubic
- pubic, pubic, pubic
- pubic, pubic, pubic
- pubic, pubic, pubic

02/07/08

Review after 2 weeks

- Knee Mobilisation
- Ankle Mobilisation
- Pelvic Bridging
- Posterior Pelvic Tilt
- Bregel
- BE



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Able to perform well.

Pl came for 2nd.

Obstetric Formula:

G4A3

Obstetric History:

IVF conception, B22.

Had regular ANC in Rainbow.

Present Pregnancy Record:

I - 2022, missed miscarriage, D&C.

II - 2022, missed miscarriage, D&C.

DCDA twin.

III - 2023, Amniotic band / Genetic Syndrome / Testing done / PGT-A done.

RISK FACTORS:

PP -> N7 - (N), FTS - Negative.

Anomaly Scan - (N).

Growth Scans - (N).

K1610 Hypothyroid on 7. Thysonorm
25mg 1.0d X since 2022.

Height: 162 cm

Weight: 80 kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:

Pallor: No

Icterus:

Edema: NO.

Temp: (N)

PR: 80/min

BP: 120/70

DTR:

CVS: S1, S2 (+)

RS NVSS (+)

Liver/Spleen:

Urine Output:

LMP: 19/11/2025

EDD: 7/8/2026

Corrected EDD:

GA: 38 + 2 weeks

Menstrual History: Regular: ☐ Yes ☒ No

Irregular.

Obstetric Examination

m/s - 54ms, Norm.

Fundal Height:

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

Hypertensive for 10 seconds.

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: 8/5th.

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated 1 finger loose

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

294ms

G4A3

B (+)

m/s 54ms

Norm

LMP - 19/11/2025

EDD - 7/8/2026

GA - 38wks + 2 days.

Patient Sticker

Family History: Nil	Surgical History: D&C-3 done.
Medical History: Hypothyroid on T. Thyronorm 25mcg 10d Since 2022.	Medication History:
Plan of Care: C/I (7 Dr. Priyadharsini) - Admission C7G. - T. miso 25mcg PO - Post miso C7G. - C7G 4th hourly monitoring. 26/7/2026 8:45 AM - ↓ IAP, Foley bulb ^{inserted} instituted intracervically & inflated with 65cc distilled water. - 1g CEFOTAXIM IV 10-1 (A7D) - 1g SUPACEF 1.5g IV 1-1-1 (A7D)	Investigations:

Doctor Name: Dr. Paritha
 Signature: *[Signature]*
 Date & Time: 26/7/2026

Consultant Name: Dr. Priyadharsini
 Signature: *[Signature]*
 Date & Time: 26/7/2026

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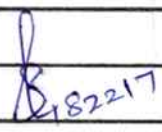
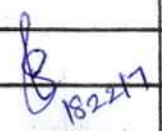
RESULT SHEET

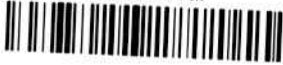
Date	2/6	28/7				
Time						
Hb	12.7	12.1				
PCV	38.2	36				
RBC		3.96				
WBC		13.89				Rtd 6.9 / B(+) .
N/L						
Platelets	2.4	2.18				
CRP						HIV
ESR						HBSAg NR
PCT						VDRL
RBS						
Na		132				Eck / Echo - (N) Study.
K		4.0				
Cl		103				18/4
Ca/Mg						FRS - 74
Phosphate						PPRS - 22
Urea						
Creatinine						18/3 7SH - 2.1
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						



Date & Time	Progress Notes	Doctor's Order
27/09/2026 5am	c/o B Dr Panitha. Pt reviewed Pt c/o Foley expelled at 5am. c/c Pt ac fair afebrile B/pa Cvs/ D/S/NAD.	
AKG-Routine	P/a - ut term mildly acting 2c/15/10" cephalic FHS good.	
	P/r - Cx 2cm long, soft, posterior. os admits 2 Finger loose membr Ⓢ Rx high, - 3 station	
		<u>Advice</u> c/7/7 Dr Priyadharsini. - 1 misoprostol 50mcg per oral to be given. - Post miso CTG after 6Am - W/f contractions.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2021	C/S/B Dr. Akshitha / Dr. Shreedevi	
	Post Miso CTG - reactive	
8:15 Am	PT reviewed, Nil clo	Advice
	O/E PT GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of oral
PR - 90/min	CVS /	- vitals Monitoring
BP - 100/65 mmHg.	RS / NAD	- Follow drug chart
	P/A - uterus @ Term	- WLF Contractions
	Mildly Acting (2c/15"/10')	- Inform(SOS)
	Cephalic	
	FHS - good	
	 182217	
27/07/2021	C/I/T Dr. Priyadhaashini	
8:45 Am		
	- PT getting (2c/15"/10')	
T-(N)	- To give Tab. MISOPROSTOL 50mcg PO @ 9AM stat	
PR - 92/min	- Post Miso CTG @ 10AM	
BP - 102/56 mmHg	- Liquid diet.	
	 182217	



②

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2026	C/S/B Dr. Priyadharshini	
9:50 Am	P/A - uterus @ term Mildly Acting (2c/20"/10') Cephalic FHS - good Plv - Cx - 1cm long OS - 2cm dilated membranes ⊕ vertex @ - 3 - ↓ CAP, ARM done clear liquor drained - Post ARM FHS good	<u>Advice</u> - Walking - Squatting, All four's - Short trace 10 min - W/f contractions - Follow drug chart - Inform SOS - INT. DROTIN 1amp IM stat
27/7/26	12 pm 2c/15-20 sec/10 min <u>Advice:</u> - To start Inj. SYNTO 5 units in 500ml RL @ 24ml/hr. - Titrate synpto accordingly. - W/f contractions - Continuous ETC - Inform SOS	

164786

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2020 12:25pm	C/SB Dr. Priyadharsini	Advice
	P/A - Waxes @ Term	- Continuous CTG
	mildly Acting (20/20/10)	- Continue INT. SYNTO
	Cephalic	- acceleration
	FHS - good	- INT. EPIDOSIN 2CC IV
CTG - Reactive	Plvix thick faced	- W/F contractions
	OS - 3-4 cm dilated	- Inform (SOS)
	membranes - Absent	- All four's position
	vertex @ - 2	- Next dose EPIDOSIN 2CC IV
		@ 1:30 pm.
	 182217	
27/7/26 1:40pm	S/B Dr. Harish / Dr. Priyadharsini / Dr. Shreekanth	
	pt reviewed	
	no L. afebrile	
	GC fever	
	P° / Pz°	
In view of nonprogression of labor shifting for emergency LSCS	P/A Waxes @ Term	Plan
	4/30/10	- Inform anesthetist & obstetrician
	cephalic (4/8 th)	- Shift to OT
	FM ⊕	
	clinically liquor ⊕	
	Plv: Cervix thick after 4	 122235
	3-4 cm dilated	
	membranes ⊖	
	clear liquor ⊕	



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026 3pm	Patient received in MICU C/S/B Dr. Dhivyalakshmi / Dr. Shreedevi	
<u>POD</u>		Advice
	O/E Pt GC fair, Afebrile	- NPO x 3 hrs
T-N	P/PE°	- Vitals Monitoring
PR - 86/min	CVS	- IVF 100ml @ 125ml/hr
BP - 100/60 mmHg	RS NAD	- INJ. SYNTD maintenance
UO - Nil	P/A - uterus well contracted	(20U in 500ml RL @ 25ml/hr) x 24 hrs
Baby - m/s	Soft	- CBD C/m 6AM
BL - Breast soft	LE - BWNL	- Hb / PCV on POD-2
	CBD insitu, clear urine draining	- INJ. CLEXANE 40mg SC OD C/m 6AM
		(if vitals & Bleeding (N) x 15 days)
		- INJ. TRAPIC 1g IV @ 8pm
		- follow drug chart
		- W/F ↑ Bleeding PV
		- I/O charting
		Inform (BS)
21/07/2026 6:30pm <u>POD-0</u>	C/S/B Dr. Dhivya Lakshmi	
T-N	Pt reviewed, Nil clo, Pt tolerating liquids well	
PR - 75/min	O/E Pt GC fair, Afebrile	
BP - 110/70 mmHg	P/PE°	
UO - 50ml, clear	CVS	
Baby - m/s	RS NAD	
BL - Breast soft		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - uterus firm contracted	
	Soft, BS. (+)	
	Dressing (+) & Dry	
	LE - BWNL	
	CBD insitu clear urine draining	
		Advice
		- Liquid diet
		- IVF 10RL @ 125ml/hr
		- INJ. SYNDO maintenance
		- INJ. TRAPIC 1g IV @ 8
		- Follow drug chart
		- CBD / clexane c/m 6AM
		if vitals & Bleeds
		- Hb / PLV OM POD - 2
		- Illochaing
		- Shift to ward
		- Kanji @ 9pm
		- Soft diet @ 10pm (if hun)
	182217	



Date & Time	Progress Notes	Doctor's Order
27/7/26 10:15 PM	S/L Dr. Vinittha Pt reviewed; No 40 ; Pt not hungry On Kanji diet ; O/E : GC fair ; Afebrile P / PE ° PIA : Ut well contracted ; Soft : BS ⊕ Dressing ⊕ Dry YE : BWNL CBD insitu	Adv: Liquid diet → Kanji diet Soft diet @ 7am Continue Synto Maintenance CBD / Clexane 9M b.i.d. if Vitals & Bleeding (N) Hb/PCV on POD #2 No charting Form Form SDS
B.P: 100/60 PR: 91/min SpO ₂ : 99% RA CBD insitu Chart urine draining ~50 ml/hr		
VAD 12/11/3.		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9AM		
POD - 1	Pt Reviewed, Nil/clo	Advice
	O/E Pt G/C fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR - 89/min	CVS /	- Vitals monitoring
BP - 101/70 mmHg	RS / NAD	- Follow lung chart
	P/A - ut firm & well contracted	- WLE ↑ Bleeding PV
Baby - M/s	Soft, BS ⊕	- Hb / PCV on POD-2
BL - Breast Soft	mild gaseous distension ⊕	- Ambulation
Voided - 500ml	L/E - BWNL	- Interm (S/S)
Flatus passed		- INJ. SYNTH maintenance on flow.
	28/07/2026	
	C/S/B Dr. Priyadharshini	
	C/S/B Dr. Parithra / Dr. Shreedevi	
3:15AM		
	O/E Pt G/C fair, Afebrile	
T-(N)	P° / PE°	
PR - 88/min	CVS /	
BP - 108/64 mmHg	RS / NAD	
	P/A - ut firm & well contracted	
Baby - M/s	Soft, BS ⊕	
BL - Breast Soft	Gaseous Distension ⊕	
Voiding freely	L/E - BWNL	
Flatus passed		



5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026 2:30 PM	C/S by Dr. Priyadharshini Pt feels pain in Not passing flatus freely. Bloating (+) No Vomitting.	
T-99.3 PR-106/min RR-16/min BP-100/60mmHg	d/e Pt mildly anaemic. Not tachypnoic RS-Clear. P/A - Gaseous Distension (+) RS (+) C/S - Bleeding P/V (-).	
AC-99cm		Advice - Clear liquids till further orders. - IVF @ 100ml/hour. - Tab TAXIM 1g IV 10-1 (ATD). - Tab LESURIDE 25mg IV 1-1-1. - Dulcolex Suppository 2 stat. - Tab PANTOPRAZOLE 40mg IV 10-1. - AC q4h hourly. - Pulse q4h hourly. - CBC / Sr. Electrolytes - Tab PARACETAMOL 1g IV 1-1-1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B Dr. Parithira</u>	
<u>28/7/2026</u> <u>7:00 PM</u>	Pt reviewed. o/e	<u>Advice</u> <u>C/S/B Dr. Priyadharsini.</u>
(N) PR=100/min PR=95/min AG=94 @ 4PM	Pt ac fair afebrile P/P CVS RS/NAD	- NPO till coming morning - IVF @ 100ml/hour - 25mg IV 17.1 - AG 4th hourly - Vitals monitoring
Not passed flatus Not passed stools	P/A - Gaseous distension soft, BS (+) Wt firm & contracted well US - Bowel	- Follow drug chart - No need to repeat Dulcolax Suppository
	<u>C/S/B Dr. Priyadharsini</u> <u>S/B Dr. Mohana / Dr. Dnyalakshini</u>	
<u>28/7/26</u> <u>8:35 PM</u>	Pt. reviewed Nil o/e	<u>Advice</u> - NPO till morning - IVF @ 100ml/hr - 25mg IV 17.1 - AG 4th hourly
POD-1 T=(N) PR=109/min BP=105/65 mmHg SpO ₂ =98% @ RA	o/e: pt ac fair, afebrile P/P P/A: soft, BS (+) sluggish gaseous distension (+) Wt. firm & contracted passing air US: Bowel	- Monitor vitals - Strict PR - Follow drug chart - Inform SOS
voiding freely AG=10.5 cm		

6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2026	C/S/B Dr. Akshitha / Dr. Shreeder	
9Am	Pt reviewed, clo mild Lower Abdominal Pain o/e Pt GC fair, Afebrile P° / re°	Advice - NPO till orders - IVF 10RL @ 100ml/hr - Vitals Monitoring - Follow drug chart - AG @ 4hrly - Strict PR monitoring - Ambulation - Inform(SOS)
POD-2		
T(N)	US / RS / NAD	
PR- 88/min	P/A- Soft, BS ⊕ sluggish Gaseous distension ⊕	
BP- 110/68 mmHg	Uterus firm & well contracted Dressing ⊕ & Dry L/E- BWNL	
Baby- m/s		
B/L- Breast soft		
Voiding freely		
Passed minimal flatus		
AG- 100cm		
	182217	
29/07/2026	C/S/B Dr. Pavithra / Dr. Shreeder	
3:20pm	Pt reviewed	
POD-2		
	o/e	Advice C/I/T Dr. Priyadharshini - To give Kanji Diet. - To give Soft Diet @ night. - AG @ 4th hourly. - Ambulation - Bath & Dressing tomorrow. - Vitals Monitoring.
T(N)	Pt GC fair afebrile P° / re°	
BP- 110/70	CVS / RS / NAD	
PR- 80/min.	P/A- Soft, BS ⊕ mild Gaseous distension ⊕ ↓↓ Uterus firm & cont. well Dressing Dry. L/E- BWNL	
B/L Breast soft.		
Baby m/s.		
AG- 97cm		
Passed flatus		
Passed stools		

124682

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 9 PM	S/B Dr Vinita Pt reviewed; No Clo O/E: GC fair; Afebrile P' IPE	POD # 2; Passed stools in the afternoon
BP: 112/68 PR: 80/min SPO ₂ : 100% RA T: (N) AG: 98 cm (bpm)	P/A: Soft; BS ⊕; Ut firm; Gaseous distension ↓ Dressing ⊕ dry UE: BWNL	Adv: Bath & dressing tomorrow Ambulation Vitals Monitoring AG monitoring Q4H Inform SOS
30/07/2026 9 AM	C/S/B Dr. Akshitha / Dr. Shreedevi Pt reviewed, Nil Clo O/E Pt GC fair, Afebrile P' IPE	C/D/w Dr. Priya dhanashini Advice - Soft diet - Plenty of oral fluids - Ambulation - Vitals Monitoring - Follow drug chart - Bath & dressing today - Process discharge - Inform SOS
POD - 3 T-N	PR- 94/min BP- 101/71 mm Hg. CVS RS NAD	
Voiding freely Flatus passed Passed stools Baby - mls BL - Breast soft	P/A - Ut well Contracted Soft, BS ⊕ Gaseous distension ↓ Dressing ⊕ & Dry UE - BWNL	
	82211	

Dr. PRIYADHARSHINI S M



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Patient Sticker



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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



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: NICU 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	<u>7. Thyronorm</u>	<u>25mcg</u>	<u>PO</u>	<u>1-0-0</u>	<u>26/7/26</u>	☒ 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. Panitha

Date & Time: 26/7/2026 @ 8pm

Nurse Name & Signature: S. Shalee (04072)

Date & Time: 26/7/26 at 8pm

Page 1 of 1

Project Name: [illegible]

Project Number: [illegible]

Project Location: [illegible]

Project Start Date: [illegible]

Project End Date: [illegible]

Project Manager: [illegible]

Project Sponsor: [illegible]

Project Status: [illegible]

Project Budget: [illegible]

Project Risk: [illegible]

Project Complexity: [illegible]

Project Scope: [illegible]

Project Deliverables: [illegible]

Project Milestones: [illegible]

Project Key Dates: [illegible]

Project Stakeholders: [illegible]

Project Communication: [illegible]

Project Reporting: [illegible]

Project Documentation: [illegible]

Project Change Management: [illegible]

Project Risk Management: [illegible]

Project Quality Management: [illegible]

Project Procurement Management: [illegible]

Project Human Resource Management: [illegible]

Project Financial Management: [illegible]

Project Legal Management: [illegible]

Project Environmental Management: [illegible]

Project Social Management: [illegible]

Project Governance: [illegible]

Project Performance: [illegible]

Project Success: [illegible]

Project Conclusion: [illegible]

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1998 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M



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MEDICATION RECONCILIATION FORM

Drug Allergies: None

☐ 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: ICU

Shifted to: ICU

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. THYRONORM	25mg	PO	OD	27/7/26 @ 6 am	☒ C ☐ DC
2	INT. SUPACEF	1.5g	IV	BD	27/7/26 @ 1.40pm	☒ C ☐ DC
3	INT. PANTOPRAZOLE	40mg	IV	BD	27/7/26 @ 1.40pm	☒ C ☐ DC
4	INT. PARACETAMOL	1g	IV	TDS	-	☒ C ☐ DC
5	INT. CLEXANE	40mcg	SC	OD	-	☒ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: Dr. Shreedevi 182211

Date & Time: 27/07/2026

Nurse Name & Signature: S. Paraneswari 101008

Date & Time: 27/7/2026 @ 6.30pm

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

1

DRUG CHART

Date of Admission: 26/7/26 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 : <u>INJ. DICLOFENAC</u>				Date Time <u>27/7</u>
Dose <u>75mg</u>	Route <u>Im</u>	Frequency <u>SOS</u>	Start Date <u>27/7/26</u>	
Doctor's Signature <u>[Signature]</u>		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:				



REGULAR PRESCRIPTIONS

Weight. 80kg Ward. LOR

DRUG : <u>T. THYRONORM</u>				Date <u>29/7</u> Time <u>8H</u>
Dose <u>25mg</u>	Route <u>PO</u>	Frequency <u>1-0-0</u>	Start Date <u>29/7</u>	<u>6AM</u> <u>8P</u> <u>8P</u> <u>8P</u> <u>8P</u> <u>15D</u> <u>EP</u> <u>V-A</u> <u>V-A</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>1mg/82</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>3mg CEFOTAXIM</u>				Date <u>26/7</u> Time <u>9AM</u>
Dose <u>1g</u>	Route <u>IV</u>	Frequency <u>1-0-1</u>	Start Date <u>26/7</u>	<u>9AM</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>26/7/26</u> <u>stop</u> <u>9AM</u>
Additional Instructions: <u>14682</u>				<u>9AM</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>3mg SUPACEF</u>				Date <u>26/7</u> Time <u>9AM</u>
Dose <u>1.5g</u>	Route <u>IV</u>	Frequency <u>1-0-1</u>	Start Date <u>26/7</u>	<u>9AM</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>9AM</u> <u>9AM</u> <u>time change</u>
Additional Instructions: <u>14682</u>				<u>9AM</u> <u>9AM</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>1.5g SUPACEF</u>				Date <u>28/7</u> Time <u>12AM</u>
Dose <u>1.5g</u>	Route <u>IV</u>	Frequency <u>1-0-1</u>	Start Date <u>28/7/26</u>	<u>12AM</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>12AM</u> <u>12AM</u> <u>stop after 12pm dose</u>
Additional Instructions: <u>18221</u>				<u>12pm</u> <u>SS</u>
Daily Doctor's Endorsement by a Sign				



Weight. 80kg Ward. Cor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/7	-	INJ TAXIM	0.1ml	id	[Signature]	
26/7	8 ⁵⁸ pm	INJ SURACEF	0.1ml	id	[Signature]	MD
27/7	5am	T. MISOPROSTOL	50mcg	PO	[Signature]	MD
27/7/20	6-45 ^{am}	ENEMA	100mg	PR	[Signature]	MD
27/7/20	9am	T. MISOPROSTOL	50mcg	PO	[Signature]	MD
27/7/20	10am	INJ. DROTIN	1amp	Im	[Signature]	MD
27/7	12:30pm	INJ. EPIDOSIN	2cc	IV	[Signature]	MD
27/7	2pm	INJ EMESFET	4mg	IV	[Signature]	MD
27/7	2:10 pm	INJ TRAPIC	1mg	IV	[Signature]	MD

NOT given

Signature
VERIFIED BY : Name

VERIFIED BY : Name Signature

Sheet No:

REGULAR PRESCRIPTIONS

Weight 80 Ward 10

DRUG :				Date	Weight	Ward
Dose	Route	Frequency	Start Dt.	Time		
4mg	IV	1-0-1	21/7/20	7am		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : INT. PARACETAMOL				Date
Dose	Route	Frequency	Start Dt.	Time
1g	IV	1-1-1	27/7/24	27-28/7 6am P.M. E.P.
Name & Signature of the Doctor Starting the Drugs:  182217				2pm
				28/7/24 Stop 6am
Additional Instructions:				10pm P.M. E.P.
Daily Doctor's Endorsement by a Sign				

DRUG: INT. CLEXANE				Date: 28/7/2017
Dose 40mg	Route SC	Frequency 1-0-0	Start Dt. 28/7/2017	Time 12:00 PM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> 182217				E-P K. A. V. A.
Additional Instructions: x 10 days of vitals & Bleeding (N)				
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>

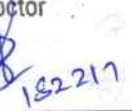
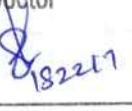
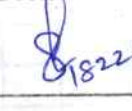
DRUG : T. CEFTUM				Date 28/7
Dose 500mg	Route PO	Frequency 10-1	Start Dt. 28/7/26	Time 8AM
Name & Signature of the Doctor Starting the Drugs:  182217				28/7/26 
Additional Instructions:				Stop
Daily Doctor's Endorsement by a Sign				28/7/26
u. No. : RCH / RM / CLINICAL / 108				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 80kg.. Ward

DRUG : T. PANTOPRAZOLE				Date Time 28/7
Dose 40mg	Route PO	Frequency 1-0-1	Start Dt. 28/7/2017	7am
Name & Signature of the Doctor Starting the Drugs: 				28/7/2017 Stop 7am
Additional Instructions: Before food				7pm
Daily Doctor's Endorsement by a Sign				
DRUG : T. ZERODOL SP				Date Time 28/7
Dose 1 Tab	Route PO	Frequency 1-0-1	Start Dt. 28/7/2017	9am
Name & Signature of the Doctor Starting the Drugs: 				12pm 28/7/2017 Stop 12pm
Additional Instructions:				9pm
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. TAXIM				Date Time 28/7/2017 30/7
Dose 1g	Route IV	Frequency 1-0-1	Start Dt. 28/7/2017	4am PE PE T.A V.A
Name & Signature of the Doctor Starting the Drugs: 				
Additional Instructions:				4pm E.P. S.S.
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. PANTOPRAZOLE				Date Time 28/7/2017 30/7
Dose 40mg	Route IV	Frequency 1-0-1	Start Dt. 28/7/2017	7am PE PE T.A V.A
Name & Signature of the Doctor Starting the Drugs: 				
Additional Instructions:				7pm S.S.
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name



Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : INJ. PARACETAMOL

Dose 1g Route IV Frequency 1-1-1 Start Dt. 28/1/26

Date 28/1/26
Time 8AM
NS NS
NS NS

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. LESURIDE

Dose 25mg Route IV Frequency 1-1-1 Start Dt. 28/1/26

Date 28/1/26
Time 8AM
NS NS
NS NS

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose Route Frequency Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose Route Frequency Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

CIN : U85110 TG1998 PTC029914

DRUG: INTRAVENOUS

Drug	Dose	Frequency	Route
[illegible]	10	1-1-1	IV

Administered by [illegible]

Signature: [illegible]

DRUG: INTRAVENOUS

Drug	Dose	Frequency	Route
[illegible]	10	1-1-1	IV

Administered by [illegible]

Signature: [illegible]

DRUG:

Drug	Dose	Frequency	Route
[illegible]	[illegible]	[illegible]	[illegible]

Administered by [illegible]

Signature: [illegible]

DRUG:

Drug	Dose	Frequency	Route
[illegible]	[illegible]	[illegible]	[illegible]

Administered by [illegible]

Signature: [illegible]

Weight: 80.09 kgs

Sheet No:

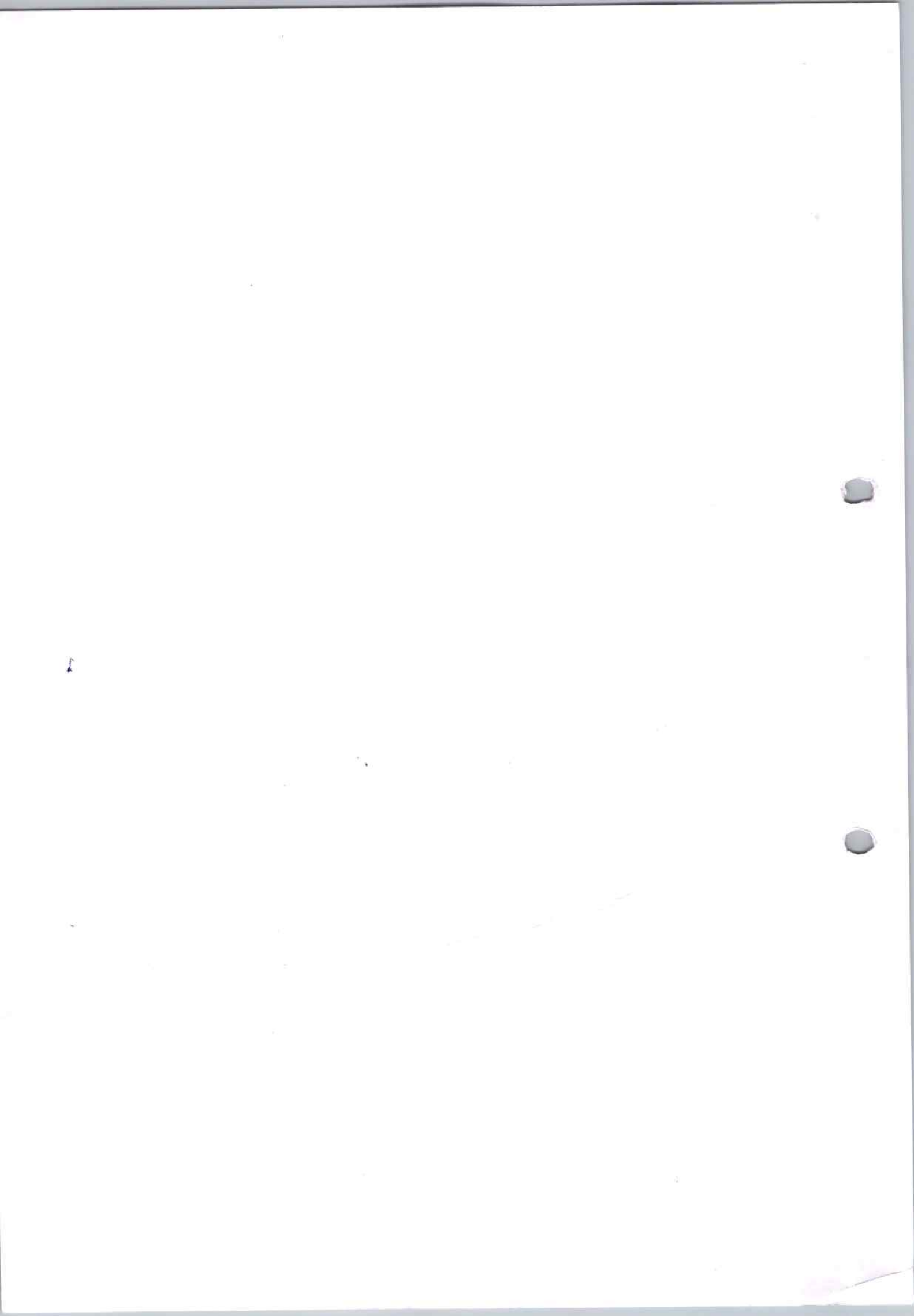
Docu. No. : RCH /FRM / CLINICAL / 136



Early Warning Observation Score Chart - Obstetrics

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

26/7/26		Date	8	9	10	11	12	1	2	3	4	5	6	7	
		Time	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 ^o 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 Pressure	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															





Early Warning Observation Score Chart - Obstetrics

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

28/11/2020

Date	Time	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30												
	21 - 30												
	11 - 20	18	18	18	18	20	20	20	20	20	20	20	20
	0 - 10												
Saturations	94 - 100 %	100	100	100	100	99	99	99	99	99	99	99	100
	< 94 %												
Administered O ₂ (L/min.)		10	10	10	10	10	10	10	10	10	10	10	10
Temp °C	40												
	39												
	38												
	37	98	98	98	98	98	98	98	98	98	98	98	98
	36												
	35												
	< 35												
Heart Rate	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100	92	90	90	90	90	90	90	90	90	90	90	90
	90												
	80												
	70												
	60												
	50												
	40												
Systolic Blood Pressure	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120												
	110	102	110	100	110	110	110	110	110	110	110	110	110
	100												
	90												
	80												
	70												
	60												
	50												
Diastolic Blood Pressure	130												
	120												
	110												
	100												
	90												
	80												
	70	56	60	62	64	64	64	64	64	64	64	64	64
	60												
	50												
	40												
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice												
	Pain												
	Unresponsive												
URINE ml/s / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30												
Proteinuria	Protein ++												
	Protein > ++												
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Heavy / Foul												
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Green												
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

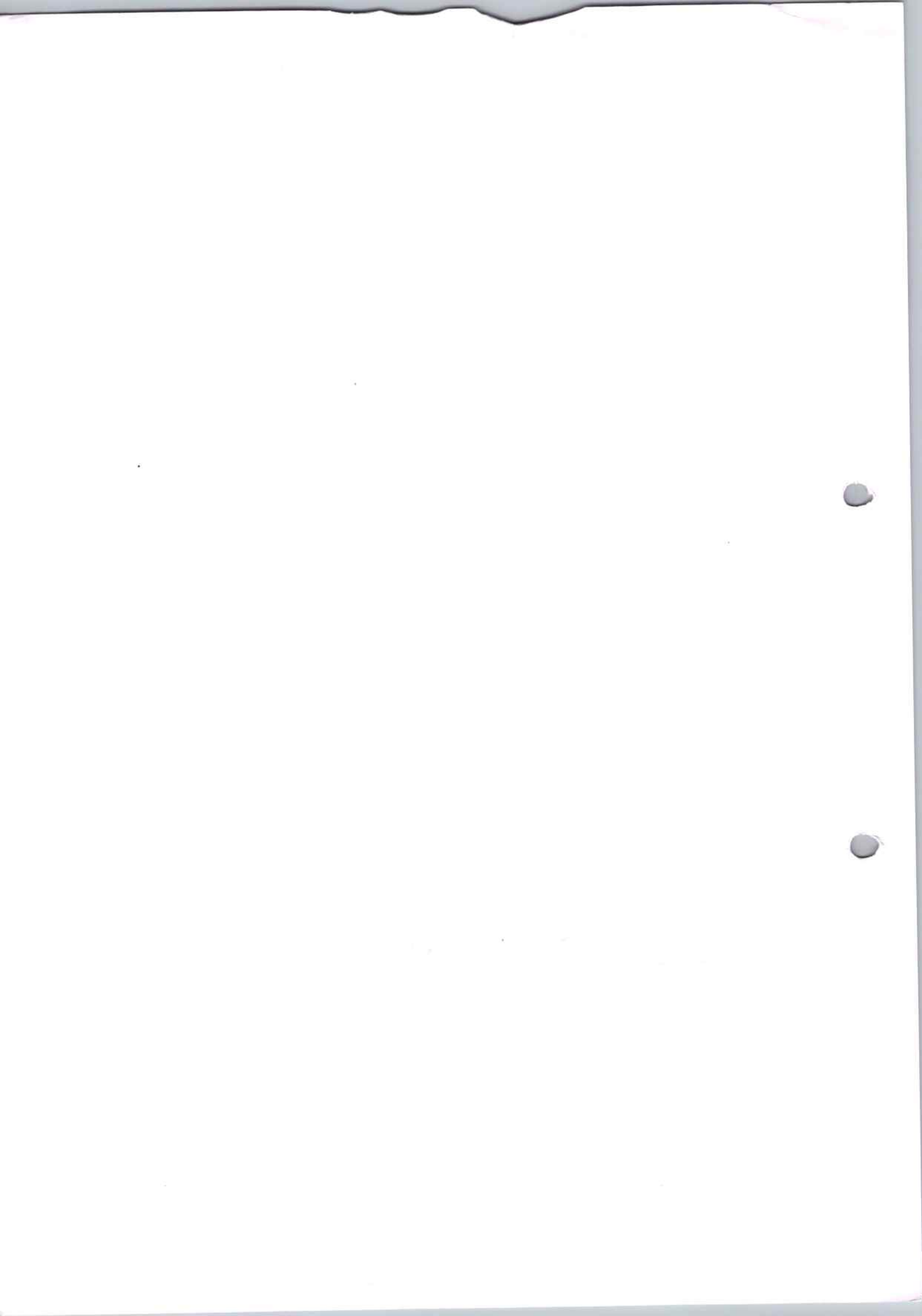


3

Lumpy Warming Observation Score Chart - Obstetrics

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

Date		Time																								
28/7/26		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	98%				22				20	20			20				20				20		20		
	0 - 10					99%																				
Saturations	94 - 100 %	PA								99%	99%			99%				98%				99%		96%		
	< 94 %																									
Administered O ₂ (L/min.)						PA				PA	PA			PA				PA				PA		PA		
Temp °C	40																									
	39																									
	38																									
	37																									
	36	98.0°F								98.2°F	98.2°F			98.2°F				98.0°F				98.2°F		98.2°F		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	98b/min																								
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	Systolic Blood Pressure	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		0				0				0			0				0				0	0		0		
TOTAL ORANGE SCORES		0				0				0			0				0				0	0		0		
Nurse Initial		2				2				2			2				2				2	2		2		



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

GUC-00090718 IP18-00036626
 Mrs AKSHAYA ABINAVARAAM.K
 06-08-1996 29 Y 11 M 20 D (F)
 Dr. PRIYADHARSHINI S M



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		← Admission 26/7/26 →									
Total Intake :						Total Output :						
	08:00 pm	Water 150ml							150ml	0	SP	
	09:00 pm	Water 100ml								0	SP	
	10:00 pm	Water 200ml							100ml	0	SP	
	11:00 pm			IV RL 100ml						0	SP	
	12:00 am			100ml					100ml	0	SP	
	01:00 am	Water 100ml								0	SP	
Total Intake : 500ml + 200ml						Total Output : 300ml						
	02:00 am	Water 200ml							150ml	0	SP	
	03:00 am									0	SP	
	04:00 am	Water 200ml							200ml	0	SP	
	05:00 a.m	Water 150ml							110ml	0	SP	
	06:00 am	Water 200ml							200ml	0	SP	
	07:00 am									0	SP	
Total Intake : 750ml						Total Output : 660ml						
Total 24 hrs. Intake			1,500ml			Total 24 hrs. Output			1,010ml			



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/7/20	08:00 am	H ₂ O	200ml							200ml	0	AB
	09:00 am									0	0	AB
	10:00 am	Juice	200ml							200	0	AB
	11:00 am			sgs						0	0	AB
	12:00 pm	Juice	200ml	24ml						200	0	AB
	01:00 pm	H ₂ O	100ml	42ml						100	0	AB
Total Intake :			772ml			Total Output :					700ml	
27/7/20	02:00 pm			150ml						75ml	0	AB
	03:00 pm			125ml						-	0	AB
	04:00 pm			125ml						50ml	0	AB
	05:00 pm			125ml						50ml	0	AB
	06:00 pm	H ₂ O	100ml	125ml						50ml	0	AB
	07:00 pm	TC	150ml	125ml						50ml	0	AB
Total Intake :			2375ml			Total Output :					275ml	
	08:00 pm	H ₂ O	50	25 + 125						100	0	AB
	09:00 pm	H ₂ O	150	25 + 125						100	0	AB
	10:00 pm	H ₂ O	200	25 + 125						250	0	AB
	11:00 pm			25 + 125						200	0	AB
	12:00 am	H ₂ O	200	25 + 125						250	0	AB
	01:00 am			25 + 125						250	0	AB
Total Intake :			1500 ml + 700 + 150 → 2350ml			Total Output :					1350ml	
	02:00 am			25 + 125						250	0	AB
	03:00 am	H ₂ O	100	25 + 125						200	0	AB
	04:00 am			25 + 125						150	0	AB
	05:00 am			25 + 125						200	0	AB
	06:00 am	H ₂ O	100	25 + 125						250	0	AB
	07:00 am			25 + 125						250	0	AB
Total Intake :			200ml + 700ml + 150ml = 1050ml			Total Output :					900 1000ml	
Total 24 hrs. Intake			3554 ml			Total 24 hrs. Output			3325ml			



FLUID CHART

Sheet No. : 3

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

28/7/26		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V							
	08:00 am	H ₂ O	200ml	25ml						0	Hai
	09:00 am	H ₂ O	200ml	25ml						0	Hai
	10:00 am	H ₂ O	300ml	DC				voided 500ml		0	Hai
	11:00 am	H ₂ O	300ml	DC						0	Hai
	12:00 pm	H ₂ O	300ml	25ml					250ml	0	Hai
	01:00 pm	H ₂ O	300ml	25ml					250ml	0	Hai
Total Intake : H ₂ O - 1600ml - 100ml = 1700ml			Total Output : 1000ml - 0								
	02:00 pm	H ₂ O	150ml	25ml						0	H
	03:00 pm									0	H
	04:00 pm	Tm	100ml	100ml					300ml	0	H
	05:00 pm	N								0	H
	06:00 pm	P		100ml						0	H
	07:00 pm	0		100ml					350ml	0	H
Total Intake : 250ml + 1425ml + 875ml			Total Output : 650ml								
	08:00 pm			100ml	106ml					0	Pb
	09:00 pm	N		200ml						0	Pb
	10:00 pm			100ml						0	Pb
	11:00 pm	P		DC						0	Pb
	12:00 am			100ml	98ml					0	Pb
	01:00 am	0		100ml						0	Pb
Total Intake : 500ml			Total Output : nil								
	02:00 am	N		100ml	107cm					0	Pb
	03:00 am			100ml	97cm					0	Pb
	04:00 am	P		100ml	107cm					0	Pb
	05:00 am			100ml						0	Pb
	06:00 am	0		DC					300ml	0	Pb
	07:00 am			DC						0	Pb
Total Intake : 400ml			Total Output : 300ml								

Total 24 hrs. Intake 3,275ml

Total 24 hrs. Output 1,950ml

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH	DATE OF DEATH
01-01-01	01-01-01
01-01-02	01-01-02
01-01-03	01-01-03
01-01-04	01-01-04
01-01-05	01-01-05
01-01-06	01-01-06

DATE OF BIRTH	DATE OF DEATH
01-01-07	01-01-07
01-01-08	01-01-08
01-01-09	01-01-09
01-01-10	01-01-10
01-01-11	01-01-11
01-01-12	01-01-12

DATE OF BIRTH	DATE OF DEATH
01-01-13	01-01-13
01-01-14	01-01-14
01-01-15	01-01-15
01-01-16	01-01-16
01-01-17	01-01-17
01-01-18	01-01-18

DATE OF BIRTH	DATE OF DEATH
01-01-19	01-01-19
01-01-20	01-01-20
01-01-21	01-01-21
01-01-22	01-01-22
01-01-23	01-01-23
01-01-24	01-01-24

DATE OF BIRTH	DATE OF DEATH
01-01-25	01-01-25
01-01-26	01-01-26
01-01-27	01-01-27
01-01-28	01-01-28
01-01-29	01-01-29
01-01-30	01-01-30

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH

DATE OF DEATH

DATE OF BIRTH

DATE OF DEATH



FLUID CHART

Sheet No. : 4

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
29/12/26												
			Mouth	I.V	NG							
	08:00 am	H ₂ O 200			100cm						0	sl
	09:00 am								250		0	sl
	10:00 am	H ₂ O 200									0	sl
	11:00 am										0	sl
	12:00 pm	H ₂ O 200									0	sl
	01:00 pm										0	sl
Total Intake : 600ml					Total Output : 250ml							
	02:00 pm				97cm						0	sl
	03:00 pm	H ₂ O 250							300ml		0	sl
	04:00 pm										0	sl
	05:00 pm	H ₂ O 100ml							300ml		0	sl
	06:00 pm	H ₂ O 50ml			98cm						0	sl
	07:00 pm	H ₂ O 50ml									0	sl
Total Intake : 400ml					Total Output : 600ml							
	08:00 pm								800ml		0	sl
	09:00 pm	H ₂ O 200ml			99cm						0	sl
	10:00 pm										0	sl
	11:00 pm	H ₂ O 100ml									0	sl
	12:00 am										0	sl
	01:00 am	H ₂ O 100ml									0	sl
Total Intake : 400ml					Total Output : 800ml							
	02:00 am				99cm				200ml		0	sl
	03:00 am	H ₂ O 100ml									0	sl
	04:00 am										0	sl
	05:00 a.m	H ₂ O 100ml							200ml		0	sl
	06:00 am				98cm						0	sl
	07:00 am										0	sl
Total Intake : 800ml					Total Output : 400ml							
Total 24 hrs. Intake		1,650ml			Total 24 hrs. Output		1,550ml			motion - 2		



NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
Diagnosis: <u>MyA3 38+2 days Inf Conception Hypothyroid</u>		Surgery / Procedure: <u>Em. LSCS</u>					
Post OP Day: <u>Day - 1</u>							
BACKGROUND	Date	<u>26/7/21</u>	<u>27/7/21</u>	<u>27/7/21</u>	<u>27/7/21</u>	<u>28/7/21</u>	<u>28/7/21</u>
	Shift	<u>N</u>	<u>M</u>	<u>Evening</u>	<u>Night</u>	<u>M</u>	<u>F</u>
	Medical Condition (Any special condition to be noted):	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>
Diet:	<u>N-diet</u>	<u>Liquid</u>	<u>liquids</u>	<u>liquids</u>	<u>Self diet</u>	<u>Self diet</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>ND</u>	<u>ND</u>	<u>ND</u>	<u>ND</u>		<u>ND</u>
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.6 F</u>	<u>98 F</u>	<u>98 F</u>	<u>98 F</u>	<u>98 F</u>	<u>98.2 F</u>
	Res: <u>20b/m</u>	<u>18</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	
	SpO ₂ : <u>100%</u>	<u>100</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	
	Pulse: <u>98</u>	<u>100</u>	<u>88b/m</u>	<u>85b/m</u>	<u>80b/m</u>	<u>78b/m</u>	
	BP: <u>110/70</u>	<u>102/62</u>	<u>110/70</u>	<u>115/65</u>	<u>105/60</u>	<u>100/60</u>	
	LOC: <u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score: <u>0/10</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	
RECOMMENDATIONS	Pain Score: <u>0/10</u>	<u>2/10</u>	<u>2/10</u>	<u>2/10</u>	<u>1/10</u>	<u>0/10</u>	
	Skin Integrity: <u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Safety Needs: ☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy: <u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Others Specify: ☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet: <u>N-diet</u>	<u>Liquid</u>	<u>liquids</u>	<u>liquids</u>	<u>Self diet</u>	<u>Self diet</u>	
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

10. What is the purpose of the experiment?



NURSING CARE RECORD

Date: 28/7/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	7:40 PM	Relieve pain and discomfort	8:00 PM	Assess pain using pain scale regularly position patient comfortably	pt feel better	Reassessment was done	Deni 018760

GUC-00090718

Mrs AKSHAYA ABINAVARAAM.K

06-08-1996

29 Y 11 M 21 D

Dr. PRIYADHARSHINI S M

IP18-00036626

(F)



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/11/20

Goals

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

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

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

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

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Achieve acceptable pain control & comfort		Assess the level of pain by using pain scale. provide comfortable position	to degree of pain	Pain is done	Poo Mrs.
Afternoon	2pm	Achieve acceptable pain control & comfort	2:30 pm	Assess the level of pain using pain scale provide comfortable position	patient feel better	patient pain level reduced	Pri 01/11/20
Night	8PM	Ensure the pain management	10PM	Assess the level of pain scale and medication	im. pain 19m opior done	Re Assessment Done	Pri 02/11/20

GUC-00090718 IP18-00036626
 Mrs AKSHAYA ABINAVARAM.K
 06-06-1996 29 Y 11 M 21 D (F)
 Dr. PRIYADHARSHINI S M



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITAL S
Your Right to a Safe Delivery

Date: 28/07/20

Goals

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

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: *N/A*

- ☐ 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	Ensure the pain management	12pm	Assess the level of pain using pain scale.	Vitals are stable.	done	Simp 607383
Afternoon	4pm	- Assess the pt general condition. - Provide painkillers as per doctor's order	4pm	- Assessed the pt general condition. - provide painkillers as per doctor's order	Provide painkillers as per doctor's order	Patient feels better	R.
Night	8pm	Ensure the pain management	11:30 pm	Assessed the level of pain using pain scale	vitals are stable	Reassessed done.	Done



NURSING CARE RECORD

Date: 29/11/2016

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Assess the mother general condition is fluid balanced.		Improve the mother condition & Electrolyte balanced.	Evaluate the Mother condition & vitals are stable.	Re - assessment is done.	Hazi bottas
Afternoon	1300PM	Assess the mother general condition and fluid balance.		Improve the mother condition and electrolyte	Encourage Oral Intake	Reassessment done	By
Night	8 PM	Ensure the good Nutrition status.	9 PM	Encourage and Ensure the Nutrition Benefits	Encourage Oral diet	ReAssessment Done	By 102157



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/1/26	7.45 PM	Admission notes on 26/1/26 Pt got admitted in 8th floor under Mr. Priyadharshini. Pt conscious & oriented. Pt came for fol today 44 W3 / 30w 3days / 14p 0throdie / 1st conception patient press pain low. Pt vitae checked & reassured. Pt admission cxy continuation. PHA is good PHA is 140-142 blmin. Pt condition informed to Mr. Priyadharshini. Mr. Priyadharshini over in foly plan. Pt cxy reaction. Pt condition explain to Mr. Priyadharshini. Pt general condition is good. —	Ren/01/26
8.30 PM		Cx disconnected once by Mr. Priyadharshini. Mr. Priyadharshini consent and vagina birth consent. Pt shifted to Cx for foly induction. —	Ren/01/26
8.45 PM		1 ASP foly induction by Mr. Priyadharshini. Mr. Priyadharshini over in foly. Water is not after 1st. Pt to be followed. Pt is good. Pt is good. Pt is good. —	Ren/01/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/11/26	9:00 PM	Big Trace CTA Connecting FHR is good. Inf. Supant 1.5 cm four dose 9mm as per doctor's order no anomaly. U+H. Wony CTA.	
	12:00 AM	At vital count 3 recorded At Genan condition is good CTA Connecting FHR is good 5cm reassess to be followed.	Pen/08/26
	12:50 AM	CTA Disconnected Order by Dr. Paritha Ilo chart maintain	Pen/08/26
	2 AM	Patient sleeping well	
	9 AM	vital sign checked & recorded vital sign are stable	Shalini 214072
	4:20 AM	CTA Connected FHR is good Ilo chart maintain	
	5 AM	CTA Disconnected Order by Dr. Paritha S/B. Dr. Paritha, patient Complaints of Foley Expelled Cervix 2 cm long, soft posterior as admits 2 finger loose membrane (+) vertex high - 3 station Dr. Paritha man advice Tab. Niso 50mg plz	Shalini 214072
	5:00 AM	Tab. Niso 50mg plz given	
	5:30 AM	Due Medication given	
	5:40 AM	Patient Morning Care given. Ilo chart maintain	Shalini 214072

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/20	6am	Continuous 27/7/206 → post Mero CTU connected. FHR is good, patient left lateral position changed	Shaleen 014072
	6 ³⁰ am	CTU Disconnected order by Dr Parithes Dr Parithes mom advice. Enema.	
	6 ⁴⁰ am	Enema (omel. pr given patient motion pained. The chest restraints.	
	7 ³⁰ am	patient handing Over given to morning duty staff morning duty	Shaleen 204072
	7:30am	pt care hand over taken from night duty staff. pt conscious & oriented. IV line & pattern. pt. had normal diet. provide comfortable bed position.	Shaleen 204072
	8am	pt vital signs check okay recorded. Encourage to take adequate oral fluid. N/A Barden a, pain assessment morse fall risk assessment done. pt have 2 contraction in uterus. provide comfortable bed position.	Shaleen 204072
	8:40am	CTU connected as per doctor order FHR 100	Shaleen 204072

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/11/26	9am	Dr. Akshitha advice give 7. miso 50mg oral. disconnect CTG order carried out. CTG disconnected as per doctor's order. 7. miso 50mg oral given as per doctor's order.	C. N. 1000 one
	9.50am	Dr. Priyadharshini came did per examination ex lam long 2cm dilated membrane ex-3. Advice to give 2. pethen acc 1m order carried out.	for birth
	10am	pt vital signs checked & recorded. maintain sup chart post miso CTG connected as per doctor's order FHR 100. 2. pethen 2 cc 1m given as per doctor's order.	st. 1000 one
	10.30am	CTG disconnected as per doctor's order. provide comfortable bed position. Encourage to do squat.	for
	12pm	pt vital signs checked & recorded. maintain sup chart. Dr. Akshitha advice to start 2. sybo + connect CTG order carried out. CTG connected FHR 100. 2. sybo 5 v in square	next page

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



AKSHAYA
3

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26		24ml/hr started on infusion as per doctor order.	poor
	12.25pm	Dr. Priyadharshini did per examination & thick effaced OS 3-4 cm dilated. Advice to give R. Epidural order carried out.	
		R. Epidural 0.2% given as per doctor order.	poor
	1pm	pt is stable. she have 3 contractions in 10 mins for 30 sec. Encourage to take breathing exercises.	poor
	1.40pm	Dr. Priyadharshini did per examination & thick effaced 3-4cm dilated. Non progress of labour advice to prepare the pt for Emergency C/S order carried out. The supine 1.5gm IV, R. 1 pan IV, R. Fentanyl 10 given as per doctor order. pt can hand over gears to OT staff. Surgery & anaesthesia consent done. pt shifted to OT as per doctor order.	poor

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies:

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting note	
27/7/26	1:45 pm	Patient received from LDR to OT-III. patient is conscious & oriented. The line is present. Foley's catheter is present. patient vital signs are stable. Consent signature done.	D. G. 60721
	1:50 pm	SA given positioning done. The fluid connected. vital signs are monitored and stable.	
	1:55 pm	Counting and draping done. skin incision done. no active bleeding is present	D. G. 60721
	1:58 pm	A single alive baby girl delivered with birth weight of 3.269kg. Baby cried immediately after delivery. Baby shifted for routine care.	D. G. 60721
	2:40 pm	skin suturing done no active bleeding is present. The fluid disconnected. surgical dressing done no bleeding and oozing done. life cell collected and given to LDR staff	D. G. 60721
	2:55 pm	patient shifted to nurse hand and given to LDR staff	D. G. 60721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	3pm	NICU received Notes: Patient received from Dr. Patient conscious & oriented. Vitals are checked & recorded. Emergency tests done. Baby mother side. pv bleeding normal. Post op orders received. Iv line patent. Patient maintain NPO. Direct breast feeding given. Baby sucking well.	
	4.00pm	post partum assessment done. B $\Rightarrow$ Breast soft. Direct breast feeding given. U $\Rightarrow$ Uterus contracted. pv bleeding normal R $\Rightarrow$ catheter present. I/o chest maintain R $\Rightarrow$ Bowel movement present L $\Rightarrow$ Lochia rubra present No evidence of foul smelling E $\Rightarrow$ REEDA assessment not applicable H $\Rightarrow$ Homans sign negative E $\Rightarrow$ Patient emotional status good.	S. P. Parameswari 01/6808
	5pm	Patient side no complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	continue	patient maintain NPO. Inj: Synto 125ml/hr on flow to the patient. Baby kept in cradle.	S/n paranees 016808
	bpm	osals stated. There is no complaints of vomiting. osals encouraged. patient shifted to ward.	S/n paranees 016808
	7.15pm	patient details, files handed over given to 7th floor staff.	S/n paranees 016808
		Receiving Notes.	
	7.35pm	Handover received from CDR Staff. Patient is active and oriented - IV line present Inj-Synto 125ml/hr on flow. CBC 6am tomorrow. PPD# HB, Pk. Patient 2nd hourly liquid diet. 9pm kany. 10pm soft diet if patient, hunger. Inj-trafic. 1.8m Start. 8pm. CBD Removal. tomorrow 6am.	Sony 019088
	7.30pm	Handover given to night duty staff.	Son

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☒ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Night duty notes:</u>	
		patient Received from the LDR at 7:30 PM pt on conscious. Observed TV line pattern. IVF: RL 125ml + 1m; Swt 0 25ml/h on Flowing Foley's present Dressing done.	
	8 PM	pt vital signs are checked clinically stable and Monitor Rechecked done.	
	9 PM	solid diet Kani will be take no vomiting compl.	Priyanka 02/8/25
	10 PM	Encourage soft diet pattern	
	10:30 PM	due medications will be given as per the drug chart to Following	
	11 PM	Dr. Vinitha Mam seen patient H-D stable and Tomorrow plan i) CBD Renal at 6 AM ii) 1 AM still soft diet che iii) Watch for Bleeding Analysis im: urine done. Concom iv) 2nd POD Hb / PCV Sended	
	12 AM	Rechecked the vitals H-D stable	
	1 AM	Encourage feeding process and Tenuques. diaper changed done no heavy Bleeding.	Priyanka 02/8/25

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	3AM	patient sleeping patterns is	
	4AM	Rechecked the vitals good. Hemodynamically stable.	
	6AM	Waking after 20 minutes CBD removed doc at 6AM	
	6:30AM	my: Clinician coming & see Opinion as per Doctors Orders follow	
	7AM	Medications given as per the Drug chart to follow	
	7:30AM	PT details handing over Opinion to morning duty staff Nurse	
		Morning duty	
28/7/26	7:30AM	PT's details Hand over taken from night duty staff. vitals are stable. CBD(R) at 6 AM, TV line pattern, PT's have soft diet, PT's POD # 2 Hb/PCV taken send to lab. Inj. Synto 200/125mg over 24hrs.	
	8AM	PT's vital signs checked and recorded. vitals are stable, maintained the chart, due medication given as per order →	S. Madhly 609383
		B- Breast is soft, no engorgement U- uterine contraction well B- bowel movement (+)	Shaf 609383

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(6)
NURSES NOTES

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

- ☒ No Known Drug Allergies
☐ Drug Allergies N.W.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	8am	B-Urine voided freely L-Lochia rubra (+) E-Reads Scale NA H-Homan's sign negative E-Emotional status good	
	10am	Dr. Priya Adharshini Nam to meet NCA assess the P/L condition oral medication given as per order, tomorrow D/S plan tomorrow Bath & dressing	Dr. 607389
	12pm	P/L due medication given as per order, maintained chart	Dr. 607389
	1230pm	P/L details handover given to Evening duty staff	Dr. 607383
	1.30pm	Evening duty on 28/7/26 Patient details handing over from Morning duty staff Patient awake and Oriented. IV line patent. Patient vom passed per bleed in Naund	
	4pm	Patient is on soft diet. B-Breast soft. No engorgement U-Uterus contracted. Involution present B-Vom voided freely B-Motion not passed C-Rachia Intra present No feed given	Dr.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital
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BirthRight
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- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/1/14		E- REEDA is not applicable H - Homans sign Negative Q - Emotional status good Vital signs checked and Recorded. Vital are stable Maintain Intake and Output Chart	Rh.
		Dr. Prayadharshini man seen the patient advised by clear liquid diet - 1000mls Ly: Lasix 1gm - B10, Ly: Lasix 2gm iv + D5, 10ml/hr suppressing 2 stat, Ly: par 2gm iv B10, AC Q4H, BP 160/110, pulse - Q4H, CBI. In electrolytes, Ly: par 1gm iv - D5	Rh.
	4pm.	Ly: par 1gm given 10 mins Ly: paracetamol 1gm given to patient suppressors 10ml/hr 2 stat - fine 170 done, Ly: Lasix 2gm + some diluting given iv done. vital signs checked and Recorded. Temp - 99.3°F, RR 14x, BP - 100/60, HR 20x, SpO2 - 94% CBI. In electrolytes added to lab	Rh.
	4.40pm	patient has no improved status. Dr. prathap now phone call order.	Rh.
	6pm.	the medication given as per Dr. prathap's order	Rh.

NOTE: DO NOT WRITE OUTSIDE THE MARGINS



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NURSES NOTES



☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	7:30pm	patient details handover across Night duty staff →	Ph.
		NIGHT DUTY	
28/7/26	7:30pm	patient details handover taken over from evening to night patient is following compliance NPO, Leberid TDS, IV line out New IV line changed, IVF-100ml/hr →	P. Kant 607261
	8:00pm	patient vitals checked and recorded. A/C - 106 cm Inform Dr. Divya Lakshmi. Main seen the patient. Keep NPO continue medication →	P. Kalmoz 607261
	10:00pm	patient is B-Breast is soft, No engorgement U-Uterus is contracted well B-Bowel movement present Flatus passed B-urine voided frequently L-Lochia Rubra is present E-Rada NOT Applicable H-Homan sign's Negative E-Emotional status good →	P. Kalmoz 607261
29/7/26	12:00pm	patient vitals checked and recorded. Dis medication Ily. paracetamol & Ily. Leberid	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	12:00 ^{am}	given and Recorded. patient Acr-98cm, Inform Dr Divya Mam	→ P. K. K. 6094
	4:00 ^{am}	patient vitals checked and Recorded. patient due medication Tij. taxem 1gm given and Recorded. Acr-101.5cm	→ P. K. K. 6094
	7:00 ^{am}	patient due medication given and Recorded. patient Intake output maintained	→ P. K. K. 6094
	7:30 ^{am}	patient details handover given to Morning duty Morning Duty	→ P. K. K. 6094
29/7	7:30 ^{am}	patient details care file handing over taken from the night duty staff, mother CHAN and, Mother not diet is Diabetic diet is intake and, Npo stop and 10 pm CBD removed 2:30 PM 1st voided and AC monitoring plus once and RBS monitoring	
		Morning Duty	
29/7	7:30 ^{am}	patient details care file handing over taken from	

NOTE: DO NOT WRITE OUTSIDE THE MARGINS



8

NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies None

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/11/26		the night duty staff, ptn flatus is passed and Dr line present and 100ml/ hrs of fluid flowing AG & shows once monitoring Yesterday 9 ⁰⁰ CLK start the NPO patient if conscious and ptn medicine is 2r. medication is changed. ptn pulse is high and 8 ⁰⁰ CLK AG - 100 cm maintain and check the recorded.	→ Main bot 9/15
	9am	ptn vitals are monitoring and vitals are reported vitals are stable. ptn is conscious. ptn side there is no clo of pain.	→ Hae bot 9/15
	9:30 am	ptn medicine is given to the as per as doctors order ptn is understanding. & cooperative the ptn.	→ Hae bot 9/15
	10pm	Dr. Priyadharshini come and seen assessed the ptn's condition, Abdomen, continue tomorrow Displan, Bath & dressing.	→ Hae bot 9/15
	12pm	patient vitals are stable. maintain the chart.	→ Hae bot 9/15

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ... *Nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7	1:30pm	pt's details hand over given to Evening duty staff.	
		Evening duty staff notes.	
	1:30pm	Handover received from.	
		Evening duty ON 29/7/2026	
	1:30PM	patient Details and Conditions handing over taken from morning duty staff Nurse. pt on Conscious Observed on 15/15'	
	2PM	pt vital signs are monitored and recorded done Hourly/diurnally Stable and vitals recorded done	
	3pm	Medication will be given done as per the Drug chart to fall	
	4PM	pt to be assessed the feeding techniques Educations	
		B - Breast soft no Engorgement	
		U - Uterus is Contracted	
		B - Urine voided frequently	
		B - Bladder Movement are OK	
		L - Lochia Rubra <i>Bone 10pus</i>	
		E - Emotional Status good	
		H - Hormonal changes good	
	5pm	Assessed to Mother feeding positioning baby latch sore & mastitis	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

IP15-00036626
Mrs AKSHAYA ASHWINI
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Priyadharshini	Date of Delivery: 27/07/2026
Assistant Surgeon: Dr. Akshitha / Dr. Shreedevi	Time of Delivery: 1:58 pm
Anaesthetist's Name: Dr. Ashwini	Gender of Baby: Girl
Type of Anaesthesia: Spinal	Weight of Baby: 3.269 kg
Neonatologist: Dr. Poojitha	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N Sundari, S/N Sangeetha	NICU Admission: ☐ Yes ☒ No
Pre-Operative Diagnosis: G4A3 / IVF conception	Indication: 38 weeks + 3 days / Hypothyroid
☐ Elective ☒ Emergency	1st degree CPD / Non-Progress of Labour at 3-4cm dilation
Urgency ☐ Immediate Threat to life of woman or fetus ☒ Maternal or fetal compromise not immediately life threatening ☐ No maternal or fetal compromise but needs early delivery ☐ Delivery timed to suit woman and staff	Knief to rectus: 3mins
Decision time:	
CTG Description: Reactive	
If there was a delay give the reasons:	
Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION	
Post Operative Diagnosis: P1L1A3 / POD-0 / POST LSCS / HYPOTHYROID	
Peri-Operative Complications: Nil	
Amount of Blood Loss: 350ml	Blood Transfused (in ML):
Name and Number of Surgical Specimen sent for examination:	

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other

5th Palpable: 4/5th

Station: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☒ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Cervical Dilatation: 3-4 cm

Fetal Position: LOT

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse

Uterine Incision: ☒ Lower Segment ☐ Classical

Previous Scar: ☐ Intact ☐ Thinned out

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☐ Manual ☐ Forceps

Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II

Delivery of Placenta: ☐ Manual ☒ OCT

Cord Appearance: Normal

Appearance of placenta: Normal

Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal

☐ Midline ☐ Other

☐ Inverted T ☐ J Incision

☐ Ruptured ☒ No Scar

☐ Complete ☐ Blood ☐ Offensive ☒ Not Offensive

☐ Incomplete ☐ Piecemeal

Cord around the neck ☐ Yes ☒ No

Cavity explored ☒ Yes ☐ No

Sterilization: ☐ Yes ☒ No

Ab gel kept inside

Uterine Closure: ☐ One Layer ☒ Two Layers

Peritoneal Closure: ☐ Pelvic ☒ Abdominal

Sheath Closure: ☒ None

Fat Closure: ☐ Yes ☒ No

Skin Closure: ☒ Subcuticular ☐ Mattress

Vaginal Evacuated

Drain: ☒ Yes ☐ No

Catheter: ☒ Yes ☐ No

Swap & Instruments count correct? ☒ Yes ☐ No

Intra-Operative Antibiotics Cover: ☒ Yes ☐ No

Post-Operative Notes: NPO x 3 hours

..... vital monitoring

..... I.V. 10RL @ 125ml/hr

..... INJ. SYNTO MAINTENANCE (200 in 500ml RL) IV @ 25ml/hr

..... INJ. TRAPIL 1g IV stat @ 8pm (one dose)

..... INJ. SUPACET 1.5g IV 1-0-1

..... INJ. PANTOPRAZOLE 40mg IV 1-0-1

..... INJ. PARACETAMOL 1g IV 1-1-1

..... INJ. CLEXANE 40mcg SC OD c/m 6am (if vitals & Bleeding Normal)

..... 1-VICRYL Suture

..... 1-VICRYL Suture

..... 3-0-MONOCRYL Suture

..... days ☐ Await instructions

..... days ☐ Await instructions

..... ☒ Yes ☐ No

..... ☒ Yes ☐ No

..... - INJ. DICLOFENAC 75mg IM (SOS)

..... - No charting

..... - CBD c/m 6am

..... - Hb/Plv on POD-2

Doctor Name: Dr. Priyadharsini

Doctor Signature: For 182217

Date & Time: 27/07/2026



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 27/7/26

Date of Removal: 28/7/26 @ 6.00 AM

Parameters	Date	Shift Time						
Need for the Catheter	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	<u>27/7/26</u>		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	<u>27/7/26</u>		<u>Patel</u>	<u>P. Patel</u>	<u>P. Patel</u>			
Signature of the Nurse	<u>27/7/26</u>		<u>P. Patel</u>	<u>P. Patel</u>	<u>P. Patel</u>			

11-11-2011 17:46

Судья: А.А.А.

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Судья: А.А.А.

Судья: А.А.А.

Судья: А.А.А.

ИВАНОВА ГАЛЛАХОВА ВЛАДИСЛАВА



CUC-00090718 IP18-00036626
 Mrs AKSHAYA ABINAVARAA.M.K
 06-08-1996 29 Y 11 M 20 D (F)
 Dr. PRIYADHARSHINI S.M

BRADEN 'Q' SCALE



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.
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 waking hours.
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.
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.
FRICITION-SHEAR Friction. Occurs when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem : Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem : Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem : Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem : Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.
Nutritional Usual food intake pattern	1. Very Poor : NPO or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate : Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate : Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent : Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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.

Date: 08/17/26 23:17 Time: 23:17
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TOTAL SCORE	24	24	22	28
Evaluator's Name	nm	nm	nm	nm

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23
 Docu. No. : RCH /FRM / CLINICAL / 119

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

BRADEN Q SCALE

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.	Date : 28/7/2017 Time : 29/7			
					E	N	M	E
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate: OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
	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
Sensory Perception	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
	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	4	4	4	4
Friction-Shear Friction. Occurs when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Very Poor: NPQ/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 meal or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Nutritional Usual food intake pattern	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
	Tissue Perfusion & Oxygenation							

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23
 Docu. No. : RCH /FRM / CLINICAL / 119

TOTAL SCORE	25	28	25	25
Evaluator's Name	1	He	He	He

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	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00090718

IP18-00036626

Mrs AKSHAYA ABINAVARAAM.K

08-08-1996

29 Y 11 M 24 D (F)

Dr. PRIYADARSHINI S M



BRADEN 'Q' SCALE

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

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

		Date : 09/12 3/7		Time : N M	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	
"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.	
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.	
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FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
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.	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					
Docu. No. : RCH /FRM / CLINICAL / 119					
TOTAL SCORE				25	25
Evaluator's Name				[Signature]	

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7/26	8pm	1/10	lower Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Shalini 04/07/26
27/7/26	12am	1/10	lower Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 04/07/26
27/7/26	6am	1/10	lower Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Shalini 04/07/26
27/7/26	2am	1/10	lower abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 04/07/26
27/7/26	12pm	2/10	lower abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	provide comfortable position	Shalini 04/07/26
27/7/26	3pm	2/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	provide comfortable position	Shalini 04/07/26
27/7/26	6pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	provide comfortable position	Shalini 04/07/26
28/7/26	12am	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	nil	Shalini 04/07/26
28/7/26	6am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shalini 04/07/26
28/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shalini 04/07/26

Re-assessment Frequency:

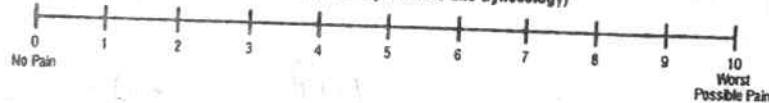
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Score	Fall Risk Grading				
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20		20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20		20		High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10		10	10			
	Normal /On Bed Rest /Immobile	0	0					
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			0	30	30			
Signature			Den	27/7/26	27/7/26			

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

Mathematics

Section

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	SP ^a 28/7/20	SM 28/7/15	2000 28/7/15	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	10	10	10			
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			30	30	30			
		Signature	P. G. Gombi					

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N	M	E	Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15	20	20	20			
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				Total Morse Fall Scale Score:	30	30
	Weak (uses touch for balance)	10	10	10	10			
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				Signature	P. J. 02/12/17	02/12/17
	Oriented to own ability	0						

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time			Fall Risk Grading		
		Score	29/7/26	30/7/26			
History of Falling (immediately or w/in 3 months)	Yes	25			Risk Level	Morse Fall Score (MFS)	Action
	No	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	Low Risk	0 - 24	Standard Fall Precaution
	No	0					
Ambulatory Aid	Furniture	30	0	0	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15	20	20			
	None /Bed Rest /Nurse Assist	0					
IV / Heparin Lock or Saline	Yes	20			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20	0	0			
	Weak (uses touch for balance)	10	10	10			
	Normal /On Bed Rest /Immobile	0					
Mental Status	Forgets limitations	15					
	Oriented to own ability	0					
Total Morse Fall Scale Score:			30	30			
Signature			<i>[Signature]</i>	<i>[Signature]</i>			

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

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

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Patient's Name

GUC-00090718 IP18-00036626

Mrs AKSHAYA ABINAVARAM.K

MRD NO:.....

06-08-1996

29 Y 11 M 20 D

(F)

Dr. PRIYADHARSHINI S M

Age :.....



☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 26/7/16 Time: 8.40 PM

Location: ① Side Metacarpal

Size: 16G

Cannula inserted by: A.W. Devi

CANNULA 2

Date: 28/7/16 Time: 5 PM

Location: ② Anesthetic vein

Size: 20G

Cannula inserted by: A.W. Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/7/16	9 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	11 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	1 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	3 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	5 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	7 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	9 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	11 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	1 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
27/7	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	10 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	12 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
28/7/16	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ 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: 28/7/16 @ 5 PM
RX any initiated: ☐ Yes ☒ No N/A If Yes specify-
Phlebitis score: 15

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
28/7/16	5 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	7 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	9 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	11 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	1 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	3 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	5 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	7 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	9 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	12 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	10 PM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	12 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	2 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	4 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	6 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	observed	red
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

NOTE : * To be assessed within 30 minutes of insertion.

* Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 20 D (F)
Dr. PRIYADHARSHINI S M



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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		
26/12/26	8pm	Informed Consent	At explain to abum in the for procedure	patient	Education level	oral	None	verbalize/understand	good	<i>[Signature]</i>
27/7	2pm	yes	Educate & Inform about breast feeding position	patient	None	Oral	None	yes	good	<i>[Signature]</i>
28/12/26	10pm	yes	Explain about NPO	patient	None	Oral	None	yes	good	<i>[Signature]</i>
29/7	8pm	Yes	Explain about the Ambulate the mother reduce the flatus	patient	None	Oral	None	Yes	good	<i>[Signature]</i>

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 4. Language Barrier 7. Impaired Thought Process/Cognitive limitations 10. Financial Difficulties 13. Cultural/Religion Practice 2. Physical Impairment 6. Educational Level 8. Responsibilities at Home 11. Beliefs and Values 14. Others (Specify) 3. Emotional Barriers 5. Desire / Motivate to Learn 9. Cultural Differences 12. Impaired Vision/ or Hearing							
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed							
Mechanism/s to overcome barrier/s: 1. None 3. Reassurance & Support 5. Respect values & beliefs 7. Other, Specify 2. Obtain translator 4. Teach Family / Others 6. Respect Cultural / Religion Preference							
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review							

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 24 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: kanji Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Willingness to Learn: Yes

Healthcare Literacy: Yes ☒ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)

6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices
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		
30/4/26	8AM	Yes	Educate about pain management	Mother	no	oral	None	Verbal	Good	<i>[Signature]</i> 6/7/37

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

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

Mechanism/s to overcome barrier/s:

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

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



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers: (N/A)

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

8. NICU admission: (N/A)

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

9. Additional notes:

Continuity of Care:

Date:

L - 2

28/7/26

29/7/26

A - 2

L - 2

L - 2

T - 1

A - 2

A - 2

C - 2

T - 2

T - 2

H - 2

C - 1

C - 1

9

H - 1

H - 1

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P602201

8
P602201

Handover given by S. Parameswari

Handover taken by Shweta

Signature [Signature] 01/6/2008

Signature [Signature]

Date & Time: 27/7/2026 @ 4 pm

Date & Time: 27/7/26 @ 7:30 pm

SURGICAL SAFETY CHECKLIST

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAM.K
06-08-1998 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M

Surgeon : Dr. Priyadharshini
Asst. Surgeon : Dr. Akshaya
Anaesthetist : Dr. Priyadharshini
Scrub Nurse : Sal. Sangeetha / Suma

Age : Gender :
Surgery Name : Cesarean
In-time : 1:15pm Out-time : 2:15pm

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

Before Induction of Anaesthesia >>

SIGN IN		Time: <u>1:50pm</u>
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 : <u>Dr. Priyadharshini</u>		
Name : <u>Dr. Priyadharshini</u>		

Before Skin Incision >>

TIME OUT		Time: <u>1:53pm</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>Dr. Priyadharshini</u>		
Name : <u>Dr. Priyadharshini</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>2:50pm</u>
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 : <u>Dr. Priyadharshini</u>		
Name : <u>Dr. Priyadharshini</u>		

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☒ Not known any Drug Allergies

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INS EMBEET	4mg	IV	stat	27/7	☒ C ☐ DC
2	INS TRAPIC	1g	IV	stat	27/7	☐ 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 : P. Priyadharshini

Date & Time : 27/7/20 3pm

Nurse Name & Signature : P. S. S. S.

Date & Time : 27/7/20 3pm

MEDICATION

Medication History Report
 (Example of a Medication History Report)
 Medication History Report (Example of a Medication History Report)
 Medication History Report (Example of a Medication History Report)

2. No.	3. Medication Name	4. Dosage	5. Frequency	6. Route	7. Indication	8. Date Started	9. Date Stopped	10. Comments
1	Insulin	10 units	bid	subcutaneous	Diabetes Mellitus	1/1/10	1/1/10	
2	Aspirin	81 mg	qd	oral	Cardiovascular Disease	1/1/10	1/1/10	
3								
4								
5								
6								
7								
8								
9								
10								

Medication History Report
 (Example of a Medication History Report)
 Medication History Report (Example of a Medication History Report)
 Medication History Report (Example of a Medication History Report)

PATIENT TRANSFER FORM

GUC-00090718 IP18-00036626

Mrs AKSHAYA ABINAVARAAM.K
05-08-1988 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M



Date & Time of Admission <i>26/7/26 @ 7:39pm</i>		Date & Time of Transfer Order <i>27/7/26 @ 2:55pm</i>
Treating Consultant Name <i>Dr. Priyadharsini</i>	Transfer Ordered by <i>Dr. Priyadharsini</i>	Reason for Transfer <i>For further management</i>
From Unit <i>OT</i>	To Unit <i>mic</i>	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File <i>1 Sp file</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring <i>[Signature]</i>		Name of Person Ordered Transfer <i>Dr. Priyadharsini</i>
Patient & Clinical Records Received by : <i>[Signature]</i>		
Date & Time of Patient Received : <i>27/7/26 @ 3pm</i>		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

GUC-00090718 IP18-00036625
 Mrs AKSHAYA ABINAVARAAM.K
 06-06-1996 29 Y 11 M 21 D (F)
 Dr. PRIYADHARSHINI S M



PATIENT TRANSFER NURSING HANDOVER CHECKLIST		
Date & Time of Transfer: 27/7/20 @ 2:55 PM OT		
Patient Identification		TRANSFERRED TO: Mrs
		REMARKS
1	a. Patient Identification Patient name, age, UHID/hospital number confirmed	YES/NO
	b. Surgical procedure & correct site verified	Yes
2	Airway & Breathing	Yes
	a. Oxygen delivery (mask/cannula/ventilator) secured	
	b. SpO ₂ within safe range	NA
	c. If ETT: position confirmed, ties secure, cuff inflated	Yes
3	Circulation & Hemodynamic Stability	NA
	a. IV lines secured & infusion running correctly	
	b. No active uncontrolled bleeding	Yes
	c. Last vitals recorded before transfer	Yes
	d. Central line hubs are closed	Yes
	e. Dressing Intact	NA
4	Pain Assessment	Yes
	a. Pain score assessed & analgesia given	
	b. Reassessment done	Yes
5	Wound, Dressings & Drains	Yes
	a. Surgical dressing intact	
	b. All drains fixed, output noted	Yes
	c. Catheter secure & urine output recorded	NA
	d. Splints/casts/traction devices stabilized	Yes
6	Medications Pre & Post-Op Orders	NA
	a. Medications due time noted	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes
	c. Emergency meds given in OT (time & dose documented)	Yes
7	Equipment Safety & Transport Preparedness	
	a. Oxygen cylinder full & ambu bag at bedside	
	b. Bed/side rails up and brakes applied	NA
	c. Special positioning maintained as per surgery	Yes
8	High-Risk Patient Safety (if applicable)	NA
	a. Chest tube: underwater seal below chest level	
	b. Epidural catheter secure, infusion checked	NA
	c. Pressure areas protected (heels/elbows)	NA
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NA
10	REPORTS AND LABS HANDED OVER	NA
11	BIOPSY/HPE SENT	NA
12	Documentation	NA
	a. Documentation completeness	
	Transferring Nurse:	Yes
	Receiving Nurse:	Dr. Priya
	Signature of Incharge:	Dr. Priya / 016808

GUC-00090718 IP18-00036626
 Mrs AKSHAYA ABINAVARAAM.K
 06-08-1996 29 Y 11 M 21 D (F)
 Dr. PRIYADHARSHINI S M



SSI PREVENTION CHECKLIST

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

10/10/10

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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. Akshaya

Gender: ☐ Male ☒ Female

Age :

Date : 27/7/26

UHID No :

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION.
(Incl: PRECIOUS PREGNANCY FAILURE TO PROGRESS) upon Mrs. AKSHAYA
(Name of the Patient)

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

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

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

Bleeding, infection, injury to adjacent structures, need for blood transfusion, anesthesia related complication, risk of thrombembolism, NICU stay, NICU care.

My signature on this form indicates that

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

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

Consentee :

Signature : Mrs. Akshaya

Name : Mrs. Akshaya

Date & Time : 27/7/2026 @ 1:30pm

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : Mr. Abinava

Name : MR. Abinava

Relationship with Patient : Husband

Date & Time : 27/7/2026 @ 1:30pm

Doctor (who is taking the consent) :

Signature : Dr. Priyadharshini

Name : DR. PRIYADHARSHINI

Date & Time : 27/7/2026 @ 1:30pm

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M

Patient Name : Age :
Gender: M ☐ F ☐ - IP No: Consultant: Dr. Priyadharshini
Ward / Bed No.: Anaesthesiologist: DR. ARTHUN / DR. PRIYA
Operative procedure planned: EMERGENCY LOWER SEGMENT CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|--|---|---|---|
| ☐ Heart disease | ☐ Hypertension | ☐ Diabetes mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / RTA |
| ☐ Incapacitating COPD | ☐ Others: <u>HYPOTHYROID</u> | | |

Comments:

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

I authorize and give consent for anaesthesia (☒ Regional / ☐ General Anesthesia / ☐ Monitored anaesthesia 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 anaesthesia.

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : MRS. A.K. SHARMA

Relationship with Patient: Patient

Date & Time : 27/7/2026 @ 1.40pm

Witness :

Signature : [Signature]

Name : MR. Abinavaram

Date & Time : 27/7/26 @ 1.40pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Rupa

Date & Time : 27/7/26 1.40pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Children's
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GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAM.K
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M

Name: _____ Age: _____ Sex: _____ UHID.No: _____

Date: _____ Proposed Operation: Emergency C-section

Diagnosis: G4 A3 IVF

B.P/CRT: 120/80 H.R: 98/min Weight: 80kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 12-1 Glucose: 101/122 Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: + ECG: 2 @ study
WBC: _____ Creat: _____ Total Bil: _____ HCV: _____ 2D Echo: _____
Plate: 2-4 Na: _____ Dir. Bil: _____ Blood group: B+ve Stress/Angio: _____
PT: _____ K: _____ LDH: _____ T3: _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4: _____
INR: _____ Mg++: _____ Amylase: _____ TSH: 2.1
Cl-: _____ SGOT/SGPT: _____

Allergies: _____

Medical History: CVS: thyroid
RESP: Diabetes
CNS: _____
Renal: _____
Hepatic / GE: _____ Physical Activity: _____
Others: _____

Past Anaesthetic History: Previous 3 DSC, U/L & GA

Physical Exam:
Airway: MP 1 2 3 4 Mouth Opening: Adeq Mentohyoid Distance: N Neck: N Teeth: N
Lungs: B/L AE (+)
Heart: 87 bpm
CNS: NFND
Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: 18 G Spine Exam for regional: N

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

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

CURRENT MEDICATIONS	DOSAGE
<u>T- Theophylline</u>	<u>250mg OD</u>

Pre-Operative Instructions:

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

Signature: [Signature] Name: Dr. Priyadharshini

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status: > 6hr solid

Physical Status:

Patient Identified ☒☐ Consent Present☒ Chart Reviewed

H.R:

B.P / CRT:

SpO₂:

R.R:

Last Feed:

Pre-OP Diagnosis:

Operation:

Date:

Surgeon:

Anaesthesiologist:

Technician:

TIME

N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

Antibiotic

Suppository

Blood Loss

NOTES

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

AGG

GRES

Others

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

Position: Supine

☐ Pressure Points Checked

Eye Care:

☐ Oint☐ Tape☐ Padding☒ Awake

Temp:

☐ HME☐ Cling Film☐ Hugger's☐ Other

Times:

Anaes Start:

OP Start:

OP End:

Leave OR:

Anaesthesia:

☐ GA☐ Monitored Anaesthesia Care☐ Regional

Line (Size & Location)

☐ CVP:☐ ART:☐ IV:☐ IV:☐ IV:☐ IV:☐ IV:☐ IV:☐ IV:☐ IV:

Induction

☐ IV☐ Pre O₂☐ Others☐ Inhal☐ RSI☐ Mask☐ Airway☐ ETT#☐ Oral☐ Tracheostomy☐ Drug:☐ Awake☐ Video Laryngoscopy☐ Fiberoptic☐ Blade#☐ Attempts:☐ Difficulty Why?☐ Bilal = BS☐ Semi-Closed Circle☐ Closed Circle☐ Other

Regional:

Extremity

☒ Spinal☐ Epidural☐ Caudal

Others:

Position:

Site:

Needle Size:

Depth:

Parasthesia

☐ Yes☐ No

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☐ PACU☒ ICU☐ Other

Relaxant Reversed

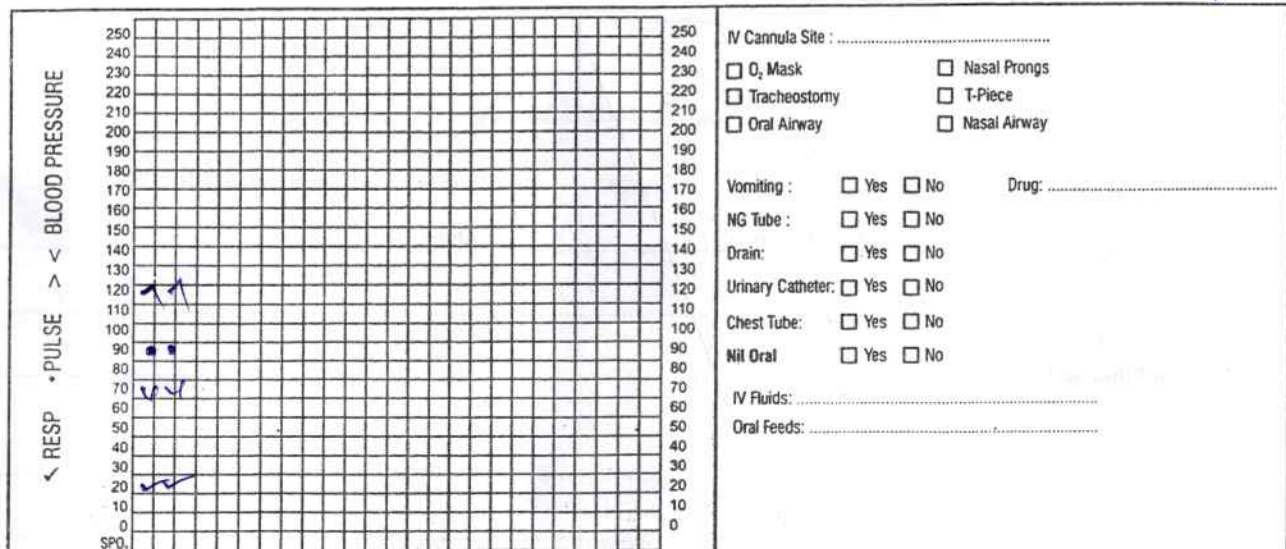
☐ Yes☐ No☐ NA

Name of the Doctor:

Signature of the Doctor:

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: RisneTime Received: 2:55pmTime Discharged: 2:55pm

IV Cannula Site:

☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☐ No

Drug:

NG Tube: ☐ Yes ☐ NoDrain: ☐ Yes ☐ NoUrinary Catheter: ☐ Yes ☐ NoChest Tube: ☐ Yes ☐ NoNil Oral ☐ Yes ☐ No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2	1				A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2	2				
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2				
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1					
BP $\pm$ 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2	2				
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	2				
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL		9			9	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/7		0/10	no till further orders	RL
				15062

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: Dr. Princy KAnaesthesiologist Signature: [Signature]Date & Time: 1506 27/7/26PACU Nurse Name: Prerna S. RamzanPACU Nurse Signature: [Signature]*Date & Time: 27/7/26

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post surgical patient, patient with chronic pain, patient with severe pain

a. Every 2 hours for first 24 hours

b. After 24 hours every 4 hours

c. Prior to pain relieving intervention

d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): MWDate & Time: 27/7/26 @ 2:55pm

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 :

GUC-90718

Pen 20

ANTENATAL RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Antenatal No: _____

Reg.No: _____

DR. priyadharsini

PERSONAL DETAILS

Name: MRS. AKshaya Age 29 Date of Birth 6/8/1996 Education: _____
Occupation: _____ Phone No: _____ Mobile: _____
Husband's Name: _____ Age _____ Education: _____ Occupation: _____
Address: Haganulla Chennan, Tamil Nadu
Mobile: 8220825238 E-mail Id: _____

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

Gc A3

IVF conception

LMP - 19/11/2025

previous 3 DAA

EDD - 4/8/2026

HISTORY

Year of Marriage: _____ Menstrual History: Previous Periods _____ LMP _____ EDD _____ Corrected EDD _____

Consanguinity: _____ Contraception: _____ OBSTETRIC FORMULA: _____
Gravida _____ Para _____ Live _____ Abortions _____

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
1.	2022		Miscarriage	DAE			
2	2022		Miscarriage 12 weeks	DAE			
3	2023		NT scan - structurally abnormal karyo				Genetic analysis done
4	PP		IVF conception	DAE PMT - 4 done			

Medical History: _____

Family History: _____

Surgical History: _____

Allergies: _____

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife **B +ve**

Husband

ICT

VDRL **-NR**

HIV **-NR**

HbsAg **-NR**

TSH

GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Investigations	Report
16/12/05		Hb-13.7 RBC-4.73 PCV-42.50 WBC-41420 PLT-294000 HbA1c-5.00 RBS-95 pus cells-3-5	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
18/3/2006		Hb-12.3 PCV-36.90 glucose 2hrs-129	
18/4/2006		Hb-12.9 FBS-74 PP-82	
2/6		Hb-12.1 PCV-36.2 glucose 2hrs-129	

Tetanus Toxoid: 1st dose

Polio

2nd dose

Booster

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT scan (measured) 1 - (N) FTS - very									
TIFFA	Anomaly (Normal)									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	24/5. 19	29	Cephalic	1-4	(587)	AC 587	(N)	ant	Gr 3-5	-
	19/6.	33	Cephalic	2-3	(631)	AC 714	(N)	ant	Gr 3-8	
	12/7	37w	Cephalic	3-4	(641)	AC 991	(N)	ant	Gr 3-7	
Others	(n)									

Were any Prenatal diagnostics done-Yes ☐ No ☐

If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT
	See Echo			

Name:

Parity

SYSTEMIC EXAMINATION

Height

CVS

Weight:

Respiratory System:

BMI:

Breasts:

Thyroid

ANTENATAL VISITS

[illegible]

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice
				Labour room	
				7338729205	

BRIEF DELIVERY NOTES

Gestaional age: _____ Date&time of delivery: _____

Type of labour: Spontaneous

Induction:- Indication _____

Method - PGE1 ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction: _____

Caesarean section: Emergency ☐ Elective ☐

Indication: _____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt: _____ Apgar score: _____

Postpartum Period: _____

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : UHID No :

Gender: ☐ Male ☐ Female

Date : Time :

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: *Dr. Priyadharshini*

Consentee :

Signature : *Akshaya*

Name : *AKSHAYA*

Date & Time : *26/7/26 9 9.00pm*

Witness :

Signature :

Name :

Date & Time : *26/7/26 9 9.00pm*

Patient Attendant :

Signature : *A. S. S. S.*

Name : *ABINAVARAAM.K*

Relationship with Patient: *HUSBAND*

Date & Time : *26/7/26 9 9.00pm*

Doctor (who is taking the consent) :

Signature : *Dr. Panitha*

Name : *Dr. Panitha*

Date & Time : *26/7/2026 @ 9pm*

INFORMED BY

12/20/2011

12/20/2011

12/20/2011

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12/20/2011

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M



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INDUCTION OF LABOR CONSENT

Name: Age: Gender: Male ☐ Female ☐

UHID.No : Date:

You are scheduled for an induction of labor on 26/7/2026 (date) at 38+2 (weeks of gestation).

The reason for your induction is Term 202.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: [Signature]

Name: AKSHAYA

Date & Time: 26/7/26 at 9.00pm

Patient Attendant:

Signature: [Signature]

Name: ABINAVARAAM.K

Relationship with Patient: HUSBAND

Date & Time: 26/7/26 at 9.00pm

Doctor:

Signature: [Signature]

Name: Dr. Priyadharshini

Date & Time: 26/7/26 at 9.00pm

Witness

Signature:

Name:

Date & Time:

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 26/1/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☒ Others: specify M14
Primary Language: ☐ Telugu ☐ English ☐ Hindi ☒ Others Tamil
Do you require an interpreter? ☐ Yes ☒ No
Source of Information: ☒ Patient ☐ Family ☐ Others
Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets
handed over to CM11

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: Pt came for fol. Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Priyadharshini
Time Notified: 8:45 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	D9C(2)	

Blood Group: B+ve LMP: 6/11/25 EDD: 7/3/26 Gestational age during admission: 38w 3d 4y
Contractions: Vaginal Discharge:
Obstetric History: G 4 P 1 L 1 A 3 Previous LSCS:
Height: 162 Weight: 80 BMI: 24.7
Temp: 98.2 HR: 80 RR: 20 BP: 110/70 SpO₂: 100

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

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

Family History: ☐ No Abnormalities Detected *M1*

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

Pain Assessment: Pain: ☐ Yes ☒ No (If Yes, complete the Pain Assessment / Reassessment Form)Fall Assessment: ☐ Yes ☐ No Score *0/10* (complete the Morse Fall Risk Assessment Sheet)Risk of Pressure Sore: ☐ Yes ☐ No Score *25/10* (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☒ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☒ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With *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 *Ms. Arash*Name of Person Orientation was given to: *patient*

Orientation not given Reason:

Nurse Signature: *[Signature]*Nurse Name: *M. Deni*Date & Time: *26/12/26 9:45*



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/1/20 Time of Arrival: 7:40 PM Time Seen by Nurse: 7:45 PM

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

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

☐ Severe Pain / Moderate Pain

☐ Bleeding PV: Slight / Heavy

☐ Decreased Fetal Movement

☐ No Fetal Movement

☐ Preterm rupture of Membranes / Leaking Water PV

☐ Preterm Labor/ Labor

☐ Spontaneous Rupture of Membrane / Leaking Water PV

☒ Other Reason: Pl came for fol

3) Vital Signs: Temperature: 96.2 Pulse: 80 RR: 20 SpO₂: 100 BP: 110/70 Weight: 80

4) Gestational Criteria:

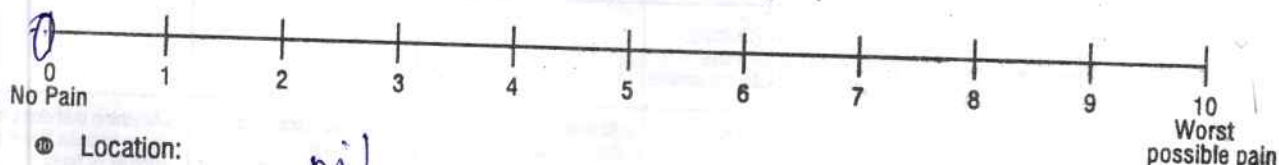
Gravida:	G <u>2</u>	P	<u>-</u>	L	<u>-</u>	A	<u>3</u>
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LMP: 15/11/20 EDD: 7/1/20 Gestational Age: 39w 5d 3day

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

5) Pain Screening:

Numerical Pain Scale (NPS)



- ⑩ Location: ml
- ⑩ Duration: ml Days / Weeks / Months (Strike out which is not applicable)
- ⑩ Character: ml
- ⑩ Frequency: ml
- ⑩ Interventions: ml

6) Past History:

- a) Surgeries: D9C done (3)
- b) Medical: Hypothyroid

7) Allergy: ☐ Yes ☒ No, If Yes :8) Current Medications: ☐ Prenatal Vitamin ☐ None ☒ Others: Tab-Thyroxine
Amey Lal?

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 7:40pmNurse Name: M. Dewi Nurse Signature: [Signature]Date: 26/7/20 Time: 7:40pm

Patient S



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 26/7/20

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 ⁺ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	2	
Signature of the Nurse		
Dem 01/07/20		
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.

PATIENT TRANSFER FORM

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAAM.K
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M



Date & Time of Admission 26/7/26 at 7.37pm		Date & Time of Transfer Order 26/7/26 at 1.40pm
Treating Consultant Name Dr. Priyadharshini	Transfer Ordered by Dr. Akshaya	Reason for Transfer Em. LSC
From Unit LPR	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File PT DP file	Number of Imaging Films CTA (10)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☒ Dr. Akshaya		
Name & Signature of Person who is Transferring Dr. Priyadharshini		Name of Person Ordered Transfer Dr. Akshaya
Patient & Clinical Records Received by : Rishu Gauri		
Date & Time of Patient Received : 27/7/26 9.45pm		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

Patient's Name: <u>Mr. J. Doe</u>		Room: <u>204</u>	
Admission Date: <u>10/1/78</u>		Transfer Date: <u>10/1/78</u>	
From: <u>Med. Srv.</u>		To: <u>Med. Srv.</u>	
Physician: <u>Dr. Smith</u>		Physician: <u>Dr. Smith</u>	
Nurse: <u>Mr. Jones</u>		Nurse: <u>Mr. Jones</u>	
Diet: <u>Reg.</u>		Diet: <u>Reg.</u>	
Activity: <u>Reg.</u>		Activity: <u>Reg.</u>	
Special Diet: <u>None</u>		Special Diet: <u>None</u>	
Special Activity: <u>None</u>		Special Activity: <u>None</u>	
Special Equipment: <u>None</u>		Special Equipment: <u>None</u>	
Special Instructions: <u>None</u>		Special Instructions: <u>None</u>	
Signature of Referring Physician: <u>[Signature]</u>		Signature of Receiving Physician: <u>[Signature]</u>	
Name & Signature of Referring Physician: <u>Dr. Smith</u>		Name & Signature of Receiving Physician: <u>Dr. Smith</u>	
Patient & Clinical Record: <u>Good</u>		Patient & Clinical Record: <u>Good</u>	
Date & Time of Patient Transfer: <u>10/1/78 10:00 AM</u>		Date & Time of Patient Transfer: <u>10/1/78 10:00 AM</u>	
If the transfer order time & completion time are shown as:		If the transfer order time & completion time are shown as:	

PATIENT TRANSFER FORM

GUC-00090718 IP18-00036626
 Mrs AKSHAYA ABINAVARAAM.K
 06-08-1996 29 Y 11 M 21 D (F)
 Dr. PRIYADHARSHINI S M



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Date & Time of Admission 26/7/26 @ 7:39pm		Date & Time of Transfer Order 27/7/26 @ 7:20pm
Treating Consultant Name Dr. priyadharsini	Transfer Ordered by Dr. Divyalakshmi	Reason for Transfer Further mgmt
From Unit LDR	To Unit 701	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File casesheet	Number of Imaging Films CTG	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	inj: Synto	4
2.	inj: Revistat	3
3.	inj: Tropic	2
4.	NS 100ml	1
5.	inj: Pan	3
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring Suparman 016808		Name of Person Ordered Transfer Dr. Divyalakshmi
Patient & Clinical Records Received by :		
Date & Time of Patient Received : 27/7/26 @ 7:25pm		

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



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/07/2026

Time: 12:15 PM

Origin: —

Height: 162 cm

Weight: 80 kg

BMI: ☐ ~ 26 kg/m²
☐ ~ 28 kg/m²
☒ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY - LSCS

Type of Diet: ☒ Liquid

☒ Soft

☐ Normal

☐ Diabetic

☒ Vegetarian

☐ Non-Vegetarian

☐ Vegan

. Hypothyroid

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups ②

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd ①

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd ③

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

Patient's / Attendant's Mother

Signature: S. Chitra

Name: S. Chitra

Date & Time: 28/07/26 / 12:15 PM

Dietician's

Signature: A. Sadiga Farheen

Name: A. Sadiga Farheen

Date & Time: 28/07/26 @ 12:15 PM

DIETARY NOTES

Date	Time	Notes	Sign
27/07/26.	08:15 AM.	- Patient is on Normal Diet. - Patient is Stable. Oral intake is Adequate. - Advised To take Well-Balanced diet. <u>RDA</u> Values - Energy - +350 Kcal. Protein - +23g/d.	A.D. (018336)
	3 PM.	EM - LSCS → done	A.D. (018336)
	DOS.	NPO x 3 hrs.	
28/07/26.	9 AM.	- Patient is on Soft Diet. - Patient is Stable. Oral intake is Better. - Advised to take easy-digest foods. - Consume small-frequent meals. - Include galactagogues foods for milk secretion - garlic, fennel and Oats (etc) <u>RDA</u> Values - Energy - +600 Kcal. Protein - +17-19g/d. <u>Fluids</u> - 2.5-3l/d.	A.D. (018336)
29/7/26	8:30 AM	- NPO. - Abdominal Distension Present	A.D. (018336)
30/7/26.	9 AM.	- Tolerated Liquids. - Started Soft Diet. Consume easy-digest foods. Continue the same Soft Diet. Consume plenty of fluids.	A.D. (018336)

GUC-00090718 IP18-00036626
Mrs AKSHAYA ABINAVARAM.K
06-08-1996 29 Y 11 M 21 D (F)
Dr. PRIYADHARSHINI S M



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SURGERY DETAILS

Date : 27/7/18
Patient Name: Mrs. Akshaya Abinavaram Date of Birth: 6/8/1996 Age: 29y
Gender: F Ward: OT UHID No.: 90718
Date of Surgery: 27/7/18 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Emergency lscs

Time In : 1:45pm

Time Out : 2:55pm

	NAME	AMOUNT
1. Surgeon	Dr. Priyadharshini	
2. Anaesthetist	Dr. Priyadharshini	
3. Assistant Surgeon	Dr. Akshitha, Dr. Sridharani	
4. OT Technician	Mr. Sridharan, Mr. Shyam	
5. Circulating Nurse	Shal Ravi	
6. Assistant Nurse	Shal Sundari, Shal Sengathu	

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

Signature of the Surgeon *Record Finalized by Thangamani*
[Signature]
6/8/18

[Signature]
Signature of Circulating Nurse

Order No:

Order by:

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CONSUMABLES OF OT

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Circulating staff : Rishra Technician : Shyem Date : 27/6/26 Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack <u>253 pair</u>		1	✓	Inj Vit.K			1
LMA				Sutures <u>1 vial 23/7</u>		3	✓	Cord Clamp			1
ECG leads <u>(A) P/N</u>		3	✓	<u>3/0 mono w/ 132</u>		1	✓	Suction Catheter			
HME filter : A/P/N								Feeding Tube <u>6FR</u>			1
Syringes : 10 cc		2	✓					Vacuum Suction Set			
05 cc		3	✓	Gloves <u>6 1/2 P.F</u>		2	✓	Surgical Gloves			
02 cc		2	✓	<u>6 1/2 SC</u>		1	✓	Gauze Pack <u>plain</u>			2
01 cc				<u>6 P.F</u>		1	✓	Syringe 1ml / 2ml			1
Cautery plate <u>(A) P/N</u>		1	✓	Surgical blade <u>22</u>		1	✓	Surgical Blade # 20			
IV set				NG tube				Koochies (S)			
RL		3	✓	Cautery pencil				<u>Lox 24</u>			1
NS : 10ml / 100ml / 500ml / 1000ml		1	✓	Koochies				<u>SMC EMEROLD</u>			1
<u>Bioxanox</u>		2	✓	Ointments				<u>D. water 10ml</u>			2
<u>SYNTO</u>		5	✓	Suction Catheter				<u>white gown</u>			1
Fentanyl				Cap, Mask							
Morphine				Gauze Pack <u>AIO</u>		2	✓				
Ketamine				Mop Pack		2	✓				
Propofol				Steristrip							
Rocuronium				Underpad		1	✓				
Glycopyrolate				Draw sheet <u>Quick Sheet</u>		1	✓				
Myopyrolate				Abgel		1	✓				
Ondansetron				Foleys catheter							
Pencan 25g/ Spinal Needle 22				Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics				Bandage							
<u>EFIPRESS</u>		1	✓	Tegaderm <u>8591</u>			✓				
Suppositories				Ioban							
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol : 100mg				Vacuum Suction set		1	✓				
Justin : 12.5 mg / 25mg / 100mg				Plastic Bed Sheet <u>Apson</u>		3	✓				
Tab. Misoprost : 200mg				Betadine Solution		2	✓				
<u>ANALIN HEAV</u>		1	✓	Microshield							
<u>Buprised</u>		1	✓	Cotton Balls							
<u>Spinal Needle</u>				Latex Gloves		10	✓				
<u>25G 40mm (wh)</u>		1	✓	Ramdone Scrub							
<u>NEEDLE 26x11/2</u>		1	✓	Saral							

Surgeon

DR. Pradyumn

Anaesthesiologist

DR. Pradyumn

Nurse

Shy Sargella

OT Technician

Order No. :

Ordered by :

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



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036638
Patient Name Baby B/O AKSHAYA ABINAVARAAM.K
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 27/07/2026 15:47
Payor SELFPAY
UHID GUC-00094362

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT702-1
Order No 18-0001733754
Prescription No PRIP18-0629428
Dispensed Date 27/07/2026 15:48

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
3	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	1	69.10	69.10
Total :							161.10	161.10

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

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Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 27/07/2026 15:47
Payor SELFPAY
UHID GUC-00094362

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT702-1
Order No 18-0001733753
Prescription No PRIP18-0629427
Dispensed Date 27/07/2026 15:47

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	2	100.00	200.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
Total :							392.00	492.00

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036626
Patient Name Mrs AKSHAYA ABINAVARAAM.K
Age/Sex 29 Y 11 M 21 D / Female
Date 27/07/2026 15:41
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00090718

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001733752
Prescription No PRIP18-0629425
Dispensed Date 27/07/2026 15:43

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblu	H	1010726	06/29	3	120.00	360.00
4	Encore Microptic gloves- 6.5	Bapuji Surgicals	GENERAL	M2645010	03/29	6	128.00	768.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Mediblu	H	1010626	05/29	2	123.00	246.00
6	LSCS DRAPE PACK	ETHICON SUTURES-J&J C1	H	T6003	12/30	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	DATT MEDI PRODUCTS	GENERAL	M2642SF029	03/30	2	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	949.00	1,898.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	Aculife Health Care Pvt.Ltd(Nirilif	H	1C2613680	02/29	1	25.00	500.00
10	NS 100ML ACCULIFE - EH	RAMAN & WEIL PVT LTD	H	260620I	06/31	1	44.93	44.93
11	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL	ICARE (KANAM LATEX)	GENERAL	RC126036	04/28	2	775.00	775.00
12	RAMADINE SOLUTION 10% 100 ML	ANSEL	GENERAL	6F103	05/31	1	103.00	206.00
13	SGLOVE # 6.5 (SURGICARE)	Surgeon	GENERAL	260301001T	03/29	1	91.00	91.00
14	SGLOVE # 6 (POWDER FREE)	3M HEALTHCARE	GENERAL	22C010126	12/30	1	128.00	128.00
15	SURGICAL BLADE 22	GENERAL	GENERAL	R04260909	03/29	1	7.67	7.67
16	TEGADERM WITH PAD (8591)BIG 9CM*25CM	ROMSONS	GENERAL	07072026	12/30	1	894.00	894.00
17	UNDERPADS CARE 60 X 90 (FRIENDS)	ETHICON SUTURES-J&J C1	GENERAL	K26D010296	03/31	1	205.00	205.00
18	VACCUME SUCTION SET	T5072	GENERAL		10/30	1	811.00	811.00
19	VICRYL PLUS 1 VP - (2347)					3	951.00	2,853.00
Total :							10,056.60	14,488.60

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036626
Patient Name Mrs AKSHAYA ABINAVARAAM.K
Age/Sex 29 Y 11 M 21 D / Female
Date 27/07/2026 15:41
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00090718

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001733750
Prescription No PRIP18-0629424
Dispensed Date 27/07/2026 15:42

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	2	28.13	56.26
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)	GENERAL	5322615	10/30	1	12.00	12.00
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	2	2.58	5.16
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231096	02/28	1	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1816	01/28	1	34.58	34.58
12	NEEDLE 26 1 1 2 INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
14	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
15	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
Total :							2,118.20	2,513.35

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