GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 22/7/26

Patient Name: Mrs: Rashmi Daga Date of Birth: 26/9/1987 Age: 38Y

Gender: F Ward : OT UHID No.: 94172

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

Name of the Surgery : Elective LSCS

Time in : 4:20pm Time Out : 6pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Aiswarya parthasarathy / Dr. Mathangi Rajagopalan	
2.	Anaesthetist	: Dr. Ashwini, Dr. Priyadharsh	
3.	Assistant Surgeon	: Dr. Lucetta, Dr. Fayeeeen	
4.	OT Technician	: Mr. Shyam	
5.	Circulating Nurse	: C/N Rasi	
6.	Assistant Nurse	: S/N Agalya	

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

Record Finalized done.

Signature of the Surgeon

Signature of Circulating Nurse

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

Patient Sticker

Elective · LSCS

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

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CONSUMABLES OF OT

Circulating staff : C/N Rishna Technician : Shyam Date : 22/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		1	Inj Vit.K		1
LMA			Sutures 2347		2	Cord Clamp		1
ECG leads : A / P / N		3	1326		2	Suction Catheter		
HME filter : A / P / N			9351		1	Feeding Tube 6Fr		1
Syringes : 10 cc	5	2				Vaccum Suction Set		
05 cc		3	Gloves 6½ Pr		5Pr	Surgical Gloves		
02 cc		4	7.0 Pr		1	Gauze Pack		
01 cc			6½ S.C		2	Syringe 1ml / 2ml		1
Cautery plate : A / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		4	Cautery pencil		1	SPINAL NEEDLE 25G 90mm (Pencan)	2	1
NS : 10ml / 100ml / 500ml / 1000ml		04	Koochies			NEEDLE 26X1½		1
SYNTO		5	Ointments			5ML EMBRIOD		1
Bioxamide		2	Suction Catheter			Quick table Sheet		1
Fentanyl			Cap, Mask			New mom pad		1
Morphine			Gauze Pack		1/3	New mom pad fixator		1
Ketamine			Mop Pack		3	Baby Diaper		1
Propofol			Steristrip			Baby wipes		1
Rocuronium			Underpad		1			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel			Surgicare 7		2
Ondansetron			Foleys catheter 22Fr		1	Surgicare 8		1
Pencan 25g/ Spinal Needle 22			Urobag			Protogown		2
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
EFIPRESS		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200mg 600mg		1	Betadine Solution		2			
D.Water 10ml		4	Microshield					
ATROPINE		1	Cotton Balls					
CABOPROST		2	Latex Gloves		10P			
VENFLON 18G		1	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036581	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RASHMI DAGA	**Bed Name**	PRE OP 806
Age/Sex	38 Y 9 M 24 D / Female	**Order No**	18-0001731618
Date	22/07/2026 18:56	**Prescription No**	PRIP18-0628695
Payor	SELFPAY	**Dispensed Date**	22/07/2026 19:00
UHID	GUC-00094172		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	2	318.50	637.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	5	28.13	140.65
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	4	2.58	10.32
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	1231095	01/28	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	NEEDLE 26 1 2 INCH	Dispovan	GENERAL	21664D	04/31	1	2.66	2.66
12	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
14	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
15	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
16	VENFLON I -18 G	BECTON DICKINSON (BD)	GENERAL	5305505	10/30	1	321.00	321.00
						Total :	**2,688.69**	**3,627.35**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 19:00

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036584	**Ward**	6F-PRIVATE
Patient Name	Baby B/O RASHMI DAGA	**Bed Name**	CRDL-PVT612-1
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001731619
Date	22/07/2026 18:58	**Prescription No**	PRIP18-0628694
Payor	SELFPAY	**Dispensed Date**	22/07/2026 18:59
UHID	GUC-00094183		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
						Total :	**122.00**	**122.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 18:59

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036581	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RASHMI DAGA	**Bed Name**	PRE OP 806
Age/Sex	38 Y 9 M 24 D / Female	**Order No**	18-0001731616
Date	22/07/2026 18:56	**Prescription No**	PRIP18-0628693
Payor	SELFPAY	**Dispensed Date**	22/07/2026 18:59
UHID	GUC-00094172		

Total :	**9,756.09**	**16,342.74**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

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 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036581	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RASHMI DAGA	**Bed Name**	PRE OP 806
Age/Sex	38 Y 9 M 24 D / Female	**Order No**	18-0001731616
Date	22/07/2026 18:56	**Prescription No**	PRIP18-0628693
Payor	SELFPAY	**Dispensed Date**	22/07/2026 18:59
UHID	GUC-00094172		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	18072026	12/30	1	255.00	255.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	Encore Microptic gloves-6.5		H	2603019005	03/29	6	128.00	768.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
5	FOLEYS CATHETER 22FR POLYMED	Polymed	General	2610282A	12/30	1	249.00	249.00
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
9	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
10	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
11	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	2	997.00	1,994.00
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	3	949.00	2,847.00
13	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	165510	04/31	1	221.00	221.00
14	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
16	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
17	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	4	94.55	378.20
18	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
19	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
20	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	2	91.00	182.00
21	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
22	SGLOVE # 8.0 (SURGI CARE)	KANAM LATEX	GENERAL	22C3394KV	02/27	1	75.00	75.00
23	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
24	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	2	811.00	1,622.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00

Printed Time : 22-07-2026 18:59

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036581	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RASHMI DAGA	**Bed Name**	PRE OP 806
Age/Sex	38 Y 9 M 24 D / Female	**Order No**	18-0001731617
Date	22/07/2026 18:56	**Prescription No**	PRIP18-0628692
Payor	SELFPAY	**Dispensed Date**	22/07/2026 18:58
UHID	GUC-00094172		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 22-07-2026 18:58

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036584	**Ward**	6F-PRIVATE
Patient Name	Baby B/O RASHMI DAGA	**Bed Name**	CRDL-PVT612-1
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001731620
Date	22/07/2026 18:58	**Prescription No**	PRIP18-0628691
Payor	SELFPAY	**Dispensed Date**	22/07/2026 18:58
UHID	GUC-00094183		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
						Total :	**142.00**	**142.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 24/7/26

Name of the GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

UHID No: ...

Gender: .....

Ward: .....

Room No: 616

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: 24/7/26

Time: 08:18

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

DISCHARGE TRACKING SHEET

LOOR- 6th floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

RCH NO :- 13301175 8522

nbow® ldren's spital
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: MRS. RASHMI DAGA

UHID No: ..... IP No: ..... Consultant: DR. AISHWARYA Dept: CDR

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/07/2026.	1.20pm	CDR	OT	
22/7/26	6 pm	OT	MCU	
23/7/26	4 pm	MCU	6th flr	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DAC	22/7/2026	173163	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	CBC	26023618	
23/7/26	CBC	26023688	
28/7/26	CBC	26023693	
	LFT / Urea / creatinine	26023693	
	Electrolyte / PT APTT		
	LDH / Uric acid		
23/7/26	CBC	26023688	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7/26	CTN (1)		23/7/26	009922	[signature]
24th	Infusion	6pm	~~4~~ pm	1731761	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	IV placement		1731632.	
22/7/26	Re placement	(1)	In OT	
22/7/26	1 @ PRBC (Reserved)	(1)	1731536	
22/7/26	PRBC issued.	(1)	26023624	
22/7/26	catheterisation	(1)	1731635.	
22/7/26	Blood transfusion	(1)	1731[illegible]	
23/7/26	Diet Counselling	(1)	1732155	
24/7/26	physiotherapy	(1)	1732154	

ANY OTHER INFORMATION:

22/7/26 Procedure: EL-LSCS

Surgeon: Dr. Aiswarya paathasarathy.

Assist. Surgeon: Dr. Lucetta, Dr. Jayaleena

Anesthetist: Dr. Ashwini, Dr. Priyadharshini

Starting time: 4:30pm

Ending time: 5:45pm

Date: 24/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

DISCHARGE TRACKING SHEET

FLOOR- 6th floor -NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	25/11/25 9.20pm	9.20pm	[illegible]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 @ 1.08pm	23/7/2026 @ 4pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Aishwarya	Dr. Divyalakshmi	further mgt

From Unit	To Unit	Information to Attendant
IDR	6th floor	Yes ☐ No ☐

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/o Parameshwari 0/6808	S/o Dr. Dhivyalakshmi

Patient & Clinical Records Received by : Jeeva 0/4913

Date & Time of Patient Received : 23/7/26 @ 4pm

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

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow® Children's Hospital
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/7/26 Time: 30 9 pm

Blood Group of the Patient: "B" Positive Blood Group on the Blood Bag: "B" Positive

Blood Bank Issue No: 2993 Date of Collection: 20/7/26 Date of Expiry: 31/8/26

Date & Time of Starting Transfusion: 22/7/26 at 30 9 pm Planned duration of Transfusion: 23/7/26 1 AM

Check for Correct Unit: ✓ Correct Patient: ✓

Blood products cross checked by: Nurse 1: S. Amutha Nurse 2: N. Shalini

Before starting transfusion vitals: Temp: 98°F HR 82/min RR: 24/min BP: 110/70 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/7	30 Min 9 pm	82/min	98°F	110/70	100%	–	–	–	–
	45 Min 9 pm	84/min		100/70	99%	–	–	–	–
	10 pm 30 Min	82/min		110/60	100%	–	–	–	–
	10 30 Min pm	74/min		100/70	99%	–	–	–	–
	11 pm 30 Min	76/min		114/84	98%	–	–	–	–
	11 pm 30 Hr	74/min		120/70	99%	–	–	–	–
23/7	12 AM 1 Hr	74/min		102/74	98%	–	–	–	–
23/7	1 AM	76/min	98°F	120/80	99%	–	–	–	–

Comments: During Blood transfusion No allergic reaction. Patient vital Sign Stable.

Name of the Incharge-Nurse: S. Amutha Name of the Nurse: Shalini

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 23/7/26 Date & Time: 23/7/26

Rainbow Children's Hospital

Blood Storage Center

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

No, 157, Annasalai, Guindy, Chennai - 600015

Compatibility Report

Patient's Name :	Mrs. Rashmi Daga		Age/Sex	38y/F	
Patient's Blood Group & Rh Typing	B pos				
GUC No	94172	Ward	LDR	Order No	
Bag Blood Group & Rh Typing	B pos		Date	22/7/26	Time 4.pm

S.No	Bag Number	Components	Date of Collection	Date of Expiry	Seg No
1	2993	~~22/07/26~~	~~30/8/26~~		
		PRBC	20/7/26	31/8/26	ET919008

Major X Matching : Saline/~~Alb/AHG~~/Colum (Gel) ✓

Minor X Matching : Saline/~~Alb/AHG~~/Colum (Gel) ✓

Cross Matched By: Jaica

Medical Officer:

April@2026

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CONSENT FOR BLOOD TRANSFUSION

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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

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

Type of Blood Product : 10 PRBC

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

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

Name of Patient / Attendant Mrs. Rashmi Daga / Arpit

Signature of Patient / Attendant

Date 22/07/2026.

Time :

Relationship with Patient:

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036581 **Admit Date** : 22-Jul-2026 **Admit Time** : 01:08 PM **UHID** : GUC-00094172

Patient Details :

Patient Name	: Mrs RASHMI DAGA	**Age**	: 38 Y 9 M 24 D
Guardian	: Mr ARPIT RATHI	**DOB**	: 28-09-1987
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B904, SAND SOLITAIRE APARTMENTS, SAKTHI NAGAR, PORUR, CENNAI Porur Kanchipuram Tamil Nadu INDIA 600116	**Phone No**	: 9393632363/ 9533049617
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr ARPIT RATHI **Relationship** : Husband

Contact Address : B904, SAND SOLITAIRE APARTMENTS, SAKTHI NAGAR, PORUR, CENNAI Porur Kanchipuram Tamil Nadu INDIA 600116 **Phone No** : 9393632363

Signature

Doctor Details :

Doctor Name : Dr. AISHWARYA PARTHASARATHY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr.. Aishwarya Parthasarathy **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RASHMI DAGA**	**Age :**	**38 Y 9 M 24 D**
IP No:	**IP18-00036581**	**Sex:**	**Female**
Consultant:	**Dr. AISHWARYA PARTHASARATHY**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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 i[illegible]rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the c[illegible] 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 cl[illegible]rance. In case of failing the submission, I will pay 200/- Rs.
(R[illegible]eivers Signature:.....

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

Signature of Patient/Relative:

Name: Arpit Rathi
Relationship: Husband
Date: 22/07/2026 Time: 1.11 Pm
Witness Name: Santhra
Witness Signature:

Patient Address:
B904, SAND SOLITAIRE APARTMENTS,
SAKTHI NAGAR, PORUR, CENNAI Porur
Kanchipuram Tamil Nadu INDIA
600116

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Rashmi Gagg	UHID Number : GUC-00094172
Self/Attendant Name :	Relation : Husband
Self/ Attendant Signature : Phone Number : 9343632363	Name & Signature of Financial Counselor

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

PRE - OPERATIVE CHECK LIST

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Date: 22/7/26

Patient's Name : Mrs. Rashmi Daga Age : 38Y Gender : ☐ M ☑ F

Blood Group : B positive UHID : GUC-94172

Planned Surgery : Elective LSCS Surgeon : DR. Aishwarya

Anesthetist : DR Date & Time of Operation : 22/7/2026 @

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Delli babu.C

Billing Executive Signature : Delli

Date & Time : 22/07/26 @ 2:51pm

Nurse In-Charge Name : Sr. Padmavathi

Signature of Nurse In-Charge :

Date & Time 22/7/26 @ 2.45pm

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
* A/W was admitted for Elective repeat LSCS ± ST.
* Able to PFM well, * No c/o Lower Abdominal Pain, bleeding or leaking

LMP: 02/11/2025 EDD: 09/08/2026
Corrected EDD: GA: 37 weeks + 3 days

Obstetric Formula:
$G_2 P_1 L_1$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G_1 - Boy, 2 yrs 3 months, NSL in Labour, Emergency LSCS in Sushi hospital Chennai, A&H, Hypothyroid
G_2 - PP, Spontaneous conception

Present Pregnancy Record:
Booked and Immunised,
NT scan - Normal; FTS - Low risk,
Anomaly Scan -

RISK FACTORS:
GHTN on Tab. LOBET 100mg OD from 3rd trimester
↓
GHTN on Tab. LOBET 100mg 1-0-1
Hypothyroid on Tab. THYRONORM 50mg od

Obstetric Examination

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

Per Speculum Examination

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

Vaginal Examination

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

Height: 5.5ft cm
Weight: 82.4 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

DIAGNOSIS

$G_2 P_1 4$	LMP - 02/11/2025	GA - 37 weeks + 3 days
M/S - 4 years	EDD - 09/08/2026	GHTN
NCM		Hypothyroid
Previous LSCS	RMP	Elective repeat LSCS ~~EST~~

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Father - HTN	* LSCS - 2½ yrs back * Laparoscopic done in 2023 for ovarian chocolate cyst.
Medical History: * GHTN on Tab. LOBET Since 3rd Trimester * Hypothyroid Since conception	**Medication History:** Tab. LOBET 100mg 1-0-1 Tab. THYRONORM 50mcg OD
Plan of Care: C/I/T Dr. Aiswarya - Admission - Parts preparation - Secure IV line - Informed consent for Elective repeat LSCS & ST. - Catheterisation - Pre-op medications.	**Investigations:** CTG - Reactive

Doctor Name: Dr. Vinitha / Dr. Shreedevi
Signature: [signature] 182217
Date & Time: 22/07/2021

Consultant Name: Dr. Aiswarya
Signature: For [signature] 182217
Date & Time: 22/07/2021

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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RESULT SHEET

Date	17/7/26	22/07/26	23/7/26			
Time						
Hb	11.2	8.9	10.3		B-POSITIVE	
PCV	34.0	27	31			
RBC	3.91	3.04	3.51			
WBC	7800	6,820	10,820			
N/L	69/25	75/19	83/11		HBs Ag - Negative	
Platelets	2.55	2.09	1.93		HIV I & II - Negative	
CRP					HCV - Negative	
ESR					VDRL - Non-Reactive	
PCT						
RBS						
Na			129			
K			3.7			
Cl			98			
Ca/Mg					TSH - 2.53	
Phosphate						
Urea	19		20		ECG }	
Creatinine	0.62		0.62		ECHO } Normal	
ALP					EF - 60%.	
SGPT			13			
SGOT			22			
T.Bill/Conj			0.5/0/0.3			
T.Protein			5.0			
S.Albumin			2.3			
S.Globulin			2.7			
A/G Ratio			0.8			
Uric Acid			6.72			
S.Amylase						
Sr.Lipase						
~~Blood Lactate~~ LDH			242			
S.Cholesterol						
PT/INR	11.6/0.82					
APTT	29.60					
CSF Protein / Sugar						
Cells						
N/L						

82217 82217 82217

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : 11/07/2026

USG : SLIUG 35 Wt 6 days EFW - 2676 grams (43%)

X-Ray : Breech Doppler - (N).

ECHO : Placenta - Fundal (L) Lateral

CT : Liquor - Normal

MRI AFI - 16

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/26	S/B Dr. Sridevi	
	Dx - P2L2 / Elective Repeat LSCS c̄ foley's tamponade c̄ ST	
	Patient received in MICU.	
	O/E - Afebrile	
	Nail P/PE ⊖	
	CVS - S1S2 ⊕	
	RS - NVBS	
	P/A - Uterus contracted well	
	Dressing dry & intact	
	Foley's tamponade - ⊕	B/L Breast - soft
		Secretions ⊕
		Adv
		1) NPO x 8 hours
		2) INJ. MAGNEX FORTE 1.5gm IV BD
		3) INJ. FLAGYL 400mg IV TDS
		4) INJ. PAN 40mg IV BD
		5) INJ. PARACETAMOL 1g IV QID
		6) INJ. TRAMADOL 2cc IM SOS
		7) IVF 1 ⊙ RL @ 100ml/hour
		8) Blood Transfusion 1 ⊙ PRBC after repeating Hb tomorrow if needed another ⊙ PRBC.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/07/2026	S/B Duty Doctor	
9.15pm		
	BLOOD TRANSFUSION CHART	
	A/c - P2L2 / Elective Repeat LSCS c Foley's Tamponade	
		POD#0.
	STARTING TIME 9.30pm / BLOOD BAG NO. 2993	BLOOD GROUP 'B' POSITIVE
		PRE TRANSFUSION VITALS
	EXPIRY DATE 31/08/2026 / ENDING TIME	
	COLLECTION DATE 20/07/26	

TIME	PR	BP	(T) RR	SpO2	Remarks. NO Transfusion Reaction
9.30pm	84 bpm	110/70 mmHg	98.6°F	100 %. 99%.	✓
9.45pm	84/min	100/70		100 %.	✓
10pm	82/min	110/60		99 %.	✓
10.30pm	74/min	100/70		98%.	✓
11pm	76/min	117/84		99 %.	✓
11.30pm	74/min	120/80		98 %.	✓
12Am	74/min	120/74		99 %.	✓
1Am	76/min	120/80	99.4°F	99 %.	✓

120007 (Dr. [signature])

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	S/B Dr. K. Vinodhini	
1:30 AM	Pt. Reviewed.	
	Blood Transfusion completed at	
	No Post Transfusion reactions Noted.	
	O/E:	
	Conscious, Afebrile	
	NAD P/P/E ⊖	
POD #0	CVS / RS / NAD	
Baby -		
Mother side	P/A - Uterus Contracted well	
on DBF	BS ⊕	
	Dressing Dry + Intact	
	LE - CBD ⊕ insitu	
	Foleys tamponade ⊕ insitu	
	BWNL	Adv
		1) To continue the same orders
Pt started on Liquid Diet at 12:40 AM		2) To Repeat CBC tomorrow morning & inform
		[signature] 127007

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

Patient Sticker

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2026 8:30AM	C/S/B Dr. Vinitha / Dr. Shreedevi	
POD-1	Pt reviewed	Nil c/o — Advice
	No c/o Imminent	S/S — Liquid diet
T-(N)	No c/o giddiness	/ Palpitations — Vitals Monitoring
PR- 80/min	O/E Pt G/C fair,	Afebrile — Follow drug chart
BP-130/80mmHg	P° / PE°	— Temp., BP, PR 2nd hourly Monitoring
UO -	CVS	— CBD x48 hours
Hb- 10.3	RS NAD	— W/F ↑ Bleeding PV
Baby - M/S	P/A - ut well contracted	— I/O charting
B/L-Breast soft	Soft, BS(+)	— Inform (SOS).
	Dressing (+) & Dry	
	[signature] 182217	
	C/D/W Dr. Aiswarya	
23/7/26 12pm	Advice:	
	— To remove foley's tamponade at 3pm.	
	— To remove CBD at 3:20pm.	
	— W/F ↑ bpv	
	— monitor vitals	
	— soft diet	
	— Hydration	
	— Inform SOS.	[signature] 164238

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2026 3:45pm	C/S/B Dr. Dhivyalakshmi / Dr. Shreedevi	
POD-1	pt. reviewed. Nil c/o. Tolerating diet. NO c/o imminent eclampsia.	
T-N PR- 80/min BP- 130/80 mmHg SpO_2- 99% @RA	O/E: pt GC fair, afebrile po/PE: CVS/RS NAD	c/D/w Dr. Aishwarya Advice: - Shift to ward - soft diet - oral fluids - monitor vitals - follow drug chart - BP strict monitoring Inform if ≥140/90mmHg
passed flatus	P/A: soft, BS+ ut. contracted well dressing dry	
yet to void	L/E: No undue bleeding pv	* Measure & inform 1st void. * W/F T bpv
Baby m/s Breasts soft	Shift to ward	
PIH WNL	Na - 129 K - 3.7 Cl - 98. LFT - (N) urea - 20 Creat - 0.62	[signature] 16/7/24

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Nikita	
23/7/26 8:40 pm	Dr postcso / 1 OPRBC transfused	
	Nil complaints	
BP 126/97 voided urine no flatus stools	O/E afair Afebrile P0/BP	Adv soft diet plenty of oral fluids Ambulation vitals BP monitoring I/O charting W/F bleeding PV Inform SOS Repeat Syp Duphalac 15ml HS
	P/A soft/NT UMR. ASD dry 4E - BWNL. [signature]	
24/7/26 8:45PM POD#2 BP: 130/79 PR: 84/min SpO_2: 100% RA	S/B Dr. Vinthi PF reviewed; [illegible] 90 ; Not passed stools O/E: GC fair; Afebrile P°/PE° P/A: Soft; BS ⊕ Uterus contracted well Dressing intact 4E: BWNL	Adv: Soft diet Plenty of fluids Ambulation I/O chart W/F Bleeding P/V

[signature] 1042

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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(U)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 2:40pm	S/B Dr. Divyalakshmi	
	pt reviewed	
	Nil c/o	
POD-2	O/E: pt GC fair, afebrile	
	pallor	Advice
T - (N)	P/A: soft, BS(+)	- Continue same medicines
PR - 80/min	Ut. contracted	- Ambulation
BP - 130/70 mmHg	dressing dry	- Bath & dressing today.
Passed stools	L/E: BWN	- Plan Discharge tmrw
		- Remove IV line at 8pm
Baby m/s		- Inform SDS.
28/7/2026 4:30PM	S/B Dr. Aishwarya POD-2	Passed stool
	Pt examined	
	NIL C/o	
PR-86/m	P/A Ut well retracted	
BP-119/84	L/E - WNL	Adv:
T (N)		→ Discharge tomorrow
	STOP LABETALOL	→ BP/PR 4th hourly
		→ T. Amlong 0-0-1 x 30 days (5 mg)
		→ Bath & dressing today

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/B/R Dr. Pavithra	
24/07/2026		
10PM	Pt reviewed.	
POD-2	o/e	Advice
T-(N)	Pt GC fair	- (N) Diet
BP-128/82	afebrile	- Plenty of orals
PR-90/min.	P̄ / PE̅	- Vitals monitoring.
	CVS /	- Follow drug chart.
Baby-M/S.	RS / NAD	- T. Amlong 5mg HS from
	P/A - soft, BS (+)	tomorrow.
passed	Ut firm & cont well	- Discharge tomorrow.
stools.	Dressing Dry.	
	UG - BWNL	[signature]
25/7/26.	S/B Dr. [illegible]	
9:30AM		
BTHQ	pt reviewed	tolerating feeds
POD#3.		passed stools
	O/E afebrile	
BP 133/83mmHg	GC fair	
PR 81bpm	P° / PE°	plan
SpO2 99% @ RA	P/A uterus wc	- normal diet
Temp (N)	soft	- plenty of fluids
	BS (+)	- d/s today
	Tegaderm dry	- Ambulate
	UC: BWNL	[signature]
		127435

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

UC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

(1)

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	50mcg	PO	OD		☑C ☐DC
2	T. LOBET	100mg	PO	BD		☑C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi T82217

Date & Time : 22/07/2026

Nurse Name & Signature: D. Sahelveeri

Date & Time : 22/07/2026 at 12pm.

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(2)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: CDR Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: D. Sahel D. Sahelwan

Date & Time : 22/07/2006 at 4.20pm.

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SYNTOCIN	5U	iv	stat	22/7/26 4:35PM	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	Stat	22/7/26 4:40PM	☐C ☑DC
3	INJ. EMESET	4mg	iv	stat	22/7/26 4:40PM	☐C ☐DC
4	INJ CARBOPROST	250mg	IM	stat	22/7/26 5PM	☐C ☑DC
5	INJ CARBOPROST	250mg	IM	stat	24/7/26	☐C ☑DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR-ASHWINI.S D. Ashwini 10.13.48

Date & Time : 22/7/26 4:30 PM

Nurse Name & Signature: RISNA

Date & Time : 22/7/26 @ 4:30pm

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

(4)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	50mcg	PO	OD	23/7/26 @6am	☑C ☐DC
2	INJ. MAGNEX FORTE	1.5g	IV	BD	23/7/26 @9am	☑C ☐DC
3	INJ. FLAGYL	400mg	IV	TDS	23/7/26 @2pm	☑C ☐DC
4	INJ. PANTOPRAZOLE	40mg	IV	BD	23/7/26 @9am	☑C ☐DC
5	INJ. PARACETAMOL	1g	IV	QID	23/7/26 @12pm	☑C ☐DC
6	TAB. LABETALOL	100mg	PO	BD	23/7/26 @9am	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi

Date & Time : 23/7/26 @ 4 PM

Nurse Name & Signature: Sr. Parameswari 016808

Date & Time : 23/7/26 @ 4 pm

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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DRUG CHART

Date of Admission: 22/07/26 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 : INJ TRAMADOL				Date / Time
Dose: 50mg	Route: IM	Frequency: SOS	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: IV/SLOW				

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

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

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA (F)
28-09-1987 38 Y 9 M 25 D
Dr. AISHWARYA PARTHASARATHY

Weight. 82.4 Kg Ward. 610 CD1

REGULAR PRESCRIPTIONS

DRUG: T. THYRONORM				Date / Time	23/7	24/7	25/7
Dose	Route	Frequency	Start Date	6AM	SS	SS	SM
50mcg	PO	1-0-0	23/7/24				

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: INJ. MAGNEX FORTE				Date / Time	22/7	23/7	24/7
Dose	Route	Frequency	Start Date	7AM		SS	SP
1.5g	IV	BD	22/7/24	7PM	SS	SS	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 127007

Daily Doctor's Endorsement by a Sign

DRUG: INJ. FLAGYL				Date / Time	22/7	23/7	24/7
Dose	Route	Frequency	Start Date	6AM		SS	10PM SP
400mg	IV	TDS	22/7/24	2PM		SP	
				10PM	SS	SS	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 127007

Daily Doctor's Endorsement by a Sign

DRUG: INJ. PAN				Date / Time	22/7	24/7
Dose	Route	Frequency	Start Date	7AM	SS	8AM SP
40mg	IV	BD	22/7/24	7PM	SL	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 127007

Daily Doctor's Endorsement by a Sign

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 82.4 Kg Ward 616

DRUG: INJ. PARACETAMOL

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

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

127007

Daily Doctor's Endorsement by a Sign

Date / Time	23/7	24/7
6am	SD / SS	SP / 97
12pm	ND / Sr	
	DB	
6pm	SL	
12am	SD / SS	24 / MN

DRUG: TAB. LABETALOL

Dose	Route	Frequency	Start Dt.
100mg	PO	1-0-1	23/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	23/7	24/7
9am	ND / Sr	SP / 97
9pm	SL / HM	

DRUG: Tab. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	24/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7
8am	\	
8pm	SL / HM	

DRUG: Tab. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	24/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7
8am	\	
2pm	\	
10pm	SL / HM	

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
[illegible]1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Tab. ALTON OR

Dose	Route	Frequency	Start Dt.
1gm	PO	1-1	24/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7
	8PM / JR	
2pm	POA	
10pm	SH HM	

DRUG : Cap. PAN-D

Dose	Route	Frequency	Start Dt.
1 One	PO	1-0-1	24/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7
7pm	SH HM	
7AM	POA	

DRUG : Tab. AMLONG

Dose	Route	Frequency	Start Dt.
5mg	PO	HS	25/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	25/7
9pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 82.4 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/26	5.45pm	T. MISOPROSTOL	600 mcg	PR		RS	S.A
22/7/26	6.30pm	INJ. MAGNEX FORTE 0.1ml	IM			SN	SS

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Pa

(1)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 22/7/2[illegible]																									
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10					20		20			20	20	20	22	22	22	22	22	24	19	18	19	20	20	20
Saturations	94 - 100 % / < 94 %					99		99			99	99	99	99	98	99	99	100	99	100	98	98	99	98	99
Administered O_2 (L/min.)						RA		RA			RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
Temp°c	40 / 39 / 38 / 37 / 36 / 35 / < 35					98.1		98.1			98°F	98	98	98.4°F				98.4°F				97.4°F			
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40					90		92			80	80	70	84	86	84	81	84	78	74	78	84	74	78	84
Systolic Blood Pressure ↑	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50					140		136			130	120	118	110	114	110	114	120	112	110	114	114	110	100	120
Diastolic Blood Pressure ↓	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40					88		80			80	90	96	70	74	80	84	70	74	80	70	74	80	70	80
NEURO RESPONSE [✓]	Alert					✓		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓		✓			—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					—		—			—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Heavy / Foul																								
Liquor	Clear / Pink					-		—			—	—	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Green																								
TOTAL YELLOW SCORES						0		0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES						0		0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial						[illegible]		DS			[illegible]	DS	DS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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Early Warning Observation Score Chart - Obstetrics

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

23/7/25

		Date																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		21	22	24	22	18	22	22	20	20				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		100	98	98	98	98	98	99	99	100				98%				98%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA	RA	RA	RA	RA	RA	RA	RA				RA				RA				RA			
Temp°C	40																									
	39																									
	38									98F	98F															
	37		98	98	98										98.2°F				98.9°F				97.9°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		84	80	80	80	80	80	80	88	86				89bi				90bi				87bi			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		130	120	110	120	120	120	110	120	130				130				123				119			
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		80	80	90	80	80	80	70	80	80				85				87				84			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—	—	—	—	—	—	—	✓	✓				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		—	—	—	—	—	—	—	—	—				—				—				—			
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0				0				0				0			
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0				0				0				0			
Nurse Initial																										

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

6/6 (3)

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

Early warning Observation Score Chart - Obstetrics

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

24/7/26	Date																				
	Time	(8)	9	10	11	(12)	1	2	3	(4)	5	6	7	(8)	(9)	10	11	(12)	1	2	3	(4)	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22				20bm				18bm				20bm				20bm				20bm			
	0 - 10																								
Saturations	94 - 100 %	99%				98%				99%				98%				98%				98%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38									98°F															
	37	⊙98.4F				⊙98.4F				⊙				⊙98.2F				⊙98°F				⊙97.9F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110									80bm															
	100																								
	90	⊙84				⊙88				⊙				⊙90bm				⊙87bm				⊙91bm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140	130				128				120h				128				125				124			
	130																								
	120																								
	110																								
	100																								
	90																								
	80	(80)				(84)				(80)				(85)				(86)				(71)			
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	79				78				46				72				78				83			
	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			
TOTAL ORANGE SCORES		0				1				0				0				0				0			
Nurse Initial																									

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FLUID CHART

Sheet No. : 1

22/FEB

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :				RL		**Total Output :**						
	02:00 pm	NPO		100						100ml	100	
	03:00 pm	N		100						100ml	0	
	04:00 pm	P		100						200ml	0	
	05:00 pm	O		RL 100ml						150ml	0	
	06:00 pm	NPO		100ml						30	0	
	07:00 pm	NPO		100ml						75	0	
Total Intake :		2100ml.				**Total Output :**				655ml.		
	08:00 pm	NPO		100						100	0	
	09:00 pm	P		100						120	0	
	10:00 pm	O		100						75	0	
	11:00 pm			100						150	0	
	12:00 am			100						100	0	
	01:00 am	HO	30ml	100						75	0	
Total Intake :			630ml			**Total Output :**				620ml		
	02:00 am	HO	100ml	100						50	0	
	03:00 am			100						75	0	
	04:00 am	Jal	100ml	100						100	0	
	05:00 am			100						120	0	
	06:00 am	HO	100ml	100						100	0	
	07:00 am			100						120	0	
Total Intake :			900ml.			**Total Output :**				882		

Total 24 hrs. Intake	3.630ml	Total 24 hrs. Output	1837ml.

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(2)

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

22/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
23/7/26												
	08:00 am	H2O	100	100						250	0	SA
	09:00 am			100ml						200	0	SA
	10:00 am	Tea	200ml	100ml						200	0	Dan
	11:00 am			100ml						200	0	Dan
	12:00 pm	coct	100ml	100ml						150	0	Dan
	01:00 pm			100ml						200	0	Dan
Total Intake : 1000ml						Total Output : 1200ml						
	02:00 pm	coct	200ml							200ml	0	Dan
	03:00 pm	coct	100ml							250ml	0	Dan
	04:00 pm	coct	150ml			CBD removed @ 3pm					0	Dan
23/7/26	05:00 pm	H2O	100ml									
	06:00 pm	TC	200ml								0	ABoc
	07:00 pm	H2O	200ml							Void 100ml	0	2
Total Intake : 950ml						Total Output : 1200ml						
	08:00 pm	Tea	50ml									
	09:00 pm	H2O	100ml								0	H
	10:00 pm									✓		
	11:00 pm	H2O	100ml								0	H
	12:00 am											
	01:00 am	H2O	50ml								0	H
Total Intake : 300ml						Total Output : U-1						
	02:00 am											
	03:00 am	H2O	100m								0	H
	04:00 am											
	05:00 am	H2O	100ml							✓	0	H
	06:00 am											
	07:00 am	Tea	100ml								0	H
Total Intake : 300ml						Total Output : U-1						

Total 24 hrs. Intake	1950ml + 600ml (Trifluids)

Total 24 hrs. Output	U - 2,400ml; Motion not passed + U-2 times Passed

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FLUID CHART

Sheet No. : 3

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

24/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2o	100ml									
	09:00 am									✓	0	Rvl
	10:00 am	H2o	200ml									
	11:00 am	Soup	100ml								0	Rvl
	12:00 pm									✓		
	01:00 pm	H2o	100ml								0	Rvl
Total Intake :		500 ml								✓		
Total Output :		3 times										
	02:00 pm	H2o	100ml									
	03:00 pm	H2o	200ml							✓	0	Dee
	04:00 pm	H2o	200ml									
	05:00 pm	Juice	200ml							✓	0	Dee
	06:00 pm	Tea	100ml									
	07:00 pm	H2o	200ml							✓	NO 0 NO	Dee
Total Intake :		1000ml										
Total Output :		3 times										
	08:00 pm	H2O	200ml									
	09:00 pm	Juice	250ml							✓	NO	Vyth
	10:00 pm	Milk	200ml							✓	IV	
	11:00 pm	H2O	100ml								line	Vyth
	12:00 am											
	01:00 am	H2O	200ml							✓		Vyth
Total Intake :		950ml										
Total Output :		3 times										
	02:00 am											
	03:00 am	H2O	300ml							✓	NO	Vyth
	04:00 am									✓		
	05:00 am	H2O	250ml								IV	Vyth
	06:00 am	H2O	100ml									
	07:00 am	Milk	200ml							✓	line	Vyth
Total Intake :		850ml										
Total Output :		3 times										

Total 24 hrs. Intake	3,300ml

Total 24 hrs. Output	12 times

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NURSING CARE RECORD

Date: 22/7/2026.

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	2pm	prevent falls and injury.	2.30 pm	- Keep bed in low position with side rails up. - Ensure call bell within reach	patient well stable	Reassessment done	[signature] 07/17
Night	8 pm	* Assess the patient condition * Monitor vital sign. * To assess the pain * To provide comfortable position	8 pm	* Assessed the patient condition * Monitored vital sign * To assessed the pain score. * To provided comfortable position	* Patient vital are stable.	* Reassessment on done	[signature] 01/23

Docu. No: RCH /FRM / CLINICAL / 148

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Dr. AISHWARYA PARTHASARATHY

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: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Achieve Acceptable pain controls & comfort	8:30 Am	Assess pain using pain scale regularly Administer Analgesics as prescribed. position Pt comfortably	patient was stable reduced pain relief	Reassessment was Done.	Akalya 018080
Afternoon	2pm	Achieve Acceptable pain control & comfort.	2:30 pm	Assess pain using pain scale regularly Administer Analgesics as prescribed.	patient was stable. reduced pain.	Reassessment was done	Devi 018400
Night	8 pm	Prevents Hospital Acquired Infections	10 Pm	→ Maintain strict Hand Hygiene. → Use of aseptic technique.	Maintained Strict hand Hygiene.	Prevented Infection	[illegible] 6070

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

(1)

NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	12pm	ADMISSION NOTES:	
		patient Admission	
		on 22/7/2026. patient a/o.	
		G2P1L1 37+3 weeks pres secs	
		patient general condition fair.	
		vitals are checked & recorded.	
		patient diagnosis patient	
		pre LSCS EL LSCS	
		patient medical history	
		of GHTN ON Tab. Labet	
		100mg Hypothyroid on Tab.THYRONORM	
		patient past surgical history	
		LSCS 21/2 back laparoscopic done in 2022.	
		patient side there is no	
		allergic history. plan for	
		Elective LSCS. CTG connected.	
		FHR good. parts preparation	
		done & SAP, IV line start	
		In left metacarpal line	
		patient admission order	
		DR. Vinitha mam order	
		come out	→ [signature] 01/7/26
	1.30 pm	S/B DR. Vinitha advice	
		to OT disconnecting FHR(+)	
		140b/m patient conscious	
		and oriented. T. Lope 100mg	
		oral give the order	→ [signature] 01/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	1.45pm	patient tab. Cohe 100mcg oral given patient concious and oriented general condition	[signature] 17/7/17
	3.30pm	patient Inj: pan 40mg. Inj: Emeset 2ml IV given patient Inj: supacef 0.1ml test dose ID given at 2.34pm	[signature] 17/7/17
	3.40 pm	patient handing over given OT staff to Nurse Jaimes patient concious and oriented General condition fair patient concious	
	4.20 pm	patient asking Inj: supacef 0.1ml test dose any need allergy reaction No allergic patient Inj: supacef 1.5g IV given patient shifted to OT staff Nurse	[signature] 17/7/18.

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GUC-00094172 IP18-00036581
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(2)

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	
22/7/20	4:20 pm	Patient received from ODR to OT-III. Patient is conscious & oriented. patient vital signs are stable. IV line & foley's catheter is present.	607721
	4:25 pm	SA given. IV fluid on flow vital signs are monitored. positioning done.	607721
	4:30 pm	Painting & draping done. skin incision done. no active bleeding is present patient vital signs are stable.	607721
	4:36 pm	A single alive baby girl delivered with birth weight of 2.632 kg. Baby shifted for routine care.	
	4:50 pm	CBC Blood sent to lab for CBC.	607721
	5:00 pm	foley's catheter size(22) inserted from the uterus for controlling the bleeding skin suturing done. No active bleeding is present patient vitals are stable. IV fluid on flow. Surgical dressing is intact.	607721
	6:00 pm	patient shifted to MICU Handover given to MICU staff	607721

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

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	6 pm	patient Receiving OT to MICU patient conscious and oriented General condition fair p/v bleeding minimal Checked vital signs vitals are stable patient ?? done Baby mother feeding	[signature] 07/7
	6.30 pm	patient General Condition patient CBC sent OT Report collect. Hb - 8.9 Inform to DR. Jayalakshmi patient Inj: mangenexFor 0.1ml deltgiu ID. B - Breast was soft Both U - uterus was Contractive B - Bowel movement present B - patient was CBD L - Lochia Rubra present No evidence by foul smelling. E - REEDA Assessment Not Applicable. H - Homan's sign Negative. E - Emotional status good	[signature] 07/7

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(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	6:45 pm	S/B DR. Jayaveena mam advice to 1 O PRBC issued an Transfusion order patient 1 O PRBC issued Billed given	[signature] 01/7/17
	7 pm	patient checked vitals are stable patient conscious and oriented General condition fair P/V bleeding minimal Blood Receiving Infusion, C/O DR. Jayaveena advice Blood Checked By DR Jayaveena mam	[signature] 01/7/17
	7:30 pm	Patient hand over given. night duty staff Nurse patient conscious and oriented p/v bleeding minimal patient asking Inj: magnesium test dose asking any allergy No allergies Inj: magnesium 1.5 g given 1.5 g at 7pm	[signature] 01/7/17 [signature] 01/7/17
		⇒ NIGHT DUTY ⇐	
22/7/26	7:30 pm	Patient report Fluid over taken from evening duty 98 / 47 7	[signature] / 011796

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Lau 22/7/20		She is conscious & oriented	
		afebrile. NPO IVF RL 100ml/hr	
		on flow, CBD urine drained	
		clear & adequate.	⇒ [signature] /01/7a6
	8pm	⇒ Patient vital signs	
		checked & recorded, General	
		condition fair	⇒ [signature] /01/7a6
	9pm	⇒ CBD urine drained	
		clear & adequate, Has NO	
		bandage over the operated	
		area. Has mild pain over	
		the operated site	⇒ [signature] /01/7a6
		B: Breast soft + NO	
		engorgement. LOB? give	
		U: uterus firm contracted well.	
		B: Bowel movement present.	
		B: Patient is CBD.	
		L: Lochia rubra present	
		No evidence of foul	
		smell	
		E: Reddish assessment not	
		applicable	
		H: Homans sign negative	
		E: Patient emotional	
		status good.	⇒ [signature] /01/7a6
	9:30 pm	⇒ 1 unit PRBC blood	
		started. Patient vital stable.	[signature] /01/7a6

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(4).

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ……………

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10U1 22/7/26	9³⁰ pm	Bag no 12993 / Blood group: 'B' positive / DOC: 20/7/26 / DOE: 23/7/26 / Starting time: 9³⁰ pm / Ending time: 1AM.	
	10pm	During blood transfusion no allergic reaction patient vital signs are stable	→ [signature] 10117[?]
	11pm	→ Inj Mahogy 100ml IV. given as per doctors orders	→ [signature] 1011726
23/7	12AM	→ Patient vital signs stable. General condition fair. IV line patency blood on flow. Patient slept well during time. No other complaints	→ [signature] 1011726
	12³⁰AM	→ Patient complaints of pain over the abdominal [illegible] to [illegible] Dr. Advice to Inj Para [illegible] IV given orders carry out PV bleeding normal pad changed [illegible] orals started.	→ [signature] 1011726

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 23/7/26	1 AM	blood transfusion good over No allergic reaction Patient vital stable. General condition fair	→ [signature] /011746
	2 AM	→ Has No Discharge over the operated area. Has mild pain over the operated site, Patient slept well.	[signature] /011746
	3 AM	→ CBD wire drained clear ly adequate, tampons present, mid blood flow collected.	→ [signature] /011746

ANNAI TERESA BLOOD BANK & APHERESIS CENTRE

(Run by Little Roses Trust)
LICENCE No.: 506/28C
No.946, 1st Floor, Bazaar Road, Ram Nagar (South) Madipakkam, Chennai - 91.
Ph.: 044-22580803 Mobile : 9840143108 / 9840333108 / 9566468884
E.mail : annaiteresabloodbank@gmail.com web: www.annaiteresabloodbank.com

CONCENTRATED HUMAN RED BLOOD CELLS I.P.

Prepared From Blood Collected with anticoagulant citrate phosphate Dextrose solution. Whole blood 350 ml / 450 ml (IP 49ml / 63 ml)

BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME
2993	20.7.26	31.8.26	220 ml

INSTRUCTIONS :
1. Do not use if there is any visible evidence of deterioration.
2. Storage temperature 2° to 6°
3. Administer with warning.
4. Mix well before use and do not vent
5. Do not add any Medication.
6. Use a Fresh clean, Sterile Transfusion set with filter
7. Do not Dispense without Prescription.
8. Check blood group on the label and recipients blood group. before administration and properly identify intended recipient.
9. No Atypical antibodies detected
10. Shelf life 35 days /
11. Transfusion Criteria ABO and Rh Specific X-match compatible

BLOOD GROUP: **B**
Rh₀ (D): POS

SCREENED : NEGATIVE / NON REACTIVE FOR : HBsAg. Anti HCV Anti HIV I & II, MP, VDRL, Irr, Ab - By **CLIA METHOD**

PREPARED FROM A VOLUNTARY BLOOD DONOR

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(15).

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	4AM	→ Patient vital signs stable. General condition fair	→ Aey/011726
	5AM	→ Morning care given. Patient take a sponge bath & brushing. Pad changed & fix. Patient looked well	→ Aey/011726
	6AM	→ Inj Para 1gm IV, Inj Metrogyl 100ml IV given as per doctors order. Tab thyroid 50mg →	Aey/011726
	7AM	→ Inj Pan 40mg IV given as per drug order. CBC send to lab department.	→ Aey/011726
	7:30 AM	→ Patient report hand over to morning duty staff	Aey/011726
		morning duty	
	7:30 Am	patient care hand over taken from Night duty staff Nurse patient was stable conscious & oriented IV line present & patent. CBD present dry Temp present. Pt in light diet. Pt P/v bleeding minimal.	— Dari/01 8/26
	8:00 am	Pt vital cannot & recorded Pt feels pain on her Pt general condition is good.	— Dari/01 8/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	9.00 am	patient vital checked & recorded	
		urine out put clear. Pt general	
		condition Tab- Lekt [illegible] P/O	
		given as per doctors order.	ben/0/0
	10.00 am	Pt vital checked & recorded	
		urine out put clear. Pt condition	
		Informed to Aishwarya mam	
		order in [illegible] given as per	
		doctors order	
		B- Breast is soft no engorgement	
		U- uterus is contracted	
		U- patient in CBD present	
		[illegible] out put [illegible]	
		B- Bowel movement present	
		L- Lochia rubra present no	
		foul smelling	
		L- LSCS assessment not applicable	
		H- Homan's sign negative	
		E- patient emotion status is	
		good	ben/0/0
	12.00 pm	patient vital checked & recorded	
		Pt [illegible] on [illegible] Pt	
		general condition is good. P/V	
		bleeding minimal. Pt is comfortable	ben/0/0
	1.00 pm	due medication given as per	
		doctors order. Pt. condition	
		Informed. Dr. Aishwarya mam	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(6).

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	continue	CBC, CFT, APTT INR, Urea, creatine,	
		Electrolytes, LDH, Uric acid pt	
		general condition is good. P/V	
		bleeding (+) chr to be followed.	[illegible] 010800
	2:00pm	pt vital checked & received	
		due medication given as per	
		date, oral pt taken soft diet	
		pt general condition is good.	[illegible] 010800
	3pm	Dr. Dhivyalakshmi advicod	
		to CBD removal pationt	
		shift ward. measure 1st	
		Voide, BP monitoring 4th hrly.	S/n paramesh
	3.20pm	CBD removed. pationt	016808
		ambulation well.	
		Patient shifted to ward.	S/n paramesh 016808
	4pm	patient details, files	
		handed over given to	
		6th floor staff	S/n paramesh
		On receiving Notes	016808
23/7	4pm	patient details hand over	
		taken from LPR staff patient	
		active and oriented IV	
		line healthy patient in	Jeg
		soft diet had lunch	[illegible]
	5pm	vitals checked and recorded	
		Bp Monitoring and hrly	
		inform above 140/90 mmHg	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	6.30pm	Patient not passed urine after CBD removal informed to take more Oral fluids To watch intake & output	Jej
	6.40pm	patient 1st void urine 70 ml passed informed to Dr. Sridevi	Jej
	7pm	Due drugs given as per order	Jej
	7pm	Pt to chart maintained & recorded	
	7.30pm	Hand over given to night duty staff	
		Night duty Notes.	
	7:30pm	patient details are handing over taken from Evening duty staff. IV line (+). CBD removed at 3.20pm; Patient urine passed. Today Hb value 10.3gm/dl tommorow Bath & dressing plan. Tomorrow Discharge plan →	Jej
	8pm	Mother vitals are checked & recorded. BP-checked 126/93 T. Labetalol -100mg given orally →	Jej
	10pm	Due medications was given as per doctor's ordered →	Jej
24/7/26	12 am.	Patient details vitals are checked & recorded. vitals are stabled. patient voided urine normally →	Jej

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(7)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	2 am	B – Breast size is normal U – Uterus is contracted B – Bowel movement present B – patient voided urine C – Lochia rubra is present E – Pedal is not applicable H – (-)ve Homans sign E – Emotional status Good. →	
	4 am	patient vitals are checked & recorded. Vitals stabled →	
	5 am	Due Medication were given as per doctor's ordered →	
	6 am	Maintained I/O chart :	
	7:30 am	patient details are handing over given to Morning duty staff → Morning duty Nurse	
24/7/26	7:30 Am	Patient details heard Given taken from Night duty staff. patient was conscious and oriented →	
	8 am	Patient vitals checked and Recorded. Vitals Normal patient Fr line patterns is healthy and Observed Due medication given as per drug chart →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/24	9 Am.	Patient BP is checked and Recorded. Informed to Dr. Vinitha mam. Advice to give T. Labeta - 10mg	Prave
	10 Am.	Dr. Vinitha mam Advice from to today afternoon to change oral medicine	
	12pm	patient vitals checked and Recorded. vitals Normal maintained Intake and output chart.	Praveena
	1:30Pm	Hand Over given from Evening duty staff	Prave
		Evening duty Note	
	1.30pm	→ patient detail hand over taken from morning duty s/n patient conscious & oriented IV line ⊕. Today bath & dressing Tommorow D/S plan	Aruna
	8pm	→ patient due medication given as per order chart	
		B → Breast is soft	
		U → uterus is contracted	
		B → Bowel movement ⊕	
		B → urine is self voided	
		L → Lochia rubra ⊕	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY
MRD NO ....
Age :.... Sex: ☐ M ☐ F
Consultant :..........

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/07/2026. Time: 12.30pm
Location : (R) hand metacarpal
Size : 18G
Cannula inserted by : Staf Anusthuya

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7/26	1pm	☐Yes ☐No	☐Yes ☐No	obs	DS
	3pm	☐Yes ☐No	☐Yes ☐No	Observ	DS
	5pm	☐Yes ☐No	☐Yes ☐No	obs	DS
	7pm	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
	9pm	☐Yes ☐No	☐Yes ☐No	[illegible]	[illegible]
	11pm	☐Yes ☐No	☐Yes ☐No	[illegible]	[illegible]
23/7/26	1Am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Removed

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

CANNULA 2

Date : 22/7/26 Time: 5pm
Location : (Lt) hand metacarpal
Size : 18G
Cannula inserted by : Sr. Priyadharshini

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7/26	6pm	☐Yes ☐No	☐Yes ☐No	Patent	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	[illegible]	DS
	10pm	☐Yes ☐No	☐Yes ☐No	Patent	[illegible]
23/7/26	12AM	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	2pm.	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
24/7/26	12am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

removed

Cannula removed : ☐Yes ☐No, if yes date and time : 24/7/26 @ 5pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify- Nil
Phlebitis score:

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient ID

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 : 22/07/26			
				Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA 38 Y 9 M 25 D (F)
28-09-1987
Dr. AISHWARYA PARTHASARATHY

Patient ID

2

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

						M	E	N
				Date :	23/7	24/7	24/7	24/7
				Time :	N	9A	2pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.'	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	1	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	29	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/7/20	24/7	23/7/20
		Score			35
History of Falling (immediately or w/in 3 months)	Yes	25			0
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			15	15	35
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 23/7/20	N 28/7/20	M 24/7
		Score	35	35	35
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			35	35	35
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

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

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. AISHWARYA PARTHASARATHY	Date of Delivery: 22/07/2026
Assistant Surgeon: DR. LUCETHA / DR. JAYAVEENA	Time of Delivery: 4.36 pm
Anaesthetist's Name: DR. ASHWINI	Gender of Baby: GIRL
Type of Anaesthesia: SPINAL	Weight of Baby: 2.632 Kg
Neonatologist: DR. POOJITHA	AGPAR Score: 8/10, 9/10
Scrub Nurse: MS AKHILA	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: 38 years / P_2 P_{1+1} / PLSCS / Breech / 37wk+3d / GHTN

☒ Elective ☒ Emergency Indication: P. LSCS / Breech

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive.

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

Surgical Procedure: ELECTIVE REPEAT LSCS C FOLEY TAMPONADE

on 22/7/26 @ 4.36 pm

Post Operative Diagnosis: P_2L_2

Peri-Operative Complications: Nil

Amount of Blood Loss: 800 millilitre | Blood Transfused (in ML): 1 OP PRBC started

Name and Number of Surgical Specimen sent for examination: Nil

Examination Findings when Appropriate:

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

5th Palpable: Yes Fetal Position: .....

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

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

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

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other .....

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: normal Cord around the neck ☑ Yes ☐ No once

Appearance of placenta: normal Cavity explored ☑ Yes ☐ No

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

uterus had a Left posterolateral myometrial defect of 3 x 3 cm.

Uterine Closure: ☑ One Layer ☐ Two Layers ..... Suture

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

Sheath Closure: ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Suture

Vaginal Evacuated ☑ Yes ☐ No foley tamponade kept in utero

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions

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

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

Post-Operative Notes:

→ NPO x 8hrs

→ INJ. MAGNEX FORTE 1.5gm IV 1-0-1

→ INJ. FLAGYL 400mg IV 1-1-1

→ INJ-PAN 40mg IV 1-0-1

→ INJ. PARACETAMOL 1gm IV 1-1-1

→ INJ. TRAMADOL 2cc IM SOS

→ IVF DOPL @ 60ml/hr

→ 10 PRBC to transfuse now, after repeating Hb & if needed another 10PC.

Doctor Name: Dr. JAHAVEENA Doctor Signature: M. Jayaveena

Date & Time: 22/07/2026

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Aiswarya parthasarathy
Asst. Surgeon : Dr. Lalitha
Anaesthetist : Dr. Ashwini
Scrub Nurse : S/N Agalya

Age : .... Gender : ....
Surgery Name : GI - lscs
Date : 22/7/26 In-time : 4:20pm Out-time : 6pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 4:25pm

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 : S. Ashwini 101348

Name : DR. ASHWINI. S

Before Skin Incision ➤ ➤

TIME OUT Time: 4:28pm

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 : ....

Name : ....

Before Patient Leaves Operating Room

SIGN OUT Time: 5:45pm

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 : 60721

Name : Resna

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00094172 IP18-00036581

Patient Name : .. Mrs RASHMI DAGA 28-09-1987 38 Y 9 M 24 D (F) ..... Gender: ☐ Male ☐ Female Age : .....

Dr. AISHWARYA PARTHASARATHY

UHID No : ....

Date : .....

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

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

ELECTIVE REPEAT LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBAL STERILISATION upon INDICATION: PREVIOUS LSCS

(Name of the Patient)

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

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

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

Bleeding, Infection, Blood transfusion, Bowel and bladder Injury, MICU Stay, NICU Stay:

My signature on this form indicates that

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

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

Consentee :
Signature : Rashmi
Name : Rashmi
Date & Time : .....

Patient Attendant :
Signature : .....
Name : Arpit
Relationship with Patient: .....
Date & Time : .....

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

Doctor (who is taking the consent) :
Signature : 82217
Name : Dr. Shreedevi
Date & Time : 22/07/2026

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient Nam ..... Age : .....

Gender : M I ..... Consultant : .....

Ward / Bed No. : ..... Anaesthesiologist : DR SATHISH / DR PRIYA

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☑ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock HYPERTENSION ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : .....

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Rashmi dhaga the above mentioned operation I Diagnostic I Therapeutic procedures Elective lower segment caesarean section

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

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

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

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

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

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

Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Rashmi

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : Arpit

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Raja. R

Date & Time : 22/7/26

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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

Date: ..... Proposed Operation: Elective LSCS

Diagnosis: G2P1L1

B.P./ CRT: ..... H.R: ..... Weight: 82.4 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.2 g%	Glucose:	Protein:	HIV:	X-Ray:	
PCV: 34	Urea: 19	Alb:	HBS Ag: NR	ECG: N	
WBC: 7800	Creat: 0.62	Total Bill:	HCV:	2D Echo: N, EF-60%	
Plate: 2.55L	Na:	Dir. Bill:	Blood group: B +ve	Stress/Anglo:	
PT: 11.6sec	K:	LDH:	T3	Other:	
PTT: 29.6sec	Ca++:	Alk phos:	T4		
INR: 0.82	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: —

Medical History: CVS : K/C/O G. HTN on Rx Hypothyroid

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: H/o laparoscopy for chocolate cyst in 2023, U/E

Physical Exam: H/o prev LSCS, U/E.

Airway: MP 1 (2) 3 4 Mouth Opening: Adeq Mentohyoid Distance: N, Neck: N Teeth: N

Lungs : B/L AE (+)

Heart: S1S2 (+)

CNS:

Pregnant: ☑Yes ☐ No ☐ NA | Venous Access Site : + | Spine Exam for regional : N

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

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

CURRENT MEDICATIONS	DOSAGE
T. Lubet	100mg OD
T. Thyronorm	50mg OD

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Priyi R

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: >6 hrs	
Physical Status: II	Patient Identified ✓	☑ Consent Present	☑ Chart Reviewed

H.R: 100/min | B.P / CRT: 170/100 | SpO₂: 99-100% | R.R: 16/min | Last Feed: 9AM

Pre-OP Diagnosis: Gestational hypertension Operation: Elective LSCS previous LSCS Date: 2/7/16

Surgeon: Dr. Aishwarya / Dr. Lucalta Anaesthesiologist: Dr. Ashwini / Dr. Priya Technician: Dr. Shyam

TIME: 4:30PM … 5:30PM

N₂O /AIR /O₂ LPM

HALO /SO /SEVO

Drugs:
Inj. ephedrine 6+6mg iv
Inj. Emeset 4mg IV
Inj Tramadol 1g IV
(Inj Syntocinon 5U + 20U IV)
Inj Carboprost 250mcg im
Inj carboprost 250mcg IM

FIO₂ / SaO₂: ← 100% →
ETCO₂
ECG: ← NSR →
Temperature
Urine Output

Fluids / Blood: ← RL-4O iv →

B.P (V Systolic, Λ Diastolic, X Mean, • Heart Rate) — scale 0–240; Tourniquet on Time; Tourniquet off Time; Throat Pack In; Throat Pack Out

Antibiotic | Suppository | Blood Loss | NOTES

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional ☑ BP ☐ Cuff Site: (R) arm ☐ 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 ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☑ Hugger's ☐ Cotton Wool ☐ Other **Times:** Anaes Start: 4:30PM OP Start: OP End: Leave OR: 5:30PM **Anaesthesia:** ☐ GA ☐ Monitored Anaesthesia Care ☑ Regional **Line (Size & Location)** ☐ CVP: ☐ ART: ☑ IV: 18G (L) hand ☐ IV: ☐ IV:	**Induction** ☐ IV ☐ Inhal ☐ Pre O₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# ... at ... cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# ... Attempts: Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	**Regional:** Extremity Specify: ☑ Spinal ☐ Epidural ☐ Caudal Others: Position: Sitting Site: L3-L4 Needle Size: 25G Depth: Parasthesia ☐ Yes ☑ No Catheter at skin ... cm Drug Name & Conc: 2.4ml of 0.5% bupivacaine (heavy) + 10µg fentanyl given after free flow of CSF Bolus: Infusion: Block Level: Comments: Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☑ NA Name of the Doctor: DR. ASHWINI.S Signature of the Doctor: [signature] 101348

Patient Sticker

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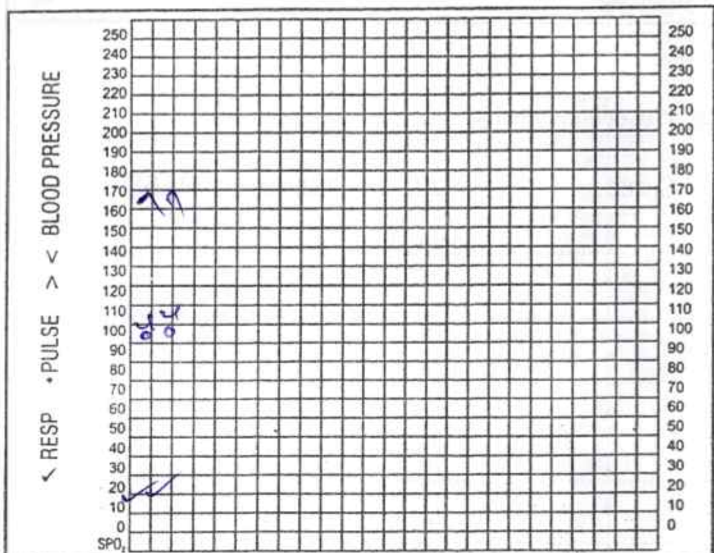
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 6 pm Time Discharged : 6 pm



IV Cannula Site : ....

☐ O_2 Mask ☐ Nasal Prongs

☐ Tracheostomy ☐ T-Piece

☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: ....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: ....

Oral Feeds: ....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7/26	5:30PM	0/10	NPO till further orders	S. Ashwin 101348
			iv fluids @ 100 ml/H iv antibiotics as advised	
			Inj: paracip 1g iv tds	antihypertensive as advised
			Inj: tramadol 50mg iv (SOS) Inj: emeset 4mg iv (SOS)	

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

Reassessment Frequency:

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

Anaesthesiologist Name : DR. ASHWIN I. S

Anaesthesiologist Signature: S. Ashwin 101348

Date & Time: 22/7/26 4:30PM

PACU Nurse Name : Risna

PACU Nurse Signature: [signature] 60774

Date & Time: 22/7/26 @ 4:30pm

Transferred to Unit by (PACU): MLW

Date & Time: 22/7/26 @ 6 pm

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
Patien 28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/7/2026 Time of Arrival: 12pm Time Seen by Nurse: 1pm

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: El LSCS

3) **Vital Signs:** Temperature: 98.1°F Pulse: 90 RR: 20 SpO_2: 100 BP: 140/88 Weight: 82.4

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 02/11/2025 EDD: 09/8/2026 Gestational Age: 37+3week

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: prev LSCS 2 1/2 Back. Laparoscopy done in 2023.

b) Medical: C/H HTN on Tab. Lobet since 30 d. Hypothyroid since conception

Docu. No. : RCH /FRM / CLINICAL / 098

(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☑ Others: T. Labe roomes T. Thyroxin.

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: 12.15pm

Nurse Name : D. Sobelwani Nurse Signature: [signature] 01/7/16

Date: 22/7/2016. Time: 12.15pm.

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 22/07/2026.

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	✓	1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	0	03
Signature of the Nurse		22/7/26.
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 22/07/2026

L - 2

A - 2

T - 2

C - 2

H - 1

9

Handover given by D. Sobelwan ..... Handover taken by .....

Signature Dsel ..... Signature .....

Date & Time: 22/7/2026 at 7:30pm Date & Time: .....

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PATIENT TRANSFER FORM

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

	Date & Time of Admission	Date & Time of Transfer Order
	22/7/2026 at	22/7/2026 at 4.20pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Aishwarya	DR. Jayaseena	ELLSCS
From Unit	**To Unit**	**Information to Attendant**
CDR	4th OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Fn	CTL - (1)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
C/N Sobekeen OTH178	DR. Jayaseena

Patient & Clinical Records Received by : S/N Rashma

Date & Time of Patient Received :

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

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

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

PATIENT TRANSFER FORM

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Mrs RASHMI DAGA
26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 @	22/7/26 @ 6 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Aishwarya parthasarathy	Dr. Ashwini	For further management

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Priyadharshini

Patient & Clinical Records Received by :

Date & Time of Patient Received : 22/07/26 at 6pm

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 Sticker

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/07/2026 Date of Removal: 23/7/26 @ 3pm

Parameters	Date / Shift Time	22/7/26 E	22/7/26 N	23/7/26 M	23/7/26 E			
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Diabasty	Jogeshwari	Devi	Devi			
Signature of the Nurse		01774						

Patient S

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 25 D (F)
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SSI PREVENTION CHECKLIST

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

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 2100

TRANSFERRED TO:

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated		
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	NO	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact		
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	yes	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	yes	
10	**REPORTS AND LABS HANDED OVER**	yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse: D. Cobeluron D/F1178		
	Receiving Nurse : [signature] 607721		
	Signature of Incharge: [signature]		

GUC-00094172 IP18-00036581
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26-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Birthright Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/7/26 @ 6pm OT **TRANSFERRED TO :** MICU

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

For Risk Gopal

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow® Children's Hospital
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 23/07/2026 Time: 04:30 PM.

Origin: — Height: 5'5" Weight: 82.4 Kg. BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ 30 kg/m²

Food Allergies: NIL.

Diagnosis: ELECTIVE-LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Arpit

Name: Arpit

Date & Time: 23/07/26 @ 4:30 PM

Dietician's

Signature: A.M (018336)

Name: A. Sadiqa Feeham

Date & Time: 23/07/26 @ 4:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
23/07/26.	08:30 AM.	· Liquid Diet · [EL-LSCS done]	
	POD-I	· Patient is stable · Oral intake is Better	
		- Advised to take plenty of Oral fluids — Water, tender coconut water, fruit Juices (etc)	A.N (018336)
		Fluids - 2.5-3 l/d.	
	3:30 PM.	- Soft Diet (EL-LSCS done)	
		- Patient is Stable · Oral is Better.	
		- Advised to take easy-digest foods.	A.N (018336)
		- Consume small-frequent meals.	
		- Include galactogogues foods for milk secretion - garlic, fennel and oats (etc)	
		· Plenty of fluids.	