

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 29.6.26

Name of Mrs RUVANTHIKA V S
07-01-1984 32 Y 5 M 22 D (F)
Dr. DIVYA SIVARAMAN

UHID N 

Ward: .

Gender: F

Room No: 615

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: 29.6.26

Time: 8 AM

Pharmacy Sign 

Date:

Time:

1000

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1000

1000

1000

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1000

(Left - Rainbow Children's Hospital



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing			<i>[Signature]</i>				
Activity Sheet update by Pharmacy			<i>29/6/20 at 8AM</i> <i>[Signature]</i>				

ACTIVITY RECORD FOR BILLING

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 16 D (F)
Dr. SELF



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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Ruvanthika
UHID No: 93006 IP No: 26151 Consultant: Dr. Piyas Dept: OBG
Date of Admission: 23/6/26 Time: 1.46pm Date of Discharge: _____ Time: _____
Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	7.30pm	LDR	615	<i>[Signature]</i>
25/6/26	11.30am	615	LDR	<i>[Signature]</i>
25/6/26	12.50pm	LDR	OT	<i>[Signature]</i>
25/06/26	3.20pm	OT	MICU	<i>[Signature]</i>
25/6/26	10.30pm	LDR	6th floor	<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	25/6/26	1717056	<i>[Signature]</i>
2.	Dr. Srinivasan (Psychiatric)	26/6/26	TO be raise	<i>[Signature]</i>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6/26	IV placement	①	1516255	Dr. Bano
23/6/26	Catheterization	①		Dr. Bano
24/6/26	Growth & Doppler twin's	①	008434	Dr. Bano
24/6/26	PRBS Issue	②	80079	Dr. Bano
25/6/26	Catheterization	①	OT Charge	Dr. Bano
25/6/26	2v placement	(OT)		Dr. Bano
26/6/26	diet counselling analysis	①	7531	Dr. Bano
26/6/26	catheterization	①	7542	Dr. Bano
26/6/26	physio	①	1717820	Dr. Bano
28/6/26	IV Placement	①	1718489	Dr. Bano

ANY OTHER INFORMATION:

OT 25/6/26

IN TIME 12.50pm OUT TIME 3.20pm

procedure: Elective LSCS Twin's, Cervical Strick Removal
E Bladder Repair

Surgeon: Dr. Divya Sivaraman / Dr. Wandhni

Asst Surgeon: Dr. Sheila / Dr. Sreedani

25/6/26 Pre connected at 8pm to be started stopped at 4pm

Date: 29/6/26

Time: 8AM

S/L Syll
61957

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sareg 027	Dr. Floor		

GUC-00093006
Mrs RUVANTHIKA VS IP18-00036151
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN

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

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SURGERY DETAILS

Patient Name: Mrs RUVANTHIKA Date: 25/06/26
Date of Birth: 07-01-1994 Age: 32yr
Gender: F Ward: OT UHID No.: 93006/36151
Date of Surgery: 25/06/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Electro LSCS TWINS & cervical Stitch Removal
Bladder repair

Time In: 12.50pm

Time Out: 3.20pm

	NAME	AMOUNT
1. Surgeon	<u>Dr. Divya Sivaraman / Dr. vandini</u>	
2. Anaesthetist	<u>Dr. Sathish</u>	
3. Assistant Surgeon	<u>Dr. Sheela / Dr. Sridwini</u>	
4. OT Technician	<u>Mr. Raja</u>	
5. Circulating Nurse	<u>C/N Suganthi</u>	
6. Assistant Nurse	<u>S/N erasu</u>	

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

Signature of the Surgeon

019507
Signature of Circulating Nurse

Record finalized done by Rishu

Order No:

Order by:

Int. Supply 1.5 gm

S. Ruvandika LSCS TWINS

Patient Sticker

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

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : C/N Suganthi

Technician : Mr. Raja

Date : 25/06/26

Time :

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS ✓		1	Inj Vit.K		
LMA			Sutures 2347		3	Cord Clamp ✓		2
ECG leads (A/P/N)		3	1326		1	Suction Catheter		
HME filter : A/P/N			2317		3	Feeding Tube 1		2
Syringes : 10 cc ✓		243	Gloves 6.5 pf		6	Vacuum Suction Set		
05 cc ✓		3	6.0 pf		2	Surgical Gloves 7.0 pf / 6.5 pf E1		
02 cc ✓		2	7.0 pf		4	Gauze Pack ✓		3
01 cc			Surgical blade 22		1	Syringe 1ml / 2ml		2
Cautery plate : A/P/N		1	NG tube			Surgical Blade # 20		
IV set ✓		1	Cautery pencil ✓		1	Koochies (S)		
RL ✓		4	Koochies			New mom pad		1
NS : 10ml / 100ml / 500ml / 1000ml		2	Ointments			New mom pad / fixator		1
Fentanyl ✓		1	Suction Catheter			Baby wipes		1
Morphine			Cap, Mask			teddy diaper		1
Ketamine			Gauze Pack ✓		2/2	Quick table Sled		1
Propofol			Mop Pack ✓		3	protogown		1
Rocuronium			Steristrip			Acuqyl		1
Glycopyrolate			Underpad ✓		1	lavata 2		
Myopyrolate			Draw sheet			2.25g		2
Ondansetron			Abgel			Casitec		1
Pencan 25g/ Spinal Needle 22			Foleys catheter 12 FC		1	Arawin (H)		1
Bupivacaine 0.25%			Urobag urometer		2	Rufesgeric		1
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter			Spinal needle?		
Antibiotics			Romodrain bag			25G (90mm)		1
Suppositories			Bandage			5ml Enasol		
Anamol : 80mg / 250mg / 170 mg			Tegaderm 8.591		1	Syring		1
Supridol : 100mg			Joban 10x Jelly		1	D water 10ml		3
Justin : 12.5 mg / 25mg / 100mg			Double J Stent					
Tab. Misoprost : 200mg			Vacuum Suction set ✓		1			
			Plastic Bed Sheet Apron		3			
			Betadine Solution ✓		2			
			Microshield					
Cilore 7.08. C		1	Cotton Balls					
20ml Syring		1	Latex Gloves ✓					
Silicon Folley 14		1	Ramdione Scrub		10p			
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036190
Patient Name Baby B/O RUVANTHIKA V S TWIN 1
Age/Sex 0 Y 0 M 0 D 5 H / Male
Date 25/06/2026 18:02
Payor SELF PAY
UHID GUC-00093072

Ward 3F-NICU 1
Bed Name NICU 305
Order No 18-0001717257
Prescription No PRIP18-0623149
Dispensed Date 25/06/2026 18:16

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
Total :							24.00	24.00

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Guindy**

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

VAT TIN : 33AABCR4014M1ZK**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	IP18-00036191	Ward	3F-NICU 1
Patient Name	Baby B/O RUVANTHIKA V S TWIN 2	Bed Name	NICU 307
Age/Sex	0 Y 0 M 0 D 5 H / Male	Order No	18-0001717261
Date	25/06/2026 18:07	Prescription No	PRIP18-0623147
Payor	SELPAY	Dispensed Date	25/06/2026 18:16
UHID	GUC-00093073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
Total :							24.00	24.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



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IP No IP18-00036190
Patient Name Baby B/O RUVANTHIKA V S TWIN 1
Age/Sex 0 Y 0 M 0 D 5 H / Male
Date 25/06/2026 18:02
Payor SELF PAY
UHID GUC-00093072

Ward 3F-NICU 1
Bed No. NICU 305
Order No 18-0001717255
Prescription No PRIP18-0623145
Dispensed Date 25/06/2026 18:14

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	1	128.00	128.00
Total :							128.00	128.00

Receiver Name

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Authorized Signature

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INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036151
Patient Name Mrs RUVANTHIKA V S
Age/Sex 32 Y 5 M 18 D / Female
Date 25/06/2026 17:51
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00093006

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001717252
Prescription No PRIP18-0623146
Dispensed Date 25/06/2026 18:15

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	4	128.00	512.00
Total :							128.00	512.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036191
Patient Name Baby B/O RUVANTHIKA V S TWIN 2
Age/Sex 0 Y 0 M 0 D 5 H / Male
Date 25/06/2026 18:07
Payor SELF PAY
UHID GUC-00093073

Ward 3F-NICU 1
Bed Name NICU 307
Order No 18-0001717260
Prescription No PRIP18-0623144
Dispensed Date 25/06/2026 18:14

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
2	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	1	128.00	128.00
Total :							427.00	427.00

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036191
Patient Name Baby B/O RUVANTHIKA V S TWIN 2
Age/Sex 0 Y 0 M 0 D 4 H / Male
Date 25/06/2026 18:07
Payor SELFPAY
UHID GUC-00093073

Ward 3F-NICU 1
Bed Name NICU 307
Order No 18-0001717259
Prescription No PRIP18-0623142
Dispensed Date 25/06/2026 18:13

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves- 6.5		H	260501801T	05/29	1	128.00	128.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
Total :							267.00	267.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036151
Patient Name Mrs RUVANTHIKA V S
Age/Sex 32 Y 5 M 18 D / Female
Date 25/06/2026 17:51
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00093006

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001717251
Prescription No PRIP18-0623139
Dispensed Date 25/06/2026 18:12

Total :	12,779.61	20,400.55
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Receiver Name

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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036190
Patient Name Baby B/O RUVANTHIKA V S TWIN 1
Age/Sex 0 Y 0 M 0 D 5 H / Male
Date 25/06/2026 18:02
Payor SELF PAY
UHID GUC-00093072

Ward 3F-NICU 1
Bed Name NICU 305
Order No 18-0001717256
Prescription No PRIP18-0623141
Dispensed Date 25/06/2026 18:13

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	10062026	12/30	1	255.00	255.00
2	Encore Microptic gloves- 6.5		H	260501801T	05/29	1	128.00	128.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	1	123.00	123.00
4	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
Total :							545.00	545.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

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INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036151
Patient Name Mrs RUVANTHIKA V S
Age/Sex 32 Y 5 M 18 D / Female
Date 25/06/2026 17:51
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00093006

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001717250
Prescription No PRIP18-0623138
Dispensed Date 25/06/2026 18:11

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ACUGYL 500MG INJ		H1	1A250011	10/27	1		
2	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	22.03	22.03
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.47	31.47
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	5	31.10	31.10
5	DSYRINGE 20 ML WITH LEUR LOCK	NIPRO	GENERAL	25B05K11	01/30	1	21.83	109.15
6	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	42.00	42.00
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	3	21.56	64.68
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	1	12.00	12.00
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	2	11.25	22.50
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	2.58	7.74
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010541	01/31	3	32.34	97.02
12	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1766	12/27	1	525.00	525.00
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	34.58	34.58
14	REVOTAZ INJ 2.25 GM 20ML	Alkem Laboratories Ltd.	H	25443144	07/27	1	1,275.00	1,275.00
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	2	204.61	409.22
16	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	4	69.39	277.56
						1	448.50	448.50
Total :							2,785.24	3,409.55

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

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 IP18-00036151
Patient Name Mrs RUVANTHIKA V S
Age/Sex 32 Y 5 M 18 D / Female
Date 25/06/2026 17:51
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID GUC-00093006

Ward 8F-OT COMPLEX
Bed Name MICU 802
Order No 18-0001717251
Prescription No PRIP18-0623139
Dispensed Date 25/06/2026 18:12

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		1010526	04/29	3	120.00	360.00
3	Encore Microptic gloves- 6.5		H	260501801T	05/29	6	128.00	768.00
4	FOLEY'S CATHETER 14 FR (SILICON)	ROMSONS		G24K010867	10/29	1	772.50	772.50
5	FOLEYS CATHETER 12FR POLYMED	Polymed		2316851N	11/28	1	242.00	242.00
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
8	LSCS DRAPE PACK	Mediblu	H	1010626	05/29	1	2,250.00	2,250.00
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5119	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2542SF037	06/29	3	1,020.00	3,060.00
11	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	2	93.94	187.88
15	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	2	103.00	206.00
18	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	2	128.00	256.00
19	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
22	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
23	UROMETER ADULT-MEASUREXX		GENERAL	K26D010016	03/31	1	978.00	978.00
24	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J C1		T5063	11/30	3	888.00	2,664.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	3	951.00	2,853.00

GUC-00093006 IP18-00030121
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 20 D (F)
Dr. DIVYA SIVARAMAN



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BirthRight
THE RAINBOW HEALTH GROUP

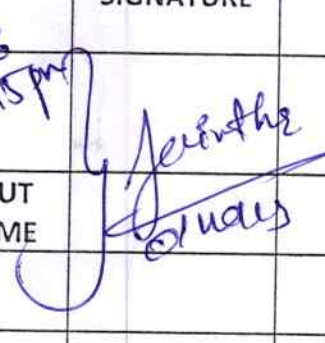
DISCHARGE TRACKING SHEET

UHID-

FLOOR-

6th floor

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	29/6/26 @ 1.45 pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00093006
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN

6
Type
ISO 11140

STEAM
Green =
Sterilized

Man.: 2025 - 06
Exp.: 2030 - 06
Ref.: 106.303.0500
Lot.: 14176

SV: 121°C - 15 min.
134°C - 3.5 min.

Steritech

CATHETER BUNDLE CHECK LIST

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Children's
Hospital
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Date of Insertion: 26/6/26 @ - 9am

Date of Removal:

Parameters	Date	Shift Time	26/6/26 M	26/6/26 E	26/6/26 N	27/6/26 M	27/6/26 E	27/6/26 N	28/6/26 M
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ 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			Praveen	Sathya	Sathya	Praveen	Sathya	Praveen	Sathya
Signature of the Nurse			<i>Praveen</i>	<i>Sathya</i>	<i>Sathya</i>	<i>Praveen</i>	<i>Sathya</i>	<i>Praveen</i>	<i>Sathya</i>

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036151

Admit Date : 23-Jun-2026

Admit Time : 04:46 PM UHID : GUC-00093006



Patient Details :

Patient Name : Mrs RUVANTHIKA V S

Guardian : Mr PREM ANAND

Gender : Female

Occupation :

Address (H) : 7 D RAMANIYAH SANJIVINI 72 LB ROAD
Tiruvanmiyur Chennai Tamil Nadu INDIA
600041

Age : 32 Y 5 M 18 D

DOB : 07-01-1994

Religion :

Martial Status :

Phone No : 9840572220

E-mail : RUVANTHIKASUREH.7@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 615

Ward Name : 6F-PRIVATE

Room No : PVT 615

Admission Type : First Visit

Contact Details :

Name : Mr PREM ANAND

Relationship : Husband

Contact Address : 7 D RAMANIYAH SANJIVINI 72 LB ROAD
Tiruvanmiyur Chennai Tamil Nadu INDIA 600041

Phone No : 9840572220


Signature

Doctor Details :

Doctor Name : Dr. DIVYA SIVARAMAN

Referral Doctor : DR DIVYA SIVARAMAN

Co-Consultant :

Specialisation : OBSTETRICS AND GYNECOLOGY

Phone No :

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 20000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RUVANTHIKA V S

IP No: IP18-00036151

Consultant: Dr. DIVYA SIVARAMAN

Age : 32 Y 5 M 18 D

Sex: Female

Ward/Bed No: 6F-PRIVATE/PVT 615

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

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

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

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

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

Note:

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

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

(Receivers Signature:.....) *(Signature)*

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *(Signature)*

Name: *→ PDEM ANAND*

Relationship: *→ HUSBAND*

Date: *→ 23.6.2022*

Time: *4.46*

Witness Name:

Witness Signature:

Patient Address:

7 D RAMANIYAH SANJIVINI 72 LB
ROAD Tiruvanmiyur Chennai Tamil
Nadu INDIA 600041

BILLING POLICY

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

DECLARATION

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

Patient Name : > RUVANTHIKA VS	UHID Number : 93006
Self/Attendant Name : > PREMANAND K	Relation : > HUSBAND
Self/Attendant Signature : > [Signature]	Name & Signature of Financial Counselor
Phone Number : > 9500173030	[Signature]

Patient Sticker



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Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

- * Pt was admitted for steroids and MgSO₄ coverage.
- * Able to perceive fetal movements well

Obstetric Formula:

Primi

Obstetric History:

G₁ - PP, IVF (ICSI) conception)

Present Pregnancy Record:

Booked and Immunised
Scan - Normal ; FTS - Low risk
Anomaly Scan - Normal

RISK FACTORS:

Height: 5'8" cm

Weight: 81 kg

Allergies: Allergic to pineapple

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: No Edema: No

Temp: Normal PR:

BP: DTR:

CVS: S₁ S₂ ⊕ RS B/L NUBS ⊕

Liver/Spleen: Urine Output:

FET- 03 / 11 / 2025

LMP:

EDD: by BT - 18 / 08 / 2026

Corrected EDD:

GA: 32 weeks

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

M/S - Gyns ; NCM

Fundal Height: Overdistended for GA

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Both FHS - Good

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

DIAGNOSIS

Primi	LMP - 11 / 11 / 2025	GA - 32 weeks
M/S - 6 years	EDD by BT - 18 / 08 / 2026	DCDA twins
RMP		Arabian pessary insitu
		Cervical stitch insitu

Patient Sticker

Family History: Mother - T₂ DM Father - T₂ DM	Surgical History: Lap. Endometriotic cyst removal 2015 with endometriotic spots on bladder base - Laparoscopic (1) salphingo June 2025 + appendectomy
Medical History: Nil - childhood wheeze - No episode for the past 10 yrs	Medication History: Taking INJ. ENOXAPARIN 60mcg twice a week Tab. DUVADILON 10mg 1-0-1 INJ. AQWEGEST 50mg twice a week Tab. GIESDIT SR 400mg PO hs
Plan of Care: <u>CIIT Dr. Divya Selvamani</u> • Monitor vitals • DFMC. • CTG BD • FHR afternoon. • Dexamethasone 6mg IM 12hrs apart x 4 doses. • MgSO₄ LD → MD. • CBG stat → 6 v CBG. • MgSO₄ charting. • Growth scan & doppler on 25/6/26. • Soft solid diet. • Send CBC, RBS, TSH, urine P/E. • Enoxaparin 60mcg on alternate days. • Acyclovir on alternate days.	Investigations: - CTG - Reactant - CBG - 99 mg/dl PLA: Wires overdistended for GA multiple fetal parts felt. FH-1 ⊕ FH-2 ⊕ clinically liquor ⊕.

Doctor Name: Dr. Akshitha / Dr. Shreedevi

Signature: [Signature]

Date & Time: 23/6/2026 4pm

Consultant Name: Dr. Divya Selvamani

Signature: For [Signature]

Date & Time: 23/06/2024 4pm

GUC-00093006 IP18-00036151
 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 16 D (F)
 Dr. SELF

Patient Stick



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RESULT SHEET

Date	15/05/26	23/6/26	26/6/26		
Time					
Hb	9.1	10.0	9.4	Blood grouping & typing "A1 POSITIVE"	
PCV	28.3	31	29		
RBC	3.33	3.83	3.59		
WBC	15,960	11,411	15,13		
N/L	80/163	71/22/6	73/21	ECG	} not done.
Platelets	2.40	2.45	2.43	2 DECNO	
CRP					
ESR					
PCT					
RBS					
Na					
K			130	19/3/26	
Cl			4.6	HbA1c =	5.20
Ca/Mg			65	TSH =	0.950.
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bili/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

- > Thanks you for referral
- > She was seen to her mother, history was taken.
- She denied the symptoms, presumably she is sensitive.
- psychoeducation was given to the family and kept referring the current level
- need further counselling session
- review after 2 days

Dr Srinivasan Jayaraman
Dr SRINIVASAN JAYARAMAN
MSc, MS(Glasgow), MPhil, PhD.
CPsychol(UK), FIACP, AFBPsS(UK), FCPsI.
Consultant Clinical Psychologist.
Reg No- A24949 (IND) 0040 (TN).

Consultant :

Name : Signature : Date & Time :

Handwritten signature: *W. H. H.*

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5000

三子生於

[illegible]

1. The French Revolution
Lafayette

[illegible]

Patient Still



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 8:30 pm	S/B Dr. Vinita Prim 1 32w 1 DCDA ; No 40 ; MgSO ₄ maintenance on flow O/E: GC fair; Afebrile PIA: Ut @ overdistended for GA BP: 120/70 PR: 82/min SpO ₂ : 99% RA Relaxed Both FH good	Adv: CTG BD Dexamethasone 6mg 12 hly x 4 doses (next dose 5am) Growth scan & Doppler 25/6/26 Soft diet Follow drug chart Inform SOS
23/6/26 12/11/23		
24/06/2026 10:20am	C/S/B Dr. Vinita Pt reviewed Prim 1 32w 1 DCDA twins Able to pfm well	
T- 24 BP 112/78 PR 104/min	O/E Pt ac fair afebrile S/pa Crs / RS / NAD	Advice - CTG BD. - Fx Dexamethasone 2 more doses 5pm 5am 24/6 25/6 - Fx MgSO ₄ maintenance 2ml/hour till 5pm - Growth scan & Doppler on 25/6/2026.
CTG Reactive	P/A - Uterus overdistended for GA. Relaxed Both FHs good	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12 PM - M 24/6/2016	S/B Dr Divya Sivaraman	
	Primi d GA: 32 wks c	
	Fetus B. T HR in umbilical Artery early onset FHR	
BP: 100/60 mmHg Urine R/E NAD.	Placenta c. Shirodhara + Asabin. P/A: uteris 32 wks Relaxed.	
MgSO ₄ on Flav	Both FH good -	
sketches.	Plan	
2 more doses	- Repeat. Int graph + fetal doppler today	
Admitted using coulpr	- continue current m-b	
		by Dr. S. S. S. S. S. 20274

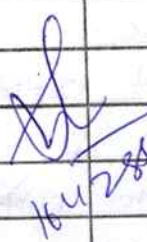


PROGRESS NOTES AND DOCTOR'S ORDER

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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/24 9:25pm	S/B Dr. Mohana / Dr. Dingelakulmi <u>High on covered</u> pt. reviewed	
32 weeks	Q/E: pt GC fair, afebrile pa/pe	- Advice - NPO from 5am - IV @ 100ml/hr - J: DEXA 6mg - TIV @ 500ml/hr
T: N	P/A: ut overdistended for GA Relaxed	- DFMC
PR: 86/min	Multiple FP ⊕	- w/f warning signs
BP: 104/80 mmHg	Both PNS good	- Shift to LSC at 12pm 25/6/24
ETG - Active		- Inform post dinner CBG, Fastly CBG
Not passed stools.		- Inform S.O.S.
pre dinner CBG - 132 mg/dl		- 54P. CROMAFEN 150mg po STAT.
		



③

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/06/2022	Patient received in micu	
11:30 AM	C/S/B Dr. Vinita / D	
GIA - 32+2 weeks	Pt reviewed, Nil clo	Advice
	Able to PFM well	- NPO
T-(N)	O/E Pt GC fair, Afebrile	- vitals Monitoring
PR - 80/min	P° / PE°	- IVF 10 RL @ 125ml/hr
BP - 110/60 mmHg	CVS / RS / NAD	- Pre-op medications
CTG - Reactive	P/A - ut overdistended for GIA	- Shift to OT after mam's order
	Both FHS good	- Inform OT / NICU
	8/22/17	
25/06/2022	C/S/B Dr. Parithra / Dr. Shreedevi	
3:20 pm	Pt reviewed, Nil clo	Advice
POD - 0	O/E Pt GC fair, Afebrile	- NPO x 6 hours
	P° / PE°	- vitals Monitoring
T-(N)	CVS / RS / NAD	- IVF 10 RL @ 125ml/hr
PR - 88/min		- Follow drug chart
BP - 90/52 mmHg	P/A - ut well contracted	- WLF ↑ Bleeding pr
	Soft	- CBD for 10 days
Both babies - NICU	Pressing FD 2 Day	- Teds Stockings
BL - Breast soft	L/E - BWNL	- Flowtron Pump
UO - 60ml, blood tinged.	8/22/17	- Strict I/O Monitoring
		- INJ CLEXANE 0.6 ML SC x 18 hours (c/m 8 AM)
		- CBC C/m 6 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026 7PM	e/D/w Dr. Arun	Urologist - through phone
	① CBD x 24 hours	2 weeks (14 days)
	② To do urine c/s before CBD Removal.	
	③ Tab mispas 100	
25/6/26 9:15PM	s/B Dr. Abhishek	
A7 +ve	POD #10/66 LSCS @ 32WID / P112	
	Twin B - UA HRF	
	CPRC1	
	pt reviewed	
	no sp complaints @ present	
	o/e: afebrile.	
BP 100/60mmHg	Gr fair	
PR 99% @ RA	P° / P°	Plan:
SpO ₂ 99% @ RA	P/A: warm	- monitor vitals
Temp (T)	soft	- sips of water → clear liquid
	BS ⊕	- Ranji 7AM
	dressing dry	- soft solid diet 9AM
B/L breast soft	L/E: BUNL	- CBD x 14 days
	foley's intact	- strict I/O charting
Babies NICU	light coloured urine	- follow drug orders
	LHVO = 100ml	- shift to ward
		- Flowtron + red stack
	shift to ward	- in bed ambulation
		- inform (SOS)
		- Hy. clearance c/m 8AM
		- Send CBf, s. electrolyte c/m 6AM



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/2026 8:30 AM	C/S B Dr. Vinita / Dr. Shreedevi	
POD-1	Pt reviewed, Nil clo	Advice
T-(N)	O/E Pt GC fair, Afebrile P°/PE°	- Soft diet @ 9 AM
PR- 72/min	CUS	- Vitals Monitoring
BP- 110/72 mmHg	RS / NAD	- Plenty of oral fluids
	P/A - ut well contracted	- Strict I/O charting
BOTH babies - NICU	Soft, BS⊕	- Follow drug orders
BL - Breast soft	Dressing ⊕ & Dms	- In bed Ambulation
VO - 15ml, high coloured	LIE - BWNL	- INJ. CLEXANE @ 8 AM today
Passed Flatus 1	ESD in situ	- Inform SOS
Hb - 9.4	High coloured urine	- CBD X 14 days
		- Flowtron + TEDS Stockings
	82217	
26/06/2026 2:35 PM	S/B Dr. Dnyalakshmi / Dr. Shreedevi	
	Pt reviewed.	
	Nil clo.	
POD-1	O/E: Pt GC fair, afebrile PO/PE°	Advice
T-(N)		- soft diet.
PR- 90/min	P/A= soft, BS⊕	- monitor vitals
BP- 116/70 mmHg	ut. contracted well	- follow drug chart.
	dressing dry	- I/O charting
VO 30ml		- CBD X 14 days
sediment (+)		- Hydration orally
passed flatus	LIE - BWNL	- Psychiatrist opinion
	CBD in situ	- TEDS stockings
		- Inform SOS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2026 5:40 PM	S/B Dr Divya selvaraman Day ①	Sivaraman
	cat 3 CSIS to Bladder injury → Repair.	
	Pain Score: 3-4/10	
	Catheter displaced and out at 7 AM today	
	Re catheterized and output adequate.	
		CVS / NAD RS
	BP: 104/68 mmHg	
	PR: 60 bpm	
	Urine output: Adequate P/A	uterus well contracted Wound dressing dry
	TED ✓	
	Catheter draining: Blood stained	Plan to start lactation 1-1-1
	lochia: WNL	Galact: 2 scoops/day
	Babies in NICU	- 6° TPR BP chart. - Pl check catheter periodically - Hourly output. - Infant SOS
		by D selvaraman 7/27/24

Patient



5

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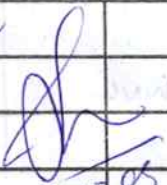
BirthRight®
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2026	C/S/B Dr. Parithi	
10 PM	Pt reviewed	
POD-1	O/E	
	Pt appears	Advice
	afebrile	- Soft Diet
BP- 110/75	P/Pu	- Plenty of oral
PR- 86/min		- TPR 6th hourly
	CVS /	- Teds Stocking
	RI / NAD	- Sij Cleare continue.
Baby Nieu	P/A - Soft, BS (+)	
S/L Breast soft.	Ut from 8 wks	D2/14 - CBD x 14 days
Passed flatus	Dressing Day.	- I/O monitoring.
Passed flatus		
charmine 100ml	YE - BWNL	
26/6/26	S/B Dr. Ashitha / Dr. Divyalakshmi	
9 AM	Pt reviewed	
POD 2		Advice
	O/E = pt GC fair, afebrile	- soft diet
T= 37.0	Po / PEO	- oral fluids
PR- 96/min		- SOB vitals
BP- 100/70mm	P/A: soft, BS (+)	- Teds / Cleare continue
Passed flatus	Ut. contracted well	D3/14 - CBD x 14 days
Babies in NICU	dressing day	- I/O chart
		- Ambulate
		- Inform SOS
	YE: BWNL	

164288

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2026 3 pm	S/B Dr. Vinitha / Dr. Dnyalakshmi	
POD-2	pt. renewed Nil c/o.	
3/14 CBD	T: (N) U/E: pt GC fair, afebrile PR: 80/min PO / PE 0 BP: 114/68mmHg U/A = SMA, BSA w. contracted well dressing des	<u>Advice</u> - Continue same orders - CBD x 14 days - Bath & dress twice. - Plan Discharge on Monday. - Inform SAs.
passed stools	U/E: BWN	
	 164785	
27/6/2026 18:30	S/B Dr. Dnya Selvam	
BP: 106/67mmHg PR: 80bpm	pt comfortable P/A: soft No Saakag	<u>Plan</u> - change dressing - continue antibiotic until day (5) - CBD x 14 days - Inform SAs
Urine output adequate		
		D Selvam

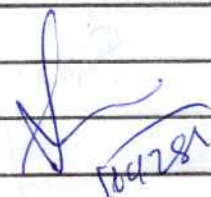
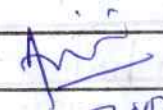


6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/06/2026 9pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD-2	Pt reviewed, Nil clo	Advice:
T-(N)	O/E Pt GC fair, Afebrile	- Soft diet
PR- 15/min	P/PE	- Plenty of oral fluids
BP- 106/67mmHg	CVS	- vitals Monitoring
Uo- 250ml, clear	RS NAD	- Follow drug chart
Passed stools	P/A- Soft, BS(+) Ut well contracted	- CBD x 14 days (D ₃)
Both babies- NICU	Dressing (+) & Dry	- Bath & dressing tomorrow
	UE- BWNL	- Plan (D) Monday.
		- Inform (SOS)
28/6/26 9am	S/B Dr. Dnyalakshmi Nil c/o.	
POD-3	O/E: pt GC fair, afebrile	Advice:
T-(N)	po/peo	- soft diet
PR: 80/min	P/A: soft BS(+) dressing dry	- oral fluids
BP: 110/70mmHg	Ut. contracted well	- monitor vital
Uo 75ml clear	UE: BWNL	- follow drug chart
Both babies NICU		- CBD x 14 days
		- Bath & dress
		- Plan discharge on Monday
		- IV antibiotic today

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/20		S/B Dr. Dingalakishini
2:15pm		P. remained - Nil go.
POD-3	O/E: pt GC fair, afebrile P ^o / PE ^o	Advice - Continue same orders
T-(M) PR - 80/min BP - 110/80mmHg	P/A - soft, BS ⁺ wt. contracted well dressing dry	- CBD x 14 days (24)
Feeding freely Both babies mas B/L breasts soft	Y/E - NAD CBD in situ	- Plan discharge know mother's oral needs.
		 164281
28/6/20		S/B - Dr. Arandhaemari
9pm		No complaints @ present
POD#3	O/E - GC fair, afebrile no pallor / no pedal edema	Advice - continue same orders
T-(M) BP - 110/64mmHg PR - 86/min	P/A - soft, wt. involuting	- CBD x 14 days.
Urine output clear & Adequate	Y/E - NAD CBD in situ	 156007
	B/L Breast soft Both babies N/W	

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :
GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN

Hospital :



Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

26/6/20, S/B physiotherapist

patient conscious, oriented & Afebrile.

Assessment

chest S/C symmetry
type: Abdominal Thoracic breathing

Drx : Anter scale : NO risk.

functional : Fm-scale : (7) independent

Consultant :

Physiotherapist

Name :

Sangani. T

Signature :

Date & Time :

Name: _____

Roll No: _____

Subject: _____

Date: _____

Page No. _____

Page No. _____

Page No. _____

Page No. _____

Page No. _____

walking

posture

pelvic floor exs

pelvic activity exs

Ankle movements

Deep breathing exs

Advice.

GUC-00093006
Mrs RUVANTHIKA V S
J7-01-1994 32 Y 5 M 17 D (F)
Dr. SELF

IP18-00036151

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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: 6th Floor

Shifted to: LDR

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature:

Date & Time :

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

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10. 11. 1971

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 16 D (F)
Dr. SELF

Patient



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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: BDR 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Abhila [Signature]

Date & Time: 23/6/21

Nurse Name & Signature: S. pooja [Signature]

Date & Time: 23/6/21 at 4:40pm

THE UNIVERSITY OF CHICAGO

Department of Chemistry
 5408 S. D. Ellis Hall
 Chicago, Illinois 60637
 Tel. (312) 937-1234
 Fax (312) 937-1234

DATE	REMARKS	INITIALS
1/1/77	100.0	
1/2/77	100.0	
1/3/77	100.0	
1/4/77	100.0	
1/5/77	100.0	
1/6/77	100.0	
1/7/77	100.0	
1/8/77	100.0	
1/9/77	100.0	
1/10/77	100.0	
1/11/77	100.0	
1/12/77	100.0	
1/13/77	100.0	
1/14/77	100.0	
1/15/77	100.0	
1/16/77	100.0	
1/17/77	100.0	
1/18/77	100.0	
1/19/77	100.0	
1/20/77	100.0	
1/21/77	100.0	
1/22/77	100.0	
1/23/77	100.0	
1/24/77	100.0	
1/25/77	100.0	
1/26/77	100.0	
1/27/77	100.0	
1/28/77	100.0	
1/29/77	100.0	
1/30/77	100.0	
1/31/77	100.0	

ANALYST: J. D. ELLIS
 DATE: 1/31/77
 TIME: 10:00 AM
 LOCATION: 5408 S. D. ELLIS HALL
 CHICAGO, ILL. 60637

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN



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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: ICU

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

ACTION HISTORY RECORDED / VERIFIED BY

Signature :

25/6/26 @ 12:30pm

Signature: [Signature]

26/6/26 @ 12:30pm



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: ICU 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	CANBETOCIN	1000	IV	STAT	25/6/24 01:50	☐ C ☒ DC
2	PIPTAZ	4.5G	IV	BD	25/6/24 02:15	☒ 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 : Sah Srinivas

Date & Time : 25/6/24 2 PM

Nurse Name & Signature: Sr. Sugath

Date & Time : 25/6/24



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						☐ 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: Niverna

Date & Time : 25/6/22 @ 10.30pm

Date of Birth: _____

Name: _____

Time & Date: _____

Doctor Name & Signature: _____

Prescription written by _____

Time	Temp	Pulse	Respiration	BP	SpO2	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Initials: _____

Signature: _____

Date: _____

zwanzigste

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: LAR Shifted to: 6th floor

Shifting From: 7/11/22

Shifting to: 7/11/22

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INS PIPTAZ	4.5gm	IV	1-1-1	25/6/26	☒ C ☐ DC
2	INS PAN	40mg	IV	1-0-1	25/6/26	☒ C ☐ DC
3	INS PARA	1gm	IV	1-1-1	25/6/26	☒ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Medication History Reviewed: _____
 Doctor Name & Signature: Dr. Azhita 
 12/24/35

Date & Time : 26/6/26 2:

Nurse Name & Signature: B. Nuzette / 011 Jey

Date & Time : 25/6/26

Medication Record

Medication given to patient on 12.1.2019
at 10.00 AM

No	Medication	Time	Signature
1	1000 mg	10.00 AM	
2	1000 mg	10.00 AM	
3	1000 mg	10.00 AM	
4	1000 mg	10.00 AM	
5	1000 mg	10.00 AM	
6	1000 mg	10.00 AM	
7	1000 mg	10.00 AM	
8	1000 mg	10.00 AM	
9	1000 mg	10.00 AM	
10	1000 mg	10.00 AM	

Medication given to patient on 12.1.2019
at 10.00 AM

Date & Time: 12.1.2019 10.00 AM

Signature: [Signature]



DRUG CHART

Date of Admission: 23/6/26 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 <u>26/6</u>
Dose <u>50mg</u>	Route <u>Im</u>	Frequency <u>SOS</u>	Start Date <u>25/6/26</u>	<u>2:40 PM</u> <u>AP</u> <u>PS</u>
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions:				

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 81..... Ward. 615

DRUG : INJ. ENOXAPARIN				Date	24/6															
Dose	Route	Frequency	Start Date	Time	9am	ND														
60mcg	SC	1-0-0	24/6/20		80															
Name & Signature of the Doctor Starting the Drugs:				 																
Additional Instructions:				Every Alternate days																
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. DUADILON				Date	23/6	24/6														
Dose	Route	Frequency	Start Date	Time	8Am	ND														
10mg	PO	1-0-1	23/6/20			SR														
Name & Signature of the Doctor Starting the Drugs:				 																
Additional Instructions:				 																
Daily Doctor's Endorsement by a Sign																				
DRUG : INT. AQUEGEST				Date	23/6	24/6														
Dose	Route	Frequency	Start Date	Time	5pm	SR														
60mg	Im	1-0-0	23/6/20			SR														
Name & Signature of the Doctor Starting the Drugs:				 																
Additional Instructions:				Every alternate days.																
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. Methycal 2000				Date	24/6															
Dose	Route	Frequency	Start Date	Time	2pm															
1(Tab)	PO	0-1-0	24/6/20																	
Name & Signature of the Doctor Starting the Drugs:				 																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 81 Ward 615

DRUG : Tab. PREGCAL				Date Time	24/6															
Dose	Route	Frequency	Start Dt.	2pm	CS															
1 Tab	PO	0-1-0	24/6/24																	
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. FOLVITE ACTIVE				Date Time	23/6/24															
Dose	Route	Frequency	Start Dt.	8am	NP															
1 Tab	PO	1-0-1	23/6																	
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. GECTOFIT SR				Date Time	23/6/24															
Dose	Route	Frequency	Start Dt.	8pm	NP															
400mg	PO	0-0-1	23/6/24																	
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. B MATURE				Date Time	23/6/24															
Dose	Route	Frequency	Start Dt.	8am	NP															
1 Tab	PO	1-0-1	23/6/24																	
Name & Signature of the Doctor Starting the Drugs:				 182217																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 81 Ward 615

DRUG :				Date
				Time
Dose	Route	Frequency	Start Dt.	
1 Cap	PO	1-0-1	23/6/21	8Am
Name & Signature of the Doctor Starting the Drugs:				
182217				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date
				Time
Dose	Route	Frequency	Start Dt.	
1 tab	P/O	0-1-0	24/6	2pm
Name & Signature of the Doctor Starting the Drugs:				
12113				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date
				Time
Dose	Route	Frequency	Start Dt.	
1 tab	P/O	1-0-1	24/6	8am
Name & Signature of the Doctor Starting the Drugs:				
12113				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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



Sheet No:

REGULAR PRESCRIPTIONS

Weight 81 .. Ward 615 ..

DRUG : INJ. CLEXANE				Date Time	26/6 8AM	27/6 8AM	28/6 8AM	29/6 8AM												
Dose	Route	Frequency	Start Dt.																	
60mcg	SC	1-0-0	26/6/21																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. URISPAS				Date Time	25/6 9AM	26/6 9AM	27/6 9AM	28/6 9AM	29/6 9AM											
Dose	Route	Frequency	Start Dt.																	
1 TAB	PO	1-0-1	25/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : L. PARACETANOL				Date Time	26/6 8AM	27/6 8AM	28/6 8AM	29/6 8AM												
Dose	Route	Frequency	Start Dt.																	
1gm	IV	1-0-1	26/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. ZERODOL SP				Date Time	26/6 12PM	27/6 12PM	28/6 12PM	29/6 12PM												
Dose	Route	Frequency	Start Dt.																	
1 Tab	PO	1-0-1	26/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 81 Ward 615

DRUG : INJ. PIPTAZ				Date Time	25/6/2016	27/6/2016	28/6/2016													
Dose	Route	Frequency	Start Dt.	8am																
4.5g	IV	1-1-1	25/6/2016																	
Name & Signature of the Doctor Starting the Drugs: 182217				2pm																
Additional Instructions: 182217				10pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. PARACETAMOL				Date Time	25/6/2016															
Dose	Route	Frequency	Start Dt.	8am																
1g	IV	1-1-1	25/6/2016																	
Name & Signature of the Doctor Starting the Drugs: 182217				2pm																
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. PANTOPRAZOLE				Date Time	25/6/2016	27/6/2016	28/6/2016													
Dose	Route	Frequency	Start Dt.	7am																
40mg	IV	1-0-1	25/6/2016																	
Name & Signature of the Doctor Starting the Drugs: 182217																				
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. EMESET				Date Time	25/6/2016	27/6/2016														
Dose	Route	Frequency	Start Dt.	8am																
4mg	IV	1-0-1	25/6/2016																	
Name & Signature of the Doctor Starting the Drugs: 182217																				
Additional Instructions:				8pm																
Daily Doctor's Endorsement by a Sign																				

GUC-00000000
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 16 D (F)
Dr. SELF

Patient S



Weight 81 Ward LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/6/26	5 pm	INJ. DEXA	6mg	Im	182217	SP SP
24/6/26	5 AM	INJ. DEXA	6mg	Im	182217	SP SA
24/6/26	5 PM	INJ. DEXA	6mg	Im	182217	SP SA
25/6/26	5 AM	INJ. DEXA	6mg	Im	182217	SP SA
24/6/26	12.00 PM	T. PARACETAMOL	1g	PO	182217	SP SA
24/6/26	10.40 PM	SYP. CREMAFFIN	15ml	PO	161228	SP SA
25/6	11.40 AM	INJ. SUPACET	0.1ml	Id	182217	SP SA
25/6	11.30 AM	INT. TRAPIC	1g	Iv	182217	SP SA
25/6	11.30 AM	INJ. PANTO	40mg	Iv	182217	SP SA

Signature

VERIFIED & Name



I.V. FLUIDS CHART

Weight. 81..... Ward. 615

Date	Time	Composition of fluid (If infusion, mention ml/hr = mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/6/20	5:10pm	INT. Mg SO ₄ (loading dose)	IV	over 20 mins	<i>[Signature]</i> 12/11/23	SP	23/6/20	<i>[Signature]</i> 12/11/23	SP
23/6/20	5:40pm	INT. Mg SO ₄ (maintenance dose)	IV	2ml/hr	<i>[Signature]</i> 12/11/23	SP	23/6/20	<i>[Signature]</i> 12/11/23	SP
25/6	5am	IVF 10RL @	IV	125 ml/hr	<i>[Signature]</i> 16/2/21	SP	25/6	<i>[Signature]</i> 16/2/21	SP
25/6/20	12:50pm	30RL	IV	over 1 hr	Se	SP	25/6	Se	SP
25/6/20	5pm	IVF RL 10				SP		<i>[Signature]</i> 16/2/21	

Page: 4/4

Weight:81..... kgs

Name:

Sheet No:

RCH / FRM / CLINICAL / 136

GUC-00093006 IP18-00036151
 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 16 D (F)
 Dr. SELF

Patient Sticker



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

GUC-00093006
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF

IP18-00036151

2

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early Warning Observation Score Chart - Obstetrics

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

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

3JC-00093006
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



IP18-00035151

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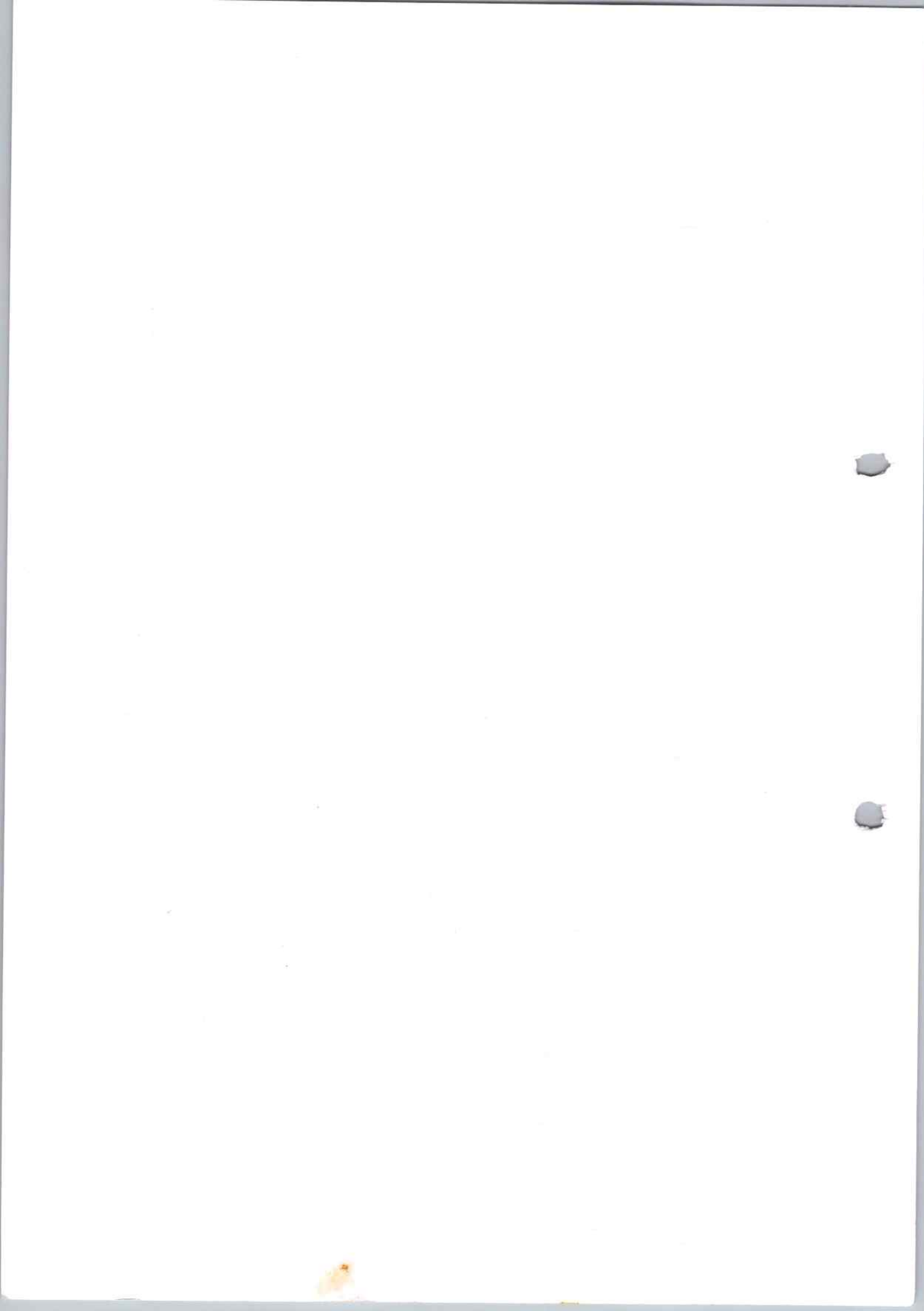
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2

Early Warning Observation Score Chart - Obstetrics

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

25/6/26		Date	Time	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30															
	21 - 30															
	11 - 20	20/20			20	20	20	20	20	20	20	20	20	20	20	
	0 - 10															
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %															
Administered O ₂ (L/min.)		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Temp °C	40															
	39															
	38															
	37	37.5														
	36															
	35															
	34															
	< 35															
Heart Rate	170															
	160															
	150															
	140															
	130															
	120															
	110															
	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
	90	90	90	90	90	90	90	90	90	90	90	90	90	90		
	80															
	70															
	60															
	50															
	40															
	Systolic Blood Pressure	190														
		180														
170																
160																
150																
140																
130																
120																
110																
100																
90																
80																
70																
60																
50																
Diastolic Blood Pressure		130														
	120															
	110															
	100															
	90															
	80															
	70															
	60															
50																
40																
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	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	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	Dr. SELF	





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		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %	20b/m				20				20				20				18				20				
	< 94 %	98%				100%				99%				99%				100%				99%				
Administered O ₂ (L/min.)		✓				✓				✓				✓				✓				✓				
Temp °C	40																									
	39																									
	38																									
	37																									
	36	98.1												98.1				97.8				97.1				
	35	98.1												98.1				97.8				97.1				
	35	98.1												98.1				97.8				97.1				
	< 35	98.1												98.1				97.8				97.1				
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	86b/m												86b/m				90b/m				106b/m				
	80	86b/m												86b/m				90b/m				106b/m				
	70	86b/m												86b/m				90b/m				106b/m				
	60	86b/m												86b/m				90b/m				106b/m				
	50	86b/m												86b/m				90b/m				106b/m				
	40	86b/m												86b/m				90b/m				106b/m				
	Systolic Blood Pressure	190																								
		180																								
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
70																										
60																										
50																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓												✓				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓												✓				✓				✓				
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	-												-				-				-				
	Heavy / Foul																									
Liquor	Clear / Pink	-												-				-				-				
	Green																									
TOTAL YELLOW SCORES		0												0				0				0				
TOTAL ORANGE SCORES		0												0				0				0				
Nurse Initial		Divya												Divya				Divya				Divya				

5

Warning Observation Score Chart - Obstetrics

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

Date																										
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20				20				20				18				20				18				
	0 - 10																									
Saturations	94 - 100 %	98				98				98				97				98				100				
	< 94 %																									
Administered O ₂ (L/min.)														RD				1 RD				RD				
Temp °C	40																									
	39																									
	38																									
	37	98.4				98.4				98.4				98.4				97.8				97.9				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	76				76				76				76				76				76				
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	Systolic Blood Pressure	190																								
		180																								
		170																								
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
70																										
60																										
50																										
Diastolic Blood Pressure		130																								
		120																								
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓				✓				✓			✓				✓				✓				
		Voice																								
		Pain																								
		Unresponsive																								
	URINE mls / hour	> 30	✓				✓				✓			✓				✓				✓				
		< 30																								
	Proteinuria	Protein ++																								
Protein > ++																										
Lochia	Normal	✓				✓				✓			✓				✓				✓					
	Heavy / Foul																									
Liquor	Clear / Pink	✓				✓				✓			✓				✓				✓					
	Green																									
TOTAL YELLOW SCORES		0				0				0			0				0				0					
TOTAL ORANGE SCORES		0				0				0			0				0				0					
Nurse Initial																										



6

Early Warning Observation Score Chart - Obstetrics

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

28/10/20		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	20					20			12 bpm					20 bpm				20 bpm					19 bpm			
	0 - 10																										
Saturations	94 - 100 %	100 %					100 %			100 %					99 %				98 %					99 %			
	< 94 %																										
Administered O ₂ (L/min.)			RA				RA			RA					RA				RA				RA				
Temp ^{°C}	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	34																										
	< 35	98.1°F					98.2°F			97.5°F					98.1°F				97.8°F				98.2°F				
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	80 bpm					80 bpm			70 bpm					93 bpm				90 bpm				86 bpm				
	70																										
	60																										
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
70																											
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert	✓				✓				✓					✓				✓				✓			
		Voice																									
Pain																											
Unresponsive																											
URINE mls / hour	> 30	✓				✓									✓				✓				✓				
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	✓				✓				✓					✓				✓				✓				
	Heavy / Foul																										
Liquor	Clear / Pink	✓				✓				✓					✓				✓				✓				
	Green																										
TOTAL YELLOW SCORES		0				0				0					0				0				0				
TOTAL ORANGE SCORES		0				0				0					0				0				0				
Nurse Initial																											

GUC-00093006 IP18-00036151
 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 16 D (F)
 Dr. SELF

Patient



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	H ₂ O	200ml	20ml						200	0	SP
	06:00 pm			20ml						150	0	SP
	07:00 pm	H ₂ O	150ml	20ml						100	0	SP
Total Intake : 374ml					Total Output : 450ml							
	08:00 pm	H ₂ O	100	2ml						250	0	SP
	09:00 pm			2ml						200	0	SP
	10:00 pm	Juice	100	2ml						250	0	SP
	11:00 pm	H ₂ O	50	2ml						200	0	SP
	12:00 am	H ₂ O	100	2ml						250	0	SP
	01:00 am	H ₂ O	100	2ml						250	0	SP
Total Intake : 462ml					Total Output : 1150ml							
	02:00 am	H ₂ O	100	2ml						250	0	SP
	03:00 am			2ml						100	0	SP
	04:00 am	H ₂ O	50	2ml						250	0	SP
	05:00 am			2ml						200	0	SP
	06:00 am	H ₂ O	100ml	2ml						150	0	SP
	07:00 am	H ₂ O	100ml	2ml						100	0	SP
Total Intake : 262ml					Total Output : 1050ml							
Total 24 hrs. Intake			1,198ml			Total 24 hrs. Output			2,650ml			

Date		Time		Temp		Humidity		Wind		Cloud		Rain		Sun		Moon		Phase		Notes	
1998		01/01		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00	
1998		02/01		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00	
1998		03/01		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00	
1998		04/01		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00	
1998		05/01		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00	
1998		06/01		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00	
1998		07/01		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00	
1998		08/01		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00	
1998		09/01		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00	
1998		10/01		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00	
1998		11/01		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00	
1998		12/01		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00	
1998		01/02		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00	
1998		02/02		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00	
1998		03/02		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00	
1998		04/02		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00	
1998		05/02		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00	
1998		06/02		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00	
1998		07/02		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00	
1998		08/02		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00	
1998		09/02		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00	
1998		10/02		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00	
1998		11/02		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00	
1998		12/02		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00	
1998		01/03		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00	
1998		02/03		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00	
1998		03/03		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00	
1998		04/03		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00		04:00	
1998		05/03		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00		05:00	
1998		06/03		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00		06:00	
1998		07/03		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00		07:00	
1998		08/03		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00		08:00	
1998		09/03		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00		09:00	
1998		10/03		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00		10:00	
1998		11/03		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00		11:00	
1998		12/03		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00		12:00	
1998		01/04		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00		01:00	
1998		02/04		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00		02:00	
1998		03/04		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00		03:00	



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			NG	Stool Diarrhoea	Output			IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G			Vomit	Drainage	Urine			
24/6/22													
	08:00 am	H ₂ O 100			2ml					150ml	0	che	
	09:00 am				2ml					100ml	0	Dev	
	10:00 am	W _{at} 100ml			2ml					50ml	0	Dev	
	11:00 am	J _m 200ml			2ml					70ml	0	Dev	
	12:00 pm				2ml					250ml	0	Dev	
	01:00 pm				2ml					150ml	0	Dev	
Total Intake :					800ml + 12 ml			Total Output :					770ml
	02:00 pm	H ₂ O 200			2ml					100ml	0	Dev	
	03:00 pm				2ml					20ml	0	Dev	
	04:00 pm	H ₂ O 200			2ml					100ml	0	Dev	
	05:00 pm				2ml					120ml	0	Dev	
	06:00 pm	H ₂ O 200			2ml					100ml	0	Dev	
	07:00 pm	H ₂ O 100											
Total Intake :					710 ml			Total Output :					670ml
	08:00 pm	H ₂ O 200ml								150ml		Dev	
	09:00 pm	Milk 200ml								100ml	0	Dev	
	10:00 pm	H ₂ O 100ml								30ml	0	Dev	
	11:00 pm												
	12:00 am	H ₂ O 100ml											
	01:00 am												
Total Intake :					600ml			Total Output :					280ml + 1 time
	02:00 am	H ₂ O 150ml									0	Dev	
	03:00 am										0	Dev	
	04:00 am	H ₂ O 200ml									0	Dev	
	05:00 am	N									0	Dev	
	06:00 am	P			125ml						0	Dev	
	07:00 am	O			125ml						0	Dev	
Total Intake :					250ml + 250ml			Total Output :					3 time
Total 24 hrs. Intake			2,072 ml			Total 24 hrs. Output			1,720ml + 4 time				



FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/6/2026	08:00 am			125ml						✓	0	h/n
	09:00 am	A		125ml								
	10:00 am	P		125ml					✓	0	h/n	
	11:00 am	O		125ml					✓	0	h/n	
	12:00 pm			125ml						0	h/n	
	01:00 pm			125ml						0	h/n	
	Total Intake : 750ml			Total Output : 3 time passed								
25/6/2026	02:00 pm										0	h/n
	03:00 pm			1400ml					250ml	0	h/n	
	04:00 pm			125					85ml	0	h/n	
	05:00 pm			125ml					75ml	0	h/n	
	06:00 pm			125ml					75ml	0	h/n	
	07:00 pm			125ml					100ml	0	h/n	
	Total Intake : 1900ml			Total Output : 585ml								
	08:00 pm			125					50	0	h/n	
	09:00 pm	HW 300ml		125					75	0	h/n	
	10:00 pm	GW 1000ml		125					1000ml	0	h/n	
	11:00 pm	HW 200ml		125ml					80ml	0	h/n	
	12:00 am	HW 1000ml		125ml					140ml	0	h/n	
	01:00 am	HW 1000ml		125ml					200ml	0	h/n	
	Total Intake : 530ml + 750ml			Total Output : 645ml								
	02:00 am	Juice 200ml		125ml					200ml	0	h/n	
	03:00 am			125ml					140ml	0	h/n	
	04:00 am	TC 200ml		125ml					150ml	0	h/n	
	05:00 am	HW 100ml		125ml					100ml	0	h/n	
	06:00 am			125ml					100ml	0	h/n	
	07:00 am	HW 200ml		125ml					100ml	0	h/n	
	Total Intake : 700ml + 750ml			Total Output : 790								
Total 24 hrs. Intake		5380 ml										
Total 24 hrs. Output		2020 ml + 3 time passed										



FLUID CHART

Sheet No. : 5

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

Date		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/6/96	08:00 am	H2O 200ml	125						Diap 200ml	15ml	0	Su/om/09
	09:00 am	TC 200ml	125							200ml		
	10:00 am	H2O 300ml	125							230ml	0	Su/om/09
	11:00 am	SOUP 200ml	125							250ml		
	12:00 pm	H2O 250ml	stop							170ml		
	01:00 pm									250ml	0	Su/om/09
Total Intake :			1150ml + 500ml			Total Output :			1315ml			
	02:00 pm	H2O 200ml	120ml							300ml	0	200ml
	03:00 pm	TC 150ml								150ml	0	200ml
	04:00 pm	H2O 200ml								100ml	0	200ml
	05:00 pm									200ml		
	06:00 pm	H2O 100ml								100ml	0	200ml
	07:00 pm									250ml		
Total Intake :			650ml + 120ml			Total Output :			1,200ml			
	08:00 pm	H2O 100ml								200ml	0	200ml
	09:00 pm									150ml	0	
	10:00 pm	H2O 150ml								100ml	0	200ml
	11:00 pm									90ml	0	
	12:00 am	Juice 200ml								130ml	0	200ml
	01:00 am	H2O 150ml								150ml	0	
Total Intake :			600ml			Total Output :			820ml			
	02:00 am	H2O 100ml								100ml	0	200ml
	03:00 am	Juice 200ml								90ml		
	04:00 am	H2O 150ml								200ml	0	200ml
	05:00 am									150ml		
	06:00 am									100ml		
	07:00 am	H2O 200ml								150ml	0	200ml
Total Intake :			650ml			Total Output :			790ml			
Total 24 hrs. Intake			3,670ml			Total 24 hrs. Output			4,225ml			

Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 18 D (F)
 Dr. DIVYA SIVARAMAN



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FLUID CHART

Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
07/01/2016	08:00 am	H ₂ O	200ml										
	09:00 am	H ₂ O	100ml							100ml	0		Pulch
	10:00 am	H ₂ O	100ml							80ml			
	11:00 am	Soup	200ml							70ml	0		Pulch
	12:00 pm									150ml			
	01:00 pm	Juice	200ml							200ml	0		Pulch
Total Intake :			800ml			Total Output :						700ml	
	02:00 pm	H ₂ O	200ml							100ml	0		Pulch
	03:00 pm	H ₂ O	100ml							200ml	0		Pulch
	04:00 pm	Juice	250ml							250ml	0		Pulch
	05:00 pm	Milk	100ml							200ml	0		Pulch
	06:00 pm	H ₂ O	200ml							150ml	0		Pulch
	07:00 pm	H ₂ O	200ml							250ml	0		Pulch
Total Intake :			1000ml			Total Output :						1250ml	
	08:00 pm	H ₂ O	200ml							200ml	0		Pulch
	09:00 pm									100ml	0		Pulch
	10:00 pm	Milk	200ml							100ml	0		Pulch
	11:00 pm									150ml			
	12:00 am	H ₂ O	100ml							250ml	0		Pulch
	01:00 am	H ₂ O	100ml							200ml	0		Pulch
Total Intake :			600ml			Total Output :						1000ml	
	02:00 am	H ₂ O	100ml							200ml			
	03:00 am									100ml	0		Pulch
	04:00 am	H ₂ O	150ml							90ml			
	05:00 am									150ml	0		Pulch
	06:00 am	Milk	200ml							100ml			
	07:00 am	H ₂ O	100ml							200ml	0		Pulch
Total Intake :			550ml			Total Output :						840ml	
Total 24 hrs. Intake			3050ml			Total 24 hrs. Output			3790ml				



Age	Sex	Weight	Height	Temp	Pulse	Respiration	BP	Remarks
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1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

FLUID CHART

Sheet No. : 6

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

28/6/20		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	H2O 200ml							100ml	0	84/09/09	
	09:00 am	H2O 250ml							75ml			
	10:00 am	H2O 200ml							100ml	0	84/09/09	
	11:00 am	TC 200ml							150ml			
	12:00 pm	SOUP 170ml							250ml			
	01:00 pm	H2O 250ml							150ml	0	84/09/09	
Total Intake :			1,270ml			Total Output :			845ml			
	02:00 pm	H2O 300ml							200ml	0	84/09/09	
	03:00 pm	H2O 100ml							150ml	0	84/09/09	
	04:00 pm	H2O 200ml							240ml	0	84/09/09	
	05:00 pm	Milk 150ml							250ml	0	84/09/09	
	06:00 pm	H2O 200ml							150ml	0	84/09/09	
	07:00 pm	H2O 200ml							100ml	0	84/09/09	
Total Intake :			1250ml			Total Output :			1100ml			
	08:00 pm	H2O 200ml							250ml	0	84/09/09	
	09:00 pm	H2O 150ml							100ml			
	10:00 pm	Milk 100ml							150ml	0	84/09/09	
	11:00 pm								200ml			
	12:00 am	H2O 150ml							200ml	0	84/09/09	
	01:00 am								150ml			
Total Intake :			600ml			Total Output :			1050ml			
	02:00 am	H2O 100ml							100ml	0	84/09/09	
	03:00 am								150ml			
	04:00 am	H2O 100ml							100ml	0	84/09/09	
	05:00 am								100ml			
	06:00 am	H2O 100ml							150ml	0	84/09/09	
	07:00 am	H2O 100ml							100ml			
Total Intake :			400ml			Total Output :			700ml			
Total 24 hrs. Intake			3520ml			Total 24 hrs. Output			3695ml			

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NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:							
Diagnosis: <u>psori / 32 wks / DCDA twins / IVF / Arabian pessary insitu / cx stitch insitu</u>		Post OP Day:							
Surgery / Procedure:									
BACKGROUND	Date	23/6/20	24/6	24/6	24/6	24/6	25/6	25/6	
	Shift	Evening	N	N	Evening	Night	N	M	
BACKGROUND	Medical Condition (Any special condition to be noted):								
	Diet:	① diet	① diet	① diet	① diet	① diet	① diet	① diet	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	98°F	98.7	98.2	98°F	97.8	98.1	98.1
		Res:	18	18	20/nt	18	20b/m	20b/m	20b/m
		SpO ₂ :	100%	100%	99.1	100	97.1	97.1	97.1
		Pulse:	82	84	84/nt	82	76b/m	76b/m	87b/m
		BP:	120/80	110/70	110/70	120/80	110/70	110/70	115/86
	Fall Risk Score:	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	30	30	30	30	30	30	30
Pain Score:		0	0	0	0	0	0	0	
Skin Integrity		Normal	Normal	Normal	Normal	Normal	Normal	Normal	
Safety Needs:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Recommendations	Physiotherapy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:								
	Special Diet:	① diet	① diet	① diet	① diet	① diet	① diet	① diet	
	Critical Lab Test / Values:								
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	ND	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:									
Handed Over By Name :		Pooja	Naveen	Naveen	Pooja	Naveen	Naveen	Naveen	
Signature / ID :		Pooja	Naveen	Naveen	Pooja	Naveen	Naveen	Naveen	
Date:		23/6/20	24/6	24/6	24/6	25/6	25/6	25/6	
Time:		6pm	2pm	8am	8pm	8am	8am	2pm	
Taken Over By Name :		Naveen	Naveen	Pooja	Naveen	Naveen	Naveen	Naveen	
Signature / ID :		Naveen	Naveen	Pooja	Naveen	Naveen	Naveen	Naveen	
Date:		23/6/20	24/6	24/6	24/6	25/6	25/6	25/6	
Time:		2pm	8am	2pm	8pm	8am	8am	2pm	



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: P1 L2 / Elective LSCS		Any Infection: ☐ Yes ☒ No ☐ Not Known	
Surgery / Procedure: POP - I (Elective LSCS)		Post OP Day: POP - I		If Yes Specify:	
BACKGROUND	Date	25/6/26	26/6/26	26/6/26	27/6/26
	Shift	Evening	N	E	N
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	-
	Diet:	NPO	Direct	Soft diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	RA	NA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: 98°F	98.1°F	98.2°F	97.1°F
	Res: 20bpm	20bpm	20bpm	20bpm	
	SpO2: 99%	100%	100%	99%	
	Pulse: 56bpm	70bpm	80bpm	76bpm	
	BP: 100/60	106/70	110/70	117/77	
	LOC: Conscious	conscious	conscious	conscious	
	Fall Risk Score: 20	20	20	20	
Recommendations	Pain Score: 01 <td>09/10</td> <td>1/10</td> <td>0/10</td>	09/10	1/10	0/10	
	Skin Integrity: Intact <td>Intact</td> <td>Intact</td> <td>Intact</td>	Intact	Intact	Intact	
	Safety Needs: ☐ Yes ☒ No <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td>	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Physiotherapy: NA <td>NA</td> <td>Done</td> <td>NA</td>	NA	Done	NA	
	Others Specify: ☐ Yes ☒ No <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td> <td>☐ Yes ☒ No</td>	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet: NPO <td>NPO</td> <td>Soft diet</td> <td>-</td>	NPO	Soft diet	-	
	Critical Lab Test / Values:	-	-	-	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ADL (Dependent / Non Dependent): Dependent <td>Dependent</td> <td>Dependent</td> <td>Dependent</td>	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		-	-	-	-
Handed Over By Name :		Shravan	Shravan	Shravan	Shravan
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]
Date:		25/6/26	26/6/26	26/6/26	27/6/26
Time:		3pm	2pm	8pm	2pm
Taken Over By Name :		Muthu	Shravan	Shravan	Shravan
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]
Date:		25/6/26	26/6/26	26/6/26	27/6/26
Time:		8pm	8pm	8pm	2pm

Handwritten notes at the top of the page, including the word "LIFE" and various illegible scribbles.

RECOMMENDATIONS	FOR THE STUDENT	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.
	FOR THE STUDENT	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.
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ASSESSMENT	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
BACKGROUND	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
SITUATION	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.
	1. The student should be encouraged to continue with the current project.	2. The student should be encouraged to continue with the current project.	3. The student should be encouraged to continue with the current project.

GUC-00093006 IP18-00036151
 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 16 D (F)
 Dr. SELF



NURSING CARE RECORD

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Date: 23/6/26

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							
Afternoon							
Night	8pm	maintain personal hygiene	30 pm	monitor vital signs Teach personal hygiene Teach Hand hygiene provide comfortable position	maintained personal hygiene	reassessment is done	Dr. p... Dr.



NURSING CARE RECORD

Date: 23/4/2016

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:00 am	Identify potential complications	8:30 am	Monitor vital signs frequently Assess for bleeding, Infection, respiratory distress, D+.	pt feel better.	Reassessments done	Benj 2960
Afternoon	2pm	Provide emotional & Psychological Support		- monitor vital signs - provide comfortable position - provided diversional therapy Reading Newspaper	Emotional status good.	Reassessment is done	Shirpoda 0870
Night	8pm	prevent falls and injury	10pm	keep bed in low position with side rails up.	followed that put the side rails.	patient was stable	Ane 0007

GUC-00093006

IP18-00036151

Mrs RUVANTHIKA V S

07-01-1994

32 Y 5 M 17 D

(F)

Dr. SELF



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Date: 25/6/06

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	Ensure adequate hydration and electrolyte balance.		Monitor intake & output chart - Assess for dehydration - Give oral fluid overload.	To continue. for fluid. Monitor output	Reassessment done.	Phel Dsu
Afternoon	4pm	Achieve acceptable pain control & comfort	4:30 pm	Assess pain using pain scale regularly position patient comfortably	patient- feels better	patient- pain level reduced.	Phel 016808
Night	8pm	Achieve acceptable pain control & comfort	8pm	Assess pain using pain scale → Position client, comfortable.	Pain Feels better	Patient Reassessment done	Phel 016808

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 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 18 D (F)
 Dr. DIVYA SIVARAMAN



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Date: 26/6/26

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	8 am	Pain acceptable Pain control @ Comfort.	9 am	Assess Pain using Pain scale regularly Position Patient comfortable	Patient feels better.	Patient Pain level reduced	Jee anais
Afternoon	2 pm	Ensure adequate hydration and Electrolyte balance	3 pm	Encouraged to take More oral fluids per day 3-4 litres	→ Intake Improved output urine adequate clear coloured	Reassessment done.	Jee anais
Night	8 pm	reduce risk of hospital acquired and wound infection	10 pm	Maintain strict hand hygiene administer antibiotic ordered monitor wound site	The patient maintain hand hygiene.	The wound site healthy, no swelling	J anais

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 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 18 D (F)
 Jr. DIVYA SIVARAMAN



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Date: 07.16.2016

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

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

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

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

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable Pain Control and Comfort.		Assess pain using Pain scale regularly. Administer analgesics as prescribed.	to Reduce Pain in pain - 19 given.	Reassessment done.	<u>Bees</u>
Afternoon	3pm	Promote adequate nutrition.	3pm	encouraged oral intake.	evaluated by intake output chart	No evidence of obstruction	<u>by</u> 6015
Night	8pm	promote cleanliness and comfort	9pm	Assist with daily oral care / bath perineal care and grooming.	pt is healthy and good.	pt was stable	<u>Be</u> 0000



NURSING CARE RECORD

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Date: 28/6/20

Goals

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

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

- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

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

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning 8am	Promote adequate nutrition for healing and recovery.	9am	⇒ Assess nutritional status and appetite.	⇒ Patient intake and output is good	⇒ Patient clinically stable	Crony mag
Afternoon 2pm	Ensure adequate hydration and Electrolyte Balance.	3 pm	Encouraged to take more fluids orally Monitored intake output chart	Intake improved output adequate urine clear	patient clinically stable	Janitha over
Night 8pm	Reduce risk of Hospital acquired Infection	10 pm	⇒ Maintain strict hand hygiene ⇒ Use aseptic technique during procedures	Used of aseptic technique while handling catheter care	Prevented risk of Hospital acquired Infections	mitha batter



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- ☐
- Drug Allergies

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/20	5:10pm	Tru. mgsoy Hgm in 12wnts bowel connected on infusion as per doctor order. CTR disconnected as per doctor order fetus a FHR reactive Robus B FHR reactive.	Pool Kotru
	5:30pm	Tr. mgsoy loading dose overed. Urine routine sample CBC + PBS sample collected sent to lab as per doctor order.	Pool Kotru
	5:40pm	Pt vital signs checked & recorded. Encourage to take adequate oral fluid. Catheterization done by Mr. Shroderi urine drainage clear. Tr. mgsoy 2wnts maintenance started on infusion as per doctor order.	Pool Kotru
	7pm	Pt vital signs checked & recorded 15 mins once. U-line pattern. provide comfortable bed position.	ST Pool Kotru
	7:30pm	Pt, Clo pain in CBD catheter performed by Mr. Akshita advice to deflet 5ml Duarte, order carried out. 5ml Duarte, deflected as per doctor order.	Pool Kotru

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Nurses Notes

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6	7:30pm	pt was hand over given to night duty staff	Shaleen 24/07/2
23/6/26	7:30pm	Night duty ON 23/6/26. Report Received from Evening Duty staff to Night duty staff patient conscious & oriented. In line patient, No swelling vital signs checked & Recorded vital signs are stable. CBD present, urine drained well.	Shaleen 24/07/2
	8pm	Inj- Mgso4, Due medication given. Due Medication given.	Shaleen 24/07/2
	9:30pm	Post dinner CB4 checked CB4-212mg/dl informed Dr. Vinitha mam.	
	10pm	⇒ Patient Vitals okay. Stable. General condition fair. CB4-1212mg/dl.	Shaleen 24/07/2
24/6	12AM	⇒ Inj mgso4 20ml on flow CBD urine drained clean and adequate. Patient slept well during night. No other complaints.	Shaleen 24/07/2
	2AM	⇒ Patient slept well during Night. No other complaints.	Shaleen 24/07/2
	4am	⇒ Patient Vitals okay.	Shaleen 24/07/2

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 24/6/20		Stable General condition Fever	→ [Signature]
	5AM	⇒ Tef Mexa 6mg Im given as per chg vsl's. Patient take a sponge bath brushing. Ls in pattern Ls mgsoy 2ml/hr on flow, CBD urine drained clear & adequate. Patient vital	
	30 6AM	Stable. General condition Fever ⇒ Patient vital given stable, General condition Fever	[Signature] 24/6/20
	7AM	⇒ Patient Ls in pattern General, Ls mgsoy 2ml/hr on flow	→ [Signature]
	8AM	⇒ Patient report head ache to nursing duty staff	→ [Signature]
24/6	8AM.	Morning duty notes 24/6 Hand over taken from nt duty staff, patient conscious and oriented. Ls in pattern Ls. mgsoy 2ml/hr on flow on CBD present urine draining clear, vitals are checked and recorded, Both FHR is good	→ [Signature]

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies N/A.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6		Both FM/G felt by mother otherwise no complaints General condition is fair.	SIN Aur 01088
	9am	patient had breakfast no other complaints →	SIN Aur 01088
	9 ¹⁰ am	CTU Connected Both FHR is good. Both FM/G felt by mother TIF + DO parities vitals are stable General Condition is fair	SIN Aur 01088
	10.00 ^{am}	patient vital count & recorded due medication given as per doctors order. patient clear for general condition is good. After continuous FHR is good. After using van 16mg/kg	SIN Aur 01088
	10.20 ^{am}	CTU discontinuation order by Dr. Prithvi from next CTU at evening and be followed.	SIN Aur 01088
	12.00 ^{pm}	PT vital count & recorded. Tylenol 2ml on flow. urine out put clear. PT HR 110 to 120. mom continue Tylenol on flow continue today. Plan for AFI Doppler and Growth. PT general condition is good. urine out put clear. CBP is clamped.	SIN Aur 01088

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1.00pm		Patient CBP clamped removed order by Dr. Parithra him ok pt clear pt general condition is good.	Sanjiv Kumar
1.10pm		patient vital count {normal} CBP clamping valve 135 mg/L	
		Informed to Parithra mom	Sanjiv Kumar
1.30pm		patient file handing over to evening duty staff. pr fams to diet from 4.00pm to be followed.	Sanjiv Kumar
24/6/20	1.30pm	Evening duty pt care hand over taken from morning duty staff. pt conscious oriented. w line @ y pattern. CBP @ vial draining clear. she is on soft diet. Dr. Ingey 20/10 going on infusion. pt have no c/o pain. DVT, Braden & moose full assessment done.	Sanjiv Kumar
	2pm	pt vital signs checked & reassessed. pt had soft diet. Dr. Parithra advice to shift the pt for growth & doppler scan order carried out. pt shifted for scan to Dr. Soubhagya.	Pooler D.H.M.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093006

IP18-00036151

Mrs RUVANTHIKA V S

J7-01-1994

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(F)

Dr. SELF



④ **NURSES NOTES**

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/2020	4pm	Scan done. Informal to Dr. Akshitha. Report collected. pt have no clt pain. Encourage to take adequate oral fluid. IV line pattern.	Dr. Akshitha
	3pm	pt vital signs checked & recorded. Encourage to take adequate oral fluid. post meal 1hr later 134mg/dl. Informal to Dr. Akshitha.	Dr. Akshitha
	5pm	pt vital signs checked & recorded. 15 mins ones vitals monitoring going to see pt. Encourage to take adequate oral fluid. Dr. Desha bring 1m given as per doctor order. IV line pattern. knee jerk.	Dr. Desha
	6pm	pt vital signs checked & recorded. maintain no clt. Dr. Vinitha neonatologist seen the pt. neonatal counselling given to the pt. pt is stable.	Dr. Vinitha
	6:40pm	Dr. Magesh overal Informal to Dr. Akshitha / Dr. Shreechary. pt is stable. he is on CPAP with drainage clear.	Dr. Magesh

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/2016	7pm	pt. Alighithy advise to shift ward. follow drug chart. to reserve 2 UPRSE, to check pre meal CbG. Enema if pt not passed motion order carried out.	
	7:30pm	pt shifted to ward as per doctor order. pt came hand over given to 6th floor staff. To do 8pm receiving	Proff Mo
24/6/2016	7:30pm	<u>Night duty Note</u> → patient vital detail hand over taken from LDR SIN patient conscious & oriented IV line ⊕, CbG ⊕, ^{tomorrow} tomorrow 5 AM 4th dose, steroids CTG 8pm, CbG pre dinner and post dinner, tomorrow Elective LSCS plan at 12pm	Proff Mo
	8pm	→ patient vital signs monitored and record. vitals are stable CbG 8 AM 136 mg/dl informed to LDR Doctor. and CTG 8:30pm started FHR good both feet pt do motion sensation CTG disconnect and repeat 9:40pm and 10pm stop	Proff Mo

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/20	10AM	→ Dr. Divya mam come and seen the patiente mam advised. Now give syp. cremaffin 15ml. 12 AM to liquid diet started 3AM NPO and IVF RL 125ml/hr Start	Due room
	10-15pm	→ patiente c/o irritation of urethra & discomfort. Performed to LDR Doctor mam told CBD remove and commm	
		12pm CBD insert Plan. 10-30pm post CBGT → 135 mg/dl	Due room
	10-40pm	→ patiente syp. cremaffin 15 ml given as per orders. 10-50pm motion + urine passed informed to LDR Doctor. Next voided measuring urine informed to patient	Due room
25/6/20	8AM	→ patiente vital signs checked and. soft solid stop. liquid diet started.	Due room
	8AM	→ Patient comfortable sleep. No weaning. Pain other complaints	
	11AM	→ Vitals checked recorded.	
	3AM	→ NPO Started. IVF RL 125 ml/hr on flow IV line checked motion passed. Inj. Dexta 6mg IM given	Due room

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	6 AM	→ patient intake and Output Chart maintained and record.	<u>Paul</u> <u>Scarp</u>
	7 AM	→ RBS - 101 mg/dl. informed Dr. Drivellamp. maintained no chart. Patient on NPO	
	7:30 AM	Handing over given to morning duty SN.	<u>P</u> <u>Scarp</u>
		Morning duty note.	
25/6/26	7:30 AM	Patient details Hand over. taken from Night duty Staff. patient was conscious and oriented.	<u>Praveen</u> <u>Scarp</u>
	8 AM	patient vitals checked and Recorded. vitals Normal. patient ECG line pattern is healthy and observed	<u>Praveen</u> <u>Scarp</u>
		patient RCF - R is good. 1h is on flow. and patient 12pm Post from Elective 125	<u>Praveen</u> <u>Scarp</u>
	10:30 AM	Dr. Sreedevi man phone call advice to need to scan machine.	<u>Praveen</u> <u>Scarp</u>
	11 AM	Due medication given as per doctor's order	<u>Praveen</u> <u>Scarp</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/16	11.30a	Dr. Vinita man Advice to shift to LOR immediate. Patient Bed Inform	Preet
	11.45a	patient shift to LOR. Due medication given as per drug chart Hand over given from LOR Staff	Preet
25/6/16	11.35 am	MICU received Notes: Patient received from 6th floor. Patient conscious & oriented. vitals are checked & recorded. IV line kept in left hand. pre op orders followed. pre op medication given. Surgery consent, Anesthesia consent uptained. CTG connected. FHR good.	S. Parang 016808
	12.30 Pm	CTG informed to Dr. Shradha advised to CTG disconnect CTG disconnected as per Doctor advice. Inj: supacef full dose given. There is no allergic history Inj: supacef full dose given.	S. Parang 016808
	12.50 PM	patient voided. Patient shifted to OR. patient	S. Parang 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26		details, files handed over given to OT staff.	S. Prasad 016808
	12.50pm	OT notes on 25/06/26 patient details handed over taken from B LDR S/N while receiving patient conscious & oriented. IP file received. Gilling cleared consent obtained patient IV & received. patient shifted to OT-3 at 12.50pm on the OT table to connect the cardiac monitor IP file IV & connected & SA was given procedure started at 1.0pm. Elective LSC twin's cervical strict removal & Bladder Repair during the surgery the vital signs are stable IV & on the flow catheterized done after the procedure was done counts done patient dressing done patient shifted to MICU at 3.20pm	Sugate 01151
	3.20pm	handed over to MICU S/N Sat	Sat 01151

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/23	3.20pm	MICU received Notes: patient received from OT. patient conscious & oriented. Vitals are checked & recorded. Elective TSCG done Baby NICU. Patient catheter present (silicon) catheter. receiving output 60ml. PV bleeding normal. Urine colour high concentrated.	
	4.30pm	Postop orders received. post partum Assessment done. B $\Rightarrow$ Breast soft. No breast engorgement. U $\Rightarrow$ Uterus contracted. PV bleeding normal. B $\Rightarrow$ Catheter present. I/O chart maintain B $\Rightarrow$ Bowel movement present L $\Rightarrow$ Lochia rubra present. No evidence of foul smelling E $\Rightarrow$ REEDA assessment not applicable H $\Rightarrow$ Homans sign negative E $\Rightarrow$ Patient emotional status good.	s/p parameswari 016208
	5.30pm	Patient vitals are stable	s/p parameswari 016208

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26		I/o chart maintain. pv bleeding normal. patient maintain NPO.	S/n parameswari 016808
	6.30pm	patient general condition fair vitals are checked & recorded. Urine out colour mild changed. patient side no complaints of pain.	S/n parameswari 016808
	7pm	stocking done. pv bleeding normal. Urine output clear. patient side no complaints.	S/n parameswari 016808
	7.30pm	patient details, files handed over given to Night duty staff.	S/n parameswari 016808
		→ Night Duty's	
25/6/26	7.30pm	patient report hand over taken from evening duty staff	S/n parameswari 016808
		→ She is conscious & oriented, a female NPO Int 22 12mmHg on Flow C&D urine checked mild comfortable.	
	8pm	→ Patient vital signs stable. Breathing comfortable. Fair. Has no pain over the opened area. Has mild pain over the opened skin	S/n parameswari 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/11/20		813 Del. Alsi the man. Advice to Tub. leucopur + take add. Orals every day → 10/11/20 B: Breast post no engorgement. U: uterus firm contracted well. B: Breast Normal Breast B: Patient in bed. L: Lochia same present NO evidence of foul. Smelly E: Reeds assess applicator H: Homas sign negative E: Patient emotional status good. → 10/11/20 10pm → Tuf Pictur 2.5gm 40 loose no give Tuf Pictur 1gm 40 given as per doctor order → 10/11/20 10pm → Patient shift to ward. hand over to 6th floor staff → 10/11/20 Receiving notes 25/11/20 10.30pm → patient received from LDR patient detail hand over taken from LDR SIN conscious & oriented IV line ⊕, IUF RL/NS 125 ml/hr CBD ⊕, commencing 6am CBE/sr. scan	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/2026		→ LBD removal plan after 10 days removal , vital signs checked and record. vitals are stable	<u>Dr. An</u>
	12 AM	→ patient vital signs checked and record. vitals are stable	<u>Dr. An</u>
	2 AM	→ patient intake and output chart maintained & record	<u>Dr. An</u>
	2.30 AM	→ patient complaints of pain informed to LPR Doctor mam advised Inj. Tramadol 50mg IM and Enaset 4mg.	<u>Dr. An</u>
	2.40 AM	→ patient Inj. Tramadol 50mg IM Inj. Enaset 4mg IV given as per order now.	<u>Dr. An</u>
	4 AM	Vitals checked recorded. PV Bleeding Normal. B - Breast soft U - Uterus contracted B - Bowel sound present B - CBD ⊕ L - Lochia present, no foul smell E - Perineal assessment not applicable H - Hematocrit negative E - Emotional status good IV 0.9 NS ↓ 185ml/hr on flow	<u>Dr. An</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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 Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	6am	→ patient due medication given as per order chart 810	
		chart maintained & record	Del
	7am	→ patient morning care given patient urine checked & record	Del
	7:30am	→ patient detail hand over given to morning duty on	by
		Morning duty 26/6/26	
26/6/26	7:30am	→ Patient handover taken by night duty 8/11	Clay
		→ Patient clinically stable	01/10/26
	8am	→ checked vital signs	
		→ Patient vitals is stable	
		→ patient CBD is removed	
		Informed to DR. Vinitha mam, doctor advice	
		again need to put CBD	
		DR. Vinitha mam putted again CBD 14F silicon catheter	Clay
		→ administered iv and oral medicine	01/10/26
	10am	→ hourly checked vital signs, Monitored and recorded	Clay
		→ Monitored Intake & output	01/10/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26		output Chart	
	12pm	⇒ again checked vital signs. Marked & recorded	
		⇒ DR. Vinitha mam advice, need to take psychiatric opinion	
	1pm	⇒ Monitored I/O chart	
		⇒ Maintain records & reports	
	1.30pm	⇒ Patient handover given to evening duty S/N	
		Evening Duty notes	
26/6/26	1.30pm	patient vitals hand over taken from Morning duty staff patient active and oriented in line healthy	
	2pm	patient in soft diet had lunch CBD present urine in bed	
		informed to Dr. Dhivya mam seen the patient advised to Monitor urine colour	
	2.30pm	Due drugs given as per order Flaston pump and Ted stocking present patient mobilized physio done urine output good	
	4pm	vitals checked and recorded	
	5.30pm	Dr. Dhivya mam seen the patient Advice from to stop	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



10

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

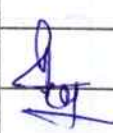
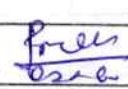
DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/24		Flowtron and Vital signs hourly monitoring output hourly monitor TO Added T. Lactate TDS 1 Galact 2 Scours 1 day. to watch for catheters.	Praveen 22/06/24
	6pm.	Due medication given as per drug chart.	Praveen 22/06/24
	7pm.	Maintained Intake and output chart	Praveen 22/06/24
	7.30pm	Head over given from. Night duty staff.	Praveen 22/06/24
26/6/24		Night duty staff.	
	7.30pm	Patient details Handing over taken from evening duty SIN Vine @, CBD @, IVF Stop, Normal dial.	Praveen 22/06/24
	8pm	Vitals checked and recorded. PV Bleeding Normal. B - Breast Soft U - Uterus contracted B - Bowel sound @ B - CBD @ L - Lochia Present E - Perineal assessment done H - Perianal sign negative E - Emotional Status Good	Praveen 22/06/24

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
26/06/26	9pm	Dr. Srinivasan (Psychiatrist) seen the patient. Dr. Choudhury gave a review. Patient had food. Due medication given as per order.							
	10pm	Dr. Paulina mam seen the patient. Mam advised clemastin 15ml (stat) given							
27/06/26	10AM	vitals checked and recorded <table border="1" data-bbox="987 880 1211 1015"><tr><td>TP</td><td>CP</td><td>CR</td></tr><tr><td>+</td><td>+</td><td>+</td></tr></table> maintained Bp chart. Urine output monitored.	TP	CP	CR	+	+	+	
TP	CP	CR							
+	+	+							
	11AM	Vitals checked and recorded.							
	6AM	Morning care given. Due medication given as per drug chart orders. Carer care given.							
	7AM	Maintained Bp chart. recorded							
	7:30AM	Handing over given to morning duty SN							
		Morning duty note.							
27/06/26	7:30pm	Patient details hand. over. taken from. Patient duty SN. Patient was conscious & oriented							
	8AM	Patient vitals checked and recorded. Vitals Normal. Dr line (+) Patient was also (+).							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



10

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/21		Due medication given as per drug chart order. →	Raveer
	9pm	Patient output is high monitoring & recording. Due medication given as per drug chart →	Raveer
	10.30	Dr. Luesha mam seen the patient advice to Rx medicine and tomorrow Bath & dressing, Discharge plan Monday. →	Raveer
	12pm	Patient vitals checked and recorded, Vital Normal,	
	12.30pm	Due medication given as per drug chart. Maintained intake and output →	Raveer
	1.30pm	Hand over given from Evening duty staff →	Raveer
		Evening Duty (24/06/21 @ 1.30pm)	
27/6	1.30pm	Pt details hand over taken from morning duty staff. Pt was stable under room air. Pt on soft diet. CBD present and IV line present & flowing.	Raveer

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NPI

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6	2pm	See medication given to the Pt as per drug chart order.	
	4pm	Vital signs checked & recorded. Vitals are stable. CBD present. Hbly test not monitored. Pt was stable. under room air. DLO chart maintained.	<u>Syboron</u>
	7pm	See medication given to the Pt as per drug chart order. DLO chart maintained.	<u>Syboron</u>
	7pm	Dr. Divya mam seen the patient advised to continue in medication till Monday Discharge plan Tuesday. If in line out to inform Mam & line healthy.	<u>Syboron</u>
	7.30pm	Hand over given to night duty staff.	<u>Jey</u> <u>Omair</u>
27/6	7.30pm	Night duty notes → patient detail hand over taken from evening duty. In patient conscious & oriented. IV line @ CBD @, had soft diet.	<u>See above</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/2020	8pm	→ patient vital signs checked and record. vitals are stable	By <u>Sharon</u>
	10pm	→ patient due medication given as per Odece chart	By <u>Sharon</u>
28/6	12pm	→ patient vital signs checked and record. vitals are stable. Due medication given as per Odece.	
		B → Breast is soft	
		U → Uterus is contracted	
		B → Bowel movement ⊕	
		B → Urine voided	
		L → Lochia rubra ⊕	
		E → Reeda is not apparent	
		H → Homan sign (-ve)	
		F → Emotional status	
		Living pain ⊕ removed. now LV good.	By <u>Sharon</u>
	2pm	→ patient vitals & output chart maintained & record	By <u>Sharon</u>
	4pm	→ patient vital signs monitored & record. IV line checked & healthy sleeping well. no other complaints	By <u>Sharon</u>
	6pm	→ patient morning care given. due medication given as per Odece chart intake and	By <u>Sharon</u>
	7pm	Output chart maintained and record.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	7:30am	Handing over given to morning duty S/N	<u>Lucy</u>
28/6/26	7:30am	Morning duty 28/6/26 Patient handover taken by night duty S/N	<u>Lucy</u>
8am		→ Patient clinically stable → Checked vital signs → Patient vitals is stable → Administered oral and IV medicines as per drug chart order	<u>Lucy</u>
10am		→ Bath and dressing also done → Provide health education → Provide comfortable bed position	<u>Lucy</u>
11am		→ Monitored I/O chart → Maintain records & reports	<u>Lucy</u>
12pm		→ Checked vital signs → Patient vitals is stable → Administered oral medicine as per drug chart order	<u>Lucy</u>
1pm		→ Monitored I/O chart → Maintain records & reports	<u>Lucy</u>
1:30 pm		→ Patient handover given to evening duty S/N	<u>Lucy</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	23/6/26	23/6/26	24/6/26	Fall Risk Grading		
		Score	5pm	8pm	8am			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	10	10	10			
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			30	30	30			
Signature			Shalew	Shalew	Shalew			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ 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

PHYSICS 1301

Lab 10

Name: _____
 Section: _____
 Date: _____

Object: _____
 Purpose: _____

$$v = \frac{\lambda f}{n}$$

Theory: _____
 Procedure: _____

Results

Wavelength (nm)	Frequency (Hz)	Index of Refraction	Velocity (m/s)
656.3	4.571e14	1.00027	2.99792e8
643.8	4.660e14	1.00027	2.99792e8
635.5	4.736e14	1.00027	2.99792e8
625.0	4.800e14	1.00027	2.99792e8
616.3	4.869e14	1.00027	2.99792e8
608.0	4.934e14	1.00027	2.99792e8
600.0	5.000e14	1.00027	2.99792e8
591.5	5.072e14	1.00027	2.99792e8
583.0	5.146e14	1.00027	2.99792e8
574.5	5.218e14	1.00027	2.99792e8
566.0	5.291e14	1.00027	2.99792e8
557.5	5.363e14	1.00027	2.99792e8
549.0	5.437e14	1.00027	2.99792e8
540.5	5.511e14	1.00027	2.99792e8
532.0	5.585e14	1.00027	2.99792e8
523.5	5.659e14	1.00027	2.99792e8
515.0	5.733e14	1.00027	2.99792e8
506.5	5.807e14	1.00027	2.99792e8
498.0	5.881e14	1.00027	2.99792e8
489.5	5.955e14	1.00027	2.99792e8
481.0	6.029e14	1.00027	2.99792e8
472.5	6.103e14	1.00027	2.99792e8
464.0	6.177e14	1.00027	2.99792e8
455.5	6.251e14	1.00027	2.99792e8
447.0	6.325e14	1.00027	2.99792e8
438.5	6.399e14	1.00027	2.99792e8
430.0	6.473e14	1.00027	2.99792e8
421.5	6.547e14	1.00027	2.99792e8
413.0	6.621e14	1.00027	2.99792e8
404.5	6.695e14	1.00027	2.99792e8
396.0	6.769e14	1.00027	2.99792e8
387.5	6.843e14	1.00027	2.99792e8
379.0	6.917e14	1.00027	2.99792e8
370.5	6.991e14	1.00027	2.99792e8
362.0	7.065e14	1.00027	2.99792e8
353.5	7.139e14	1.00027	2.99792e8
345.0	7.213e14	1.00027	2.99792e8
336.5	7.287e14	1.00027	2.99792e8
328.0	7.361e14	1.00027	2.99792e8
319.5	7.435e14	1.00027	2.99792e8
311.0	7.509e14	1.00027	2.99792e8
302.5	7.583e14	1.00027	2.99792e8
294.0	7.657e14	1.00027	2.99792e8
285.5	7.731e14	1.00027	2.99792e8
277.0	7.805e14	1.00027	2.99792e8
268.5	7.879e14	1.00027	2.99792e8
260.0	7.953e14	1.00027	2.99792e8
251.5	8.027e14	1.00027	2.99792e8
243.0	8.101e14	1.00027	2.99792e8
234.5	8.175e14	1.00027	2.99792e8
226.0	8.249e14	1.00027	2.99792e8
217.5	8.323e14	1.00027	2.99792e8
209.0	8.397e14	1.00027	2.99792e8
200.5	8.471e14	1.00027	2.99792e8
192.0	8.545e14	1.00027	2.99792e8
183.5	8.619e14	1.00027	2.99792e8
175.0	8.693e14	1.00027	2.99792e8
166.5	8.767e14	1.00027	2.99792e8
158.0	8.841e14	1.00027	2.99792e8
149.5	8.915e14	1.00027	2.99792e8
141.0	8.989e14	1.00027	2.99792e8
132.5	9.063e14	1.00027	2.99792e8
124.0	9.137e14	1.00027	2.99792e8
115.5	9.211e14	1.00027	2.99792e8
107.0	9.285e14	1.00027	2.99792e8
98.5	9.359e14	1.00027	2.99792e8
90.0	9.433e14	1.00027	2.99792e8
81.5	9.507e14	1.00027	2.99792e8
73.0	9.581e14	1.00027	2.99792e8
64.5	9.655e14	1.00027	2.99792e8
56.0	9.729e14	1.00027	2.99792e8
47.5	9.803e14	1.00027	2.99792e8
39.0	9.877e14	1.00027	2.99792e8
30.5	9.951e14	1.00027	2.99792e8
22.0	1.0025e15	1.00027	2.99792e8
13.5	1.0099e15	1.00027	2.99792e8
5.0	1.0173e15	1.00027	2.99792e8



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	25/6/26	25/8/26	26/6/26	Fall Risk Grading		
		Score	20	20	20	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15		0	0			
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10		0	0			
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15		0	0	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
		Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading			Risk Level	Morse Fall Score (MFS)	Action
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	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				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	20	20	20			
Total Morse Fall Scale Score:								
Signature								

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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BRADEN 'Q' SCALE

					Date :	23/6	23/6	24/6	24/6
					Time :	5pm	8pm	8pm	2pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	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
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	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						27	27	27	27
Evaluator's Name						Dr	Shalini	Dr	Dr

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

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



BRADEN 'Q' SCALE

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 24/6/25/6	Time : 8pm	25/6	26/6
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.	9	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	9	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
FRICION-SHEAR Friction. Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	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
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23				TOTAL SCORE			
Docu. No. : RCH /FRM / CLINICAL / 119				Evaluator's Name			

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

GUC-00093006
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 Dr. DIVYA SIVARAMAN
 IP18-00036151
 32 Y 5 M 18 D (F)

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 :	26/6	26/6	26/6	27/6
					Time :	11 AM	2 PM	10 PM	8 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	2
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
FRICION-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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						26	26	26	26
Evaluator's Name						Chitra	Chitra	Chitra	Chitra

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

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

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



BRADEN 'Q' SCALE

				Date : 27/6/2020	Time : 2pm
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
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3
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
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
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4
TOTAL SCORE				26	26
Evaluator's Name				Dr. Divya Sivaraman	

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

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

IP18-00036151

(F)

GUC-00093006

Mrs RUVANTHIKA V S

32 Y 5 M 16 D

07-01-1994

Dr. SELF



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/6/2020	6pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	post op
23/6/2020	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	stale 0-10/2
24/6/2020	12AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	post op
24/6/2020	4AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	post op
24/6/2020	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	-	stale 0-10/1
24/6/2020	2pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	stale 0-10/2
24/6/2020	8pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	stale 0-10/2
25/6/2020	4AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	stale 0-10/2
25/6/2020	10AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	stale 0-10/2
25/6/2020	12pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	stale 0-10/2

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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



Wong - Baker (Pediatrics) Above 7 Years



Neonatal Pain, Agitation and Sedation Scale (up to 1 Month)

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



PAIN ASSESSMENT FORM

Rainbow's
 Children's
 Hospital
 It takes a lot to raise the next.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/6/26	4hr	1/10	Surge site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Aching ☐ Dull ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Provide comfortable position	Relieved
25/6/26	8pm	1/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Posterior Cervical	Relieved
26/6/26	8am	2/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf-Pain given	Relieved
26/6/26	2pm	1/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Posterior changed	Relieved
26/6/26	10pm	1/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Position changed	Relieved
27/6/26	4am	1/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf-Pain given	Relieved
27/6/26	2pm	0/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Relieved
27/6/26	8pm	0/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Relieved
28/6/26	4am	0/10	Surge site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Aching ☒ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Relieved

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

F. ACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)



Wong - Baker (Pediatrics) Above 7 Years



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

Neonatal Pain, Agitation and Sedation Scale (up to 1 Month)

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
23/6/20	5pm	Yes	Educate about fall risk safety needs (Pul side rails)	patient	no learning barriers	used	none	Yes	Good	<u>POU</u>
24/6	8am	YES.	Educate about the baby condition.	patient	NO	oral	None	Yes	good	<u>POU</u>
25/6	8am	Yes.	Explained About the Fluid management	patient	nil	verbal	nil	Yes	good	<u>POU</u>
26/6/20	9am	Yes	Explained about take more oral intake	patient	nil	verbal	nil	Yes	Good	<u>POU</u>

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

GUC-00093006 IP18-00036151
 Mrs RUVANTHIKA V S
 07-01-1994 32 Y 5 M 16 D (F)
 Dr. SELF

Patient Sticker



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS POSTNATAL ASSESSMENT AND MANAGEMENT (TO BE ASSESSED ON DELIVERY SUITE)

Date: 23/6/20

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		1
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)	✓	1 or 2
Obesity		1
Parity ≥ 3		1
Smoker		1
Gross varicose veins		
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	✓	1
ART/IVF (antenatal only)		1
Multiple pregnancy		2
Caesarean section in labour		1
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37 ⁺ weeks in current pregnancy		1
Stillbirth in current pregnancy		
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		02
Signature of the Nurse	Date 21/6/20	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/6/25 Time of Arrival: 4:40pm Time Seen by Nurse: 4:41pm

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

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

☐ Severe Pain / Moderate Pain

☐ Preterm rupture of Membranes / Leaking Water PV

☐ Bleeding PV: Slight / Heavy

☐ Preterm Labor/ Labor

☐ Decreased Fetal Movement

☐ Spontaneous Rupture of Membrane / Leaking Water PV

☐ No Fetal Movement

☒ Other Reason:

3) Vital Signs: Temperature: 98.6 Pulse: 80 RR: 18 SpO₂: 100 BP: 120/70 Weight: 21.95

4) Gestational Criteria:

Gravida:	G <u>1</u>	P	L	A
----------	------------	---	---	---

LMP: FET - 3/11/25

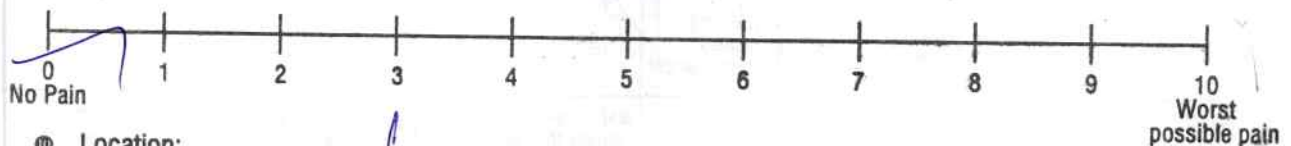
EDD: 13/8/26

Gestational Age: 32 w 4

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)



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

6) Past History:

- a) Surgeries: lap: endometrial cyst, lap: salpingectomy + appendectomy
- b) Medical: childhood wheeze

7) **Allergy:** ☐ Yes ☒ No, If Yes :8) **Current Medications:** ☐ Prenatal Vitamin ☒ None ☐ Others:9) **Prenatal Medical History:**☒ None☐ Chronic Hypertension☐ Gestational Hypertension☐ Diabetes☐ Gestational Diabetes☐ Low placenta☐ Others if yes, specify**Triage Category:** (Please tick on the category)**Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)☒ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)**OBCU Obstetrical Triage Acuity Scale (OTAS)**

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

Time seen by Doctor: 5 pm

Nurse Name : S. Doolan Nurse Signature: [Signature]

Date: 23/6/12 Time: 5 pm



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

☐ a. Yes

☒ b. No

Baby NICU

2. If No, Reason

3. Nipple condition:

☐ a. Nipple well formed

☐ b. Flat nipple

☐ c. Inverted nipple

☐ d. Short nipple

4. Milk flow:

☐ a. Good

☐ b. Drops of colostrums

☐ c. Dry

5. Steps for Positioning and attachment:

☐ a. Baby goes to the breast

☐ b. Mother always sits with a back support

☐ c. Ear-shoulder-hip should be in a straight line

☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☐ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

9. Additional notes:

Continuity of Care:

Date: 25/6/26

Baby preterm

Handover given by Sfr Parameswari

Handover taken by Janitha

Signature

Signature

Date & Time:

Date & Time:

25/6/2026

26/6/26 @ 3pm

PATIENT TRANSFER FORM

GUC-00093006 IP18-00036151

Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN



Treating Consultant Name

Dr. Divya Sivaraman

Date & Time of Admission

23/6/26 at 4:40pm

Date & Time of Transfer Order

25/6/26 at 12:50pm

Transfer Ordered by

Dr. Vinitha

Reason for Transfer

EL 188

From Unit

LDR

To Unit

OT

Information to Attendant

Yes ☐

No ☐

Number of Sheets in Clinical File

Whole EP
files

Number of Imaging Films

CTM

Personal belongings including
clinical documents. If any handed
over to attendant

Yes ☐

No ☒

If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.

Item Name

Quantity

1.

2.

3.

4.

5.

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

At shifted to OT

Name & Signature of Person who is Transferring

S. N. Abeyaratne
018000

Name of Person Ordered Transfer

Dr. Vinitha

Patient & Clinical Records Received by :

S/N Suganthi
8/9/57

Date & Time of Patient Received :

25/06/26 at 12:50pm

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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 23/6/20 Date of Removal: 24/6/20 at 10.15pm

Parameters	Date	Shift Time	23/6/20 6pm	23/6/20 8pm	24/6 8am	24/6/20 Evening	24/6/20 N		
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			poola	S. Shalini	Sur 0109	paia	Arunja		
Signature of the Nurse			foru	S. Shalini	Sur 0109	paia	Arunja		

PATIENT TRANSFER FORM

GUC-00093006

IP18-00036151

Mrs RUVANTHIKA V S

07-01-1994 32 Y 5 M 18 D (F)

Dr. DIVYA SIVARAMAN



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time of Admission <i>23/6/26 @ 4:46 PM</i>		Date & Time of Transfer Order <i>25/6/26 @ 3:20 PM</i>
Treating Consultant Name <i>Dr. Divya Sivaraman</i>	Transfer Ordered by <i>Dr. Sathish</i>	Reason for Transfer <i>Further management</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>IP #16-1</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring <i>S. Sathish</i>		Name of Person Ordered Transfer <i>Dr. Sathish</i>
Patient & Clinical Records Received by : <i>S. Paranesan</i>		
Date & Time of Patient Received : <i>25/6/26 @ 3:20 PM</i>		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



No.	Date & Time of Admission 25/6/26 @ 4.46p	Date & Time of Transfer Order 25/6/26 @ 11.30am
Treating Consultant Name Dr. Dinger.	Transfer Ordered by Dr. Vinitha.	Reason for Transfer Further manage
From Unit 615	To Unit MICU-	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File case sheet	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	under pad	2
2.	Foley catheter	1
3.	uro meter	1
4.	inj. Emeset	1
5.	inj. Pan	1

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

Name & Signature of Person who is Transferring Praveen	Name of Person Ordered Transfer Dr. Vinitha.
---	---

Patient & Clinical Records Received by :

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

PATIENT TRANSFER FORM

Receiving Agency:

12/1/2012

Transfer to:

12/1/2012

From:

12/1/2012

Number of Patients:

12/1/2012

12/1/2012

12/1/2012

12/1/2012

12/1/2012

12/1/2012

12/1/2012

12/1/2012

12/1/2012

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12/1/2012

12/1/2012

PATIENT TRANSFER FORM

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN



Date & Time of Admission <i>23/6/2016 at 4:40pm</i>		Date & Time of Transfer Order <i>25/6/2016 at 11pm</i>
Treating Consultant Name <i>Dr. Divya</i>	Transfer Ordered by <i>Dr. Divya</i>	Reason for Transfer <i>Further treatment</i>
From Unit <i>Labor</i>	To Unit <i>ICU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>10</i>	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Inf piper 4-5 gm</i>	<i>1</i>
2.	<i>Inf pen 400</i>	<i>2</i>
3.	<i>Inf para 1 gm II</i>	<i>2</i>
4.	<i>loose sheet</i>	<i>3</i>
5.	<i>Inf Emet 4 gm</i>	<i>2</i>

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

Name & Signature of Person who is Transferring <i>Dr. Divya</i>	Name of Person Ordered Transfer <i>Dr. Divya</i>
--	---

Patient & Clinical Records Received by :

Scoring 9
02/07/16

Date & Time of Patient Received :

25/6/2016 at 11:10 PM

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



PATIENT TRANSFER FORM

Patient Name: John Doe
Transfer Date: 10/15/2023
From: Medical Unit
To: ICU
Reason for Transfer: Worsening condition
Physician: Dr. Smith
Nurse: J. Doe
Number of Sheets: 10

Sl. No.	Remarks
1	Received at ICU
2	Received at ICU
3	Received at ICU
4	Received at ICU
5	Received at ICU

Signature of Transferor: [Signature]
Signature of Recipient: [Signature]
Date: 10/15/2023

Department of Health and Human Services
Form No. 100
Date: 10/15/2023



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO: OT

Date & Time of Transfer: 25/6/26 @ 12.45 PM JDR

1	Patient Identification	YES/NO	REMARKS
	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	yes.	
	b. SpO ₂ within safe range	yes.	
	c. JET: position confirmed, ties secure, cuff inflated	yes.	
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	NO.	
	b. All drains fixed, output noted	yes.	
	c. Catheter secure & urine output recorded	yes.	
	d. Splints/casts/traction devices stabilized	NO.	
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	NO.	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	NO	
	b. Epidural catheter secure, infusion checked	NO.	
	c. Pressure areas protected (heels/elbows)	NO.	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED		
10	REPORTS AND LABS HANDED OVER		
11	BIOPSY/HIPE SENT		
12	Documentation		
	a. Documentation completeness	yes.	
	Transferring Nurse:	Signature	
	Receiving Nurse:	Signature	
	Signature of Incharge:	Signature	

VITAL SIGNS RECORD

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELE



Date : 24/6/26

Name :

GUC No.:

[illegible]

VITAL SIGNS RECORD

GUC-00093006

IP18-00036151

MRS RUVANTHIKA V S

07-01-1994

32 Y 5 M 18 D

(F)

Dr. DIVYA SIVARAMAN



Date : 25/6/26

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
11pm	97.8°F	70b/m	18b/m	110/70	98%	—	<u>Ben</u>
12 AM	98°F	74b/m	18b/m	115/65 (75)	99%	—	<u>Ben</u>
1 AM	97.6°F	82b/m	20b/m	118/70 (68)	98%	—	<u>Ben</u>
2 AM	98.2°F	88b/m	20b/m	120/80 (76)	99%	—	<u>Ben</u>
3 AM	98°F	80b/m	18b/m	109/59 (60)	98%	—	<u>Ben</u>
4 AM	96.9°F	92b/m	22b/m	110/77 (69)	99%	—	<u>Ben</u>
5 AM	97°F	90b/m	20b/m	100/68 (72)	98%	—	<u>Ben</u>
6 AM	97.1°F	90b/m	18b/m	109/70 (80)	99%	—	<u>Ben</u>
7 AM	98°F	89b/m	20b/m	110/60 (72)	100%	—	<u>Ben</u>
8 AM	98.1°F	85b/m	20b/m	110/62 (72)	98%	—	<u>Ben</u>
9 AM	97.8°F	87b/m	19b/m	106/68 (72)	98%	—	<u>Ben</u>
10 AM	97.5°F	80b/m	20b/m	108/61 (72)	100%	—	<u>Ben</u>
11 AM	98.1°F	70b/m	18b/m	110/62 (72)	100%	—	<u>Ben</u>
12 PM	97.8°F	90b/m	20b/m	117/71 (72)	100%	—	<u>Ben</u>
1 PM	98.1°F	92b/m	18b/m	112/72 (80)	98%	—	<u>Ben</u>
2 PM	97.9°F	85b/m	20b/m	115/71 (82)	99%	—	<u>Ben</u>
4 PM	97.5°F	60b/m	20b/m	109/68 (77)	97%	—	<u>Ben</u>



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO : MICU

Date & Time of Transfer: 25/06/26 @ 3:20pm

YES/NO

REMARKS

1 Patient Identification

- a. Patient Identification Patient name, age, UHID/hospital number confirmed ☒
- b. Surgical procedure & correct site verified ☒

2 Airway & Breathing

- a. Oxygen delivery (mask/cannula/ventilator) secured ☒
- b. SpO₂ within safe range ☒
- c. If ETT: position confirmed, ties secure, cuff inflated ☒

3 Circulation & Hemodynamic Stability

- a. IV lines secured & infusion running correctly ☒
- b. No active uncontrolled bleeding ☒
- c. Last vitals recorded before transfer ☒
- d. Central line hubs are closed ☒
- e. Dressing Intact ☒

4 Pain Assessment

- a. Pain score assessed & analgesia given ☒
- b. Reassessment done ☒

5 Wound, Dressings & Drains

- a. Surgical dressing intact ☒
- b. All drains fixed, output noted ☒
- c. Catheter secure & urine output recorded ☒
- d. Splints/casts/traction devices stabilized ☒

6 Medications Pre & Post-Op Orders

- a. Medications due time noted ☒
- b. Pre & Post-op instructions (NPO, position, mobilization) communicated ☒
- c. Emergency meds given in OT (time & dose documented) ☒

7 Equipment Safety & Transport Preparedness

- a. Oxygen cylinder full & ambu bag at bedside ☒
- b. Bed/side rails up and brakes applied ☒
- c. Special positioning maintained as per surgery ☒

8 High-Risk Patient Safety (if applicable)

- a. Chest tube: underwater seal below chest level ☒
- b. Epidural catheter secure, infusion checked ☒
- c. Pressure areas protected (heels/elbows) ☒

9 BLOOD AND BLOOD PRODUCTS TRANSFUSED

10 REPORTS AND LABS HANDED OVER

11 BIOPSY/HPE SENT

12 Documentation

- a. Documentation completeness ☒

Transferring Nurse: S/w Sup 6/19/27

Receiving Nurse:

Signature of Incharge:

Fetal Medicine Report

Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Female
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026
LMP date	Unknown	EDD by BT	18/08/2026[32W 1D]

OB - 2/3 Trimester Scan Report

Indication(s)

Growth with Doppler

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Twin intrauterine gestation

Detailed anatomic survey not done due to advanced gestational age.

Type of twinning

Dichorionic Diamniotic Twin

Survey

Fetus	A	B
Presentation	Cephalic	Cephalic
Placenta	Anterior	Posterior
Liquor	Normal Single deepest pocket = 4.3	Normal Single deepest pocket = 5
Fetal activity	Fetal activity present	Fetal activity present
Cardiac activity	Cardiac activity present Fetal heart rate - 137 bpm	Cardiac activity present Fetal heart rate - 146 bpm

Fetus A

Biometry(Hadlock)

BPD 85.2 mm 34W 2D (93%ile)	HC 304.2 mm 33W 6D (56%ile)	AC 274 mm 31W 3D (35%ile)	FL 62.4 mm 32W 2D (42%ile)	EFW BPD,HC,AC,FL 1924 grams (44%ile)
5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *

Fetal doppler

Middle Cerebral Artery PI	1.96	—●— (34%)
Umbilical Artery PI	0.89	—●— (35%)
Cerebroplacental ratio	2.202	—●— (38%)
MCA PSV MOM	PSV : 40.38 MOM : 0.9	

Rainbow Children's Medicare Limited

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you can take "ONLINE APPOINTMENT" from our website at ANY TIME : Log on to "www.rainbowhospitals.in"

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in

Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Female
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026
LMP date	Unknown	EDD by BT	18/08/2026[32W 1D]

Fetus B

Biometry(Hadlock)

BPD 78.2 mm 31W 2D (30%ile)	HC 285.5 mm 31W 3D (6%ile)	AC 264.6 mm 30W 4D (16%ile)	FL 62.7 mm 32W 3D (45%ile)	EFW BPD,HC,AC,FL 1742 grams (27%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Fetal doppler

Middle Cerebral Artery PI	1.35	● ——— (2%)
Umbilical Artery PI	1.3	——— ● (98%)
Cerebroplacental ratio	1.038	● ——— (<1%)
MCA PSV MOM	PSV : 34.54 MOM : 0.77	

Impression

Dichorionic Diamniotic Twin gestation corresponding to a gestational age of 32 Weeks 1 Day

Gestational age assigned by as per BT Date (30/11/2025)

EDD by BT 18/08/2026

Fetus - A

Placenta - Anterior

Presentation - Cephalic

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 1924 + / - 192.4 gms.

Fetus - B

Placenta - Posterior

Presentation - Cephalic

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 1742 + / - 174.2 gms.

Fetus A - Reference of large weight

Fetus B - 9%

DR SOWBHAGYA LAXMI K MBBS,MS(OBG),DNB(OBG)
Fellowship in adv laproscopy and Feto-Maternal medicine

Fetal Medicine Report



Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Female
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026
LMP date	Unknown	EDD by BT	18/08/2026[32W 1D]

Disclaimer

This is a growth scan and at this gestational age it is not possible to rule out or visualize all fetal anomalies as the fetal position may not be conducive to imaging of all parts of the fetus. Ultrasound examination has limitations due to maternal factors like amount of liquor, obesity, previous scar, fetal position, late appearance of fetal anomalies, multiple pregnancy. Ultrasound findings are bound to change as the fetus develops.

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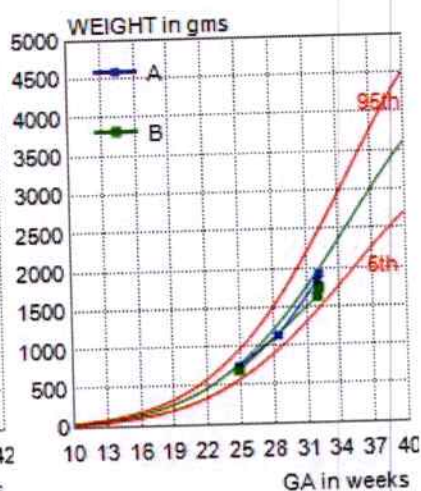
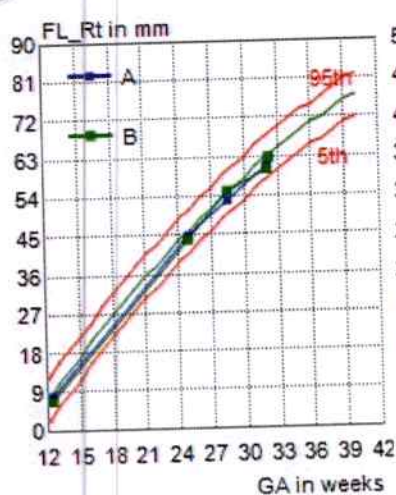
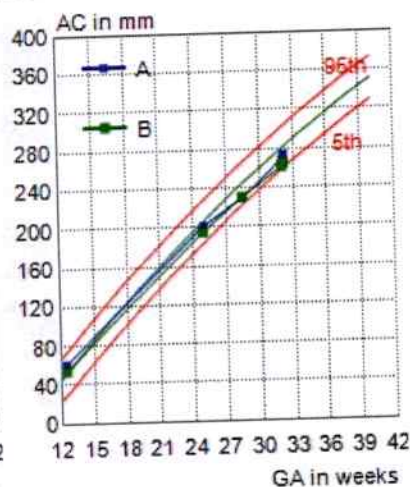
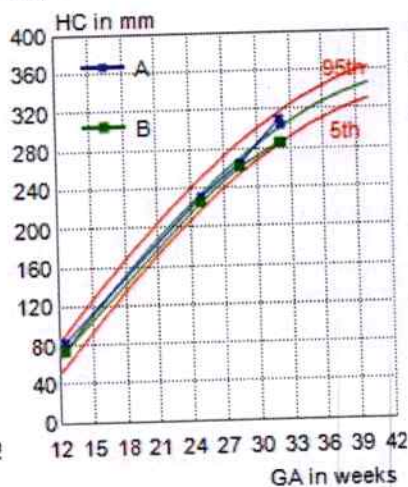
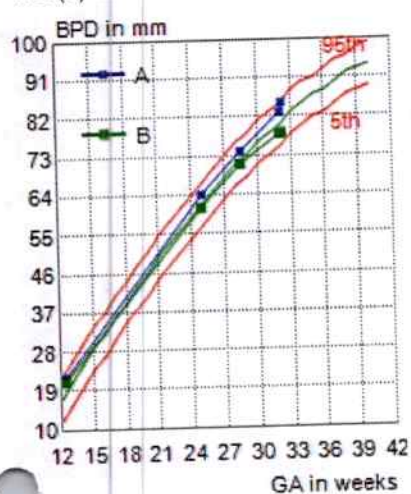
CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in

Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Fema
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026

Visit(s) used : 06/02/2026,04/05/2026,29/05/2026,23/06/2026,24/06/2026



Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Fema
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026



Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Fema
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026



Laboratory Report

Mrs RUVANTHIKA V S

32 Y 5 M 16 D

Female

IP18-00036151

GUC-00093006

Dr. SELF

9840572220

GU26019912

23-06-2026 05:39 PM

23-06-2026 05:43 PM

24-06-2026 10:20 AM

8F-OT COMPLEX / MICU 801

Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT AUTHORISED			
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
HEMOGLOBIN (Colorimetry)	10.0	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.83	$10^{12}/L$	L 4 - 5.2
PCV/HCT (Calculated)	31	VOL%	L 33 - 51
MCV (Calculated)	80	fL	80 - 100
MCH (Calculated)	26	pg/cells	26 - 34
MCHC (Calculated)	33	g/dL	32 - 36
RDW-CV (Calculated)	13.8	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	245	$10^9/L$	150 - 450
MPV (Calculated)	11.4	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	11.41	$10^9/L$	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	71	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	22	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	6	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4

Lawanya

Dr. LAWANYA G
MD, MBBS
Reg No : 80624

Laboratory Report

Mrs RUVANTHIKA V S

32 Y 5 M 16 D

Female

IP18-00036151

GUC-00093006

Dr. SELF

9840572220

GU26019917

23-06-2026 06:08 PM

23-06-2026 06:11 PM

24-06-2026 09:35 AM

8F-OT COMPLEX / MICU 801

Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT AUTHORISED			

COMPLETE URINE EXAMINATION (Specimen : URINE)

PHYSICAL

COLOUR (Visual Examination)	PALE YELLOW
APPEARANCE (Gross Examination)	SLIGHTLY TURBID
pH (Double pH indicator)	5.5
SPECIFIC GRAVITY (PKA Reaction)	1.030

CHEMICAL

PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
UROBILINOGEN (Diazo reaction)	NORMAL	mg/dl	0.2 - 8
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	POSITIVE(1+)		NEGATIVE

MICROSCOPY

PUS CELLS	6 - 8	HPF	L	0 - 5
EPITHELIAL CELLS	2 - 4	HPF	L	0 - 5
RBCS.	1 - 2	HPF	L	0 - 2
CRYSTALS	ABSENT			ABSENT
CASTS	ABSENT			ABSENT
BACTERIA	PRESENT			ABSENT
MANY				

Lawanya

Dr. LAWANYA G
MD, MBBS
Reg No : 80624

Printed By : ANUSYA

Printed Date / Time : 24/06/2026 10:26 AM

Page 1 of 1



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Divya Sivaraman / Dr. Manoharan</i>	Date of Delivery: <i>TWIN-1 25/06/26</i>	<i>TWIN-II 25/06/26</i>
Assistant Surgeon: <i>Dr. Shela / Dr. Sridhar</i>	Time of Delivery: <i>1.13 pm</i>	<i>1.14 pm</i>
Anaesthetist's Name: <i>Dr. Satish</i>	Gender of Baby: <i>boy</i>	<i>boy</i>
Type of Anaesthesia: <i>L S A</i>	Weight of Baby: <i>1.823</i>	<i>1.484 kg</i>
Neonatologist: <i>Dr. Pujitha / Dr. Manoharan</i>	AGPAR Score:	
Scrub Nurse: <i>S/n Grace</i>	NICU Admission: ☒ Yes ☐ No	

Pre-Operative Diagnosis: *Primigravida Endometriosis DCDA twins c HR on umbilical A on Fetus B*

- ☐ Elective ☐ Emergency
- 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

Indication: *DCDA twins c HR on umbilical A of Fetus B.*

Decision time: *24/6/2026 4³⁰ PM* Knife to rectus:

CTG Description: *Reactive*

If there was a delay give the reasons:

Surgical Procedure:

LSCS c Bladder Repair + cervical stitch + Akabic pessary removal.

Post Operative Diagnosis:

Peri-Operative Complications: *Bladder injury Trigone intact.*

Bladder fold adherent to lower uterine segment. On trying to

separate the bladder adhesion there was a 5cm rent on Bladder. urologist for neurotomy was requested for Bladder repair. Same

Amount of Blood Loss: *450 ml* Blood Transfused (in ML): *Sutured in 2 layers 2-0 vicryl and omental patch kept between bladder base & uterus*

Name and Number of Surgical Specimen sent for examination:

Placental Biopsy sent for HPE

* Bladder rent of 6cm at the dome of bladder identified. Clots cleared. Bilateral ureteric orifices identified and normal. Bladder rent closed in two layers with 2-0 vicryl.

* Hemostasis verified. Bladder filled with saline & water leak verified. Omentum placed over the bladder suture line and anchored with 2-0 vicryl.

* Bladder recatheterised with 14 silastic foley & bladder left on continuous drainage. (P.T.O)

Presentation: ☒ Cephalic ☐ Breech ☐ Other cm

5th Palpable:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Carvical Dilatation: cm

Fetal Position:

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

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: ☒ Preterm Cord around the neck ☐ Yes ☒ No

Appearance of placenta: Cavity explored ☒ Yes ☐ No

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

Uterine Closure:	☐ One Layer	☒ Two Layers	 1 layer Suture
Peritoneal Closure:	☐ Pelvic	☐ Abdominal	☒ None Suture
Sheath Closure:			 1 layer Suture
Fat Closure:	☒ Yes	☐ No	 Suture
Skin Closure:	☒ Subcuticular	☐ Mattress	 Suture

Vaginal Evacuated	☒ Yes	☐ No			
Drain:	☐ Yes	☒ No	☐ Remove in days	☐ Await instructions	
Catheter	☒ 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

Intra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Microbiophylaxis

Post-Operative Notes: In view of bladder repair for CBD for 10 days and antibiotics - Teds stockings

- NPO x 6 hours

= I_{RF} @ 125m / hour (R / NS)

- $\text{FM PIP7AE } 4.59 \text{ ZV } 17-1 \text{ (A7D)}$

- In PARACETAMOL is 2v 1-17

- In TRAMADOL syrup Em SOL

Ing PANTOPRAZOLE yomy 20 mg

$\leq \text{any SINESET comp IV 10}$

- Teds stockings

- Flow from pump

- Ing CLEXANE D'Amey Sc

18 hours (c/m 8 AM)

- CBD for 10 days.

- Strict I/O Monitoring -

- CBC com 6Am

Doctor Name: Dinaya Givencanfelucmann Doctor

Doctor Signature:

Date & Time: 25/6/2026



SAFETY CHECKLIST

Surgeon: Dr. Divya
 Asst. Surgeon: Dr. Shale
 Anaesthetist: Dr. Sathish
 Scrub Nurse: S/N Grace

Patient Name: MRS. RUVANTHIKA Age: 32y Gender: F
 UHID No.: 93006 Surgery Name: Elective LSCS
 Date: 25/06/26 In-time: 12:50p Out-time: 3:20p



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>12:51p</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☒ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature: <u>Sathish</u>		
Name: <u>SATHISH</u>		

TIME OUT		Time: <u>12:55pm</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☒ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature: <u>Divya</u>		
Name: <u>Divya Sivaraman</u>		

SIGN OUT		Time: <u>3:15pm</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No		
Signature: <u>Divya</u>		
Name: <u>Divya</u>		



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Your Right to a Safe Delivery

[illegible]

VITAL SIGNS RECORD

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 16 D (F)
Dr. SELF



Date :

23/6/2018

Name :

GUC No.:

Time	Temperature Temp	Pulse	RR	BP	SPO2	Remarks	Signature
5:10pm	Knee Jerk	80	18	120/80	100%	ngest out	[Signature]
5:15pm		80	18	118/86	100%		[Signature]
5:30pm		82	16	110/68	100%	loady 20ml	[Signature]
5:45pm		80	16	112/84	100%		[Signature]
6pm	98.2°	80	18	118/86	100%	2ml 150	[Signature]
6:15pm		82	16	120/86	100%		[Signature]
6:30pm		82	16	120/86	100%		[Signature]
6:45pm		80	18	138/100	100%		[Signature]
7pm		80	18	122/88	100%	2ml 100	[Signature]
7:15pm		82	16	130/94	100%		[Signature]
7:30pm		80	16	126/92	100%		[Signature]
7:45pm		84	18	110/70	100%		Shalini ayoth
8pm	++	82	18	108/74	99%	2ml 250u	S. Shalini ayoth
8:15pm		84	18	110/70	99%		S. Shalini ayoth
8:30pm		82	19	100/60	100%		Shalini ayoth
8:45pm		86	19	117/74	99%		Shalini ayoth
9pm	++	84	19	110/70	98%	2ml 200	Shalini ayoth
9:15pm		82	20	108/79	99%		S. Shalini ayoth
9:30pm		84	22	110/70	98%		Shalini ayoth
9:45pm		86	19	117/74	99%		Shalini ayoth
10pm	++	82	19	110/80	99%	2ml 250u	[Signature]
10:15pm		84	19	113/74	99%		[Signature]
10:30pm		86	19	108/74	98%		[Signature]
10:45pm		84	19	109/64	99%		[Signature]

VITAL SIGNS RECORD

Date : 2/16/20

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
11pm	Temp 100.0	96/ut	18	102/63	100%	2nd 200mg	10/17/20
11 ¹⁵ pm		94/ut	18	110/70	99%		10/17/20
11 ³⁰ pm		96/ut	19	117/74	100%		10/17/20
11 ⁴⁵ pm		94/ut	17	100/70	99%		10/17/20
12am	98.0 F ++	96/ut	20	103/64	99%	2nd 250mg	10/17/20
12 ¹⁵ am		98/ut	22	108/74	100%		10/17/20
12 ³⁰ am		99/ut	22	109/60	100%		10/17/20
12 ⁴⁵ am		96/ut	24	110/70	100%		10/17/20
1am		106/ut	22	110/70	99%	2nd 250mg	10/17/20
1 ¹⁵ am		107/ut	22	113/74	100%		10/17/20
1 ³⁰ am		106/ut	20	114/76	99%		10/17/20
1 ⁴⁵ am		99/ut	19	108/74	99%		10/17/20
2am		108/ut	19	114/81	100%	2nd 150	10/17/20
2 ¹⁵ am		106/ut	19	110/70	99%		10/17/20
2 ³⁰ am		99/ut	18	100/70	99%		10/17/20
2 ⁴⁵ am		94/ut	18	106/74	99%		10/17/20
3am		96/ut	18	117/74	100%	2nd 100	10/17/20
3 ¹⁵ am		98/ut	20	118/64	100%		10/17/20
3 ³⁰ am		96/ut	20	110/70	100%		10/17/20
3 ⁴⁵ am		94/ut	18	116/74	99%		10/17/20
4am	98.0 F ++	98/ut	18	114/70	99%	2nd 250	10/17/20
4 ¹⁵ am		94/ut	18	110/70	99%		10/17/20
4 ³⁰ am		96/ut	18	113/74	99%		10/17/20
4 ⁴⁵ am		98/ut	20	110/70	100%		10/17/20

VITAL SIGNS RECORD

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



Name :

GUC No.:

Date : 24/6/2016

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
5 AM	98.4	94/ut	18	110/70	100%	2m4 200	[Signature]
5:30 AM		98/ut	18	107/74	98%		[Signature]
6 AM		94/ut	19	120/80	99%		[Signature]
6:30 AM		98/ut	20	121/74	98%		[Signature]
6 AM		97/ut	22	120/70	99%	2m4 150	[Signature]
6:30 AM		102/ut	24	120/74	99%		[Signature]
7 AM		102/ut	19	110/70	98%		[Signature]
7:30 AM		107/ut	19	110/70	99%		[Signature]
7 AM	++	108/ut	18	117/74	100%	2m4 100	[Signature]
7:30 AM		99/ut	18	116/74	99%		[Signature]
8 AM		94/ut	24	115/74	100%		[Signature]
8:30 AM		92/ut	18	116/72	99%		[Signature]
8 AM	98.5	94/ut	20	112/74	99%	2m4	[Signature]
8:30 AM		99/ut	24	120/80	100%		[Signature]
8:30 AM		92/ut	22	116/72	99%		[Signature]
8:45 AM		98/ut	18	112/74	99%		[Signature]
9 AM		92/ut	20	116/72	99%	2m4 100ml	[Signature]
9:15 AM		94/ut	24	120/84	99%		[Signature]
9:30 am		92/ut	20	110/80	99%		[Signature]
9:45 am		98/ut	18	114/80	99%		[Signature]
10:00 am		92/ut	20	120/80	100%	2m4 50ml	[Signature]
10:15 am		94/ut	16	114/80	98%		[Signature]
10:30 am		98/ut	20	116/70	99%		[Signature]
10:45 am		98/ut	24	114/80	99%		[Signature]

VITAL SIGNS RECORD

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



Date: 22/6/26

Name:

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	By nurse	Remarks	Signature
11:00 AM	96.2 F	80	20	120/80	98%		20m	den
11:15 AM		90	18	122/80	98%			den
11:30 AM		94	20	119/84	98%			den
11:45 AM		92	16	120/84	100%			den
12:00 PM		98	20	122/80	98%		150m	den
12:15 PM		101	20	116/84	99%			den
12:30 PM		98	18	120/80	98%			den
12:45 PM		99	20	122/80	98%			den
1:00 PM		98	18	124/80	98%	2m	150m	den
1:15 PM		96	16	122/80	98%			den
1:30 PM		98	20	122/80	98%			den
1:45 PM		86	20	122/80	100%			den
2:00 PM	98.2 F	82	20	112/74	99%			den
2:15 PM		80	22	120/82	100%			den
2:30 PM		80	22	120/80	99%			den
2:45 PM		80	18	112/80	99%			den
3:00 PM		82	18	98/74	100%			den
3:15 PM		80	18	106/74	99%			den
3:30 PM		90	18	106/74	100%			den
3:45 PM		90	18	110/86	100%			den
4:00 PM	98.4 F	94	18	108/88	99%			den
4:15 PM		92	18	104/80	100%			den
4:30 PM		90	18	104/84	100%			den
4:45 PM		92	20	104/86	100%			den

SENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN
UHID No :
GUC-00093006 IP18-00036151

Gender: ☐ Male ☐ Female Age :
Date :

Instruction:

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

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

Elective Lower Segment Cesarean Section
IND- TWIN B UMBILICAL ARTERY upon HIGH RESISTANCE / CPR < 1
(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 about the reuse of single use device after appropriate reprocessing. If required during the surgery or procedure in consonance with good clinical practices.

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:

Consentee :

Signature :
Name : Mrs. Ruvanthika
Date & Time : 25/6/2026

Witness :

Signature :
Name :
Date & Time :

Patient Attendant :

Signature :
Name : Mr. Premchand
Relationship with Patient : Patient
Date & Time : 25/6/2026

Doctor (who is taking the consent) :

Signature :
Name : Dr. Shreehari
Date & Time : 25/06/2026

அறுவை சிகிச்சை அல்லது சிறப்பு சிகிச்சைக்கு தகவலறிந்த ஒப்புதல் படிவம்

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

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Your Right to a Safe Delivery

நோயாளியின் பெயர் : வயது : பாலினம்: ஆண் ☐ பெண் ☐

UHID எண் : தேதி:

நிபந்தனைகள்:

இந்த ஒப்புதல் படிவத்தில் நோயாளி (18 வயதுக்கு மேற்பட்டவராக இருந்தால்) அல்லது நோயாளி மைனராக இருந்தால் (Minor) அல்லது தகவலறிந்து தகவலின் அடிப்படையில் முடிவு எடுக்கும் திறன் இல்லாதவராக இருந்தால், பெற்றோர் / பாதுகாவலர் கையொப்பமிடவேண்டும். இந்த தகவலை நீங்கள் பெற்றுள்ளீர்களா என்பதையும், உங்களுக்கு பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை அல்லது சிறப்பு சிகிச்சை நடைமுறைக்கு உங்கள் சம்மதத்தை அளித்துள்ளீர்களா என்பதை சரிபார்ப்பதே இந்தப் படிவத்தின் நோக்கமாகும்.

பின்வரும் செயல்பாடுகள் அல்லது சிகிச்சை நடைமுறைகளை செயல்படுத்துவதற்கு இதன்மூலம் நான் முழுஒப்புதல் அளிக்கிறேன் (மருத்துவ சுருக்கங்களைப் பயன்படுத்தவேண்டாம் / தொழில்நுட்ப சொற்களைத் தவிர்க்கவும்).

.....மேற்கொள்ளவுள்ள மருத்துவசெயல் முறைகளில் உள்ள நன்மைகள் மற்றும் இதன் தேவை காரணம் குறித்தும் எனக்கு அறிவுறுத்தப்பட்டுள்ளது. மருத்துவப்பயிற்சி என்பது ஒரு அறிவியல் மட்டுமன்றி ஒரு கலை என்பதை நான் அறிவேன், எனவே மருத்துவ சிகிச்சையின் வெற்றி அல்லது சிகிச்சையினால் குணமாகும் சாத்தியக்கூறு குறித்து எந்த உத்தரவாதமும் இல்லை அல்லது செய்யமுடியாது என்பதை ஒப்புக்கொள்கிறேன். நோயாளியின் (எனது) நிலை, பரிந்துரைக்கப்பட்ட அறுவை சிகிச்சை மற்றும் அதன் விளைவு குறித்த எனது கேள்விகளுக்கு இந்தப்படிவத்தில் அறுவை சிகிச்சை நிபுணர் கையொப்பமிடுவதற்கு முன்பே, நான் திருப்தி அடையும் வகையில் பதிலளிக்கப்பட்டுவிட்டது.

அறுவைச் சிகிச்சை அல்லது மருத்துவ நடவடிக்கையின் போது தேவையானால், நல்ல மருத்துவ நடைமுறைகளுக்கு ஏற்ப, ஒருமுறை பயன்படுத்தும் கருவிகளை சரியான முறையில் மறுசெயலாக்கி மீண்டும் பயன்படுத்தலாம் என்பதை எனக்கு விளக்கியுள்ளனர்.

இந்த அறுவை சிகிச்சை செயல்முறையில் உள்ள அபாயங்கள் மற்றும் இதற்கு உள்ள நியாயமான மாற்று சிகிச்சைகள் மற்றும் மாற்று சிகிச்சையில் தொடர்புடைய அபாயங்கள், பக்கவிளைவுகள் மற்றும் சிகிச்சையை தொடராமல் இருப்பதால் ஏற்படக்கூடிய விளைவுகள் குறித்து எனக்கு விளக்கப்பட்டது.

.....அதனால்.....
.....நோயாளியின் பெயர்.....

பின்வரும் சிக்கல்கள் அரிதானவை என்றாலும் சாத்தியமுள்ளது என்று எனக்கு விளக்கப்பட்டது. எனவே எந்தவொரு அசம்பாவிதத்திற்கும் அறுவை சிகிச்சைநிபுணர், மயக்கமருந்து நிபுணர் அல்லது மருத்துவமனை ஊழியர்களை நான் பொறுப்பாக்கமாட்டேன்.

இந்தப்படிவத்தில் எனது கையொப்பம் கீழ்க்கண்டவற்றை குறிக்கிறது:

1. இந்தப்படிவத்தில் கொடுக்கப்பட்டுள்ள தகவல்களை நான் படித்துப் புரிந்துகொண்டேன்.
2. மேலே குறிப்பிட்ட அறுவை சிகிச்சை அல்லது சிகிச்சை செயல்முறையில் உள்ள மேற்குறிப்பிட்ட சிக்கல்கள் ஆகியவற்றோடு இதிலுள்ள அபாயங்கள், நன்மைகள் மற்றும் பிறதகவல்களை எனது மருத்துவர் எனக்குப் போதுமான அளவு விளக்கினார்.
3. எனது அறுவை சிகிச்சை நிபுணரிடம் கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு அளிக்கப்பட்டது. அறுவை சிகிச்சை அல்லது மருத்துவசெயல்முறை குறித்து நான் விரும்பும் அனைத்து தகவல்களையும் பெற்றுள்ளேன்.
4. அறுவை சிகிச்சை அல்லது மருத்துவ நடைமுறையைச் செயல்படுத்துவதற்கான ஒப்புதலை நான் வழங்குகிறேன்.

ஒப்புதல் அளிப்பவர்:

கையொப்பம்:.....

பெயர்:.....

தேதி / நேரம்:.....

சாட்சி:

கையொப்பம்:.....

பெயர்:.....

தேதி மற்றும் நேரம்:.....

நோயாளியின் பாதுகாவலர்:

கையொப்பம்:.....

பெயர்:.....

நோயாளியுடனான உறவு :

தேதி / நேரம்:.....

மருத்துவர் (ஒப்புதல் பெறுபவர்):

கையொப்பம்:.....

பெயர்:.....

தேதி / நேரம்:.....

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 25/06/26

Date of Removal: 26/6/26

Parameters	Date	Shift Time						
Need for the Catheter	25/06/26	Evening	☒ 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
Usage of Sterile Equipment			☒ 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
Check the Tube for Obstruction (Free of Kinking)			☒ 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
Collecting bag is been emptied regularly?			☒ 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
Dressing clean and dry?			☒ 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
Performance of Perineal Care			☒ 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
Asses for the leakage at the site of insertion			☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			S/N Suresh 07/05/26	Nates 01/06/26				
Signature of the Nurse								

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



Name: _____ Age: _____ Sex: _____ UHID.No: _____
Date: 25/6/26 Time: 11.10 am Proposed Operation: Elective MC
Diagnosis: primi / 1st conception
B.P / CRT: _____ H.R: _____ Weight: 81 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>10.0</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: _____	Alb: _____	HBS Ag: _____	ECG: <u>3 not done</u>
WBC: _____	Creat: _____	Total Bill: _____	HCV: _____	2D Echo: _____
Plate: <u>2.45</u>	Na: _____	Dir. Bill: _____	Blood group: <u>A1 +ve</u>	Stress/Angio: _____
PT: _____	K: _____	LDH: _____	T3: _____	Other: _____
PTT: _____	Ca++: _____	Alk phos: _____	T4: _____	
INR: _____	Mg++: _____	Amylase: _____	TSH: <u>0.950</u>	
	Cl-: _____	SGOT/SGPT: _____		

Allergies:

Pineapple.

Medical History: CVS:

known wheezes - last episode 2 yrs back

Diabetes: _____

RESP: _____

CNS: _____

Renal: _____

Hepatic / GE: _____

Others: _____

Past Anaesthetic History:

Physical Exam:

Airway: _____

MP 1 2 3 4

Mouth Opening: Ady

Mentohyoid Distance: N

Neck: N

Teeth: N

Lungs: R/L AC (+)

Heart: S1 S2 (+)

CNS: NFND

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 104 (+) Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: _____

Name: Dr. Priyanshu

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☐ No

Fasting Status:

YFS

Physical Status:

Patient Identified ☒☐ Consent Present☐ Chart Reviewed

H.R: 70/m

B.P / CRT: 100/70

SpO₂: 96% na

R.R: 20/m

Last Feed:

Pre-OP Diagnosis:

Operation:

LSCS

Date: 25/6/20

Surgeon:

Anaesthesiologist:

SANTANA

Technician:

TIME

N₂O / AIR / O₂ LPM

HALO / ISO / SEVO

Drugs:

SANTANA 1000

Antibiotic

Suppository

Blood Loss

NOTES

FiO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GABG

Others

☒ Equipment Checked and Functional☐ BP☒ Cuff Size☐ Art Site☐ EKG Lead☐ Temp Site☐ FiO₂ Monitor☐ Agent Monitor☒ Pulse Oximeter☐ Capnograph☐ Ventilator☐ Nerve StimulatorPosition: sup☐ Pressure Points Checked

Eye Care:

☐ Oint☐ Tape☒ Padding☐ Awake

Temp:

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

Times:

Anaes Start: 12:50

OP Start:

OP End:

Leave OR: 1:50

Anaesthesia:

☐ GA☐ Monitored Anaesthesia Care☒ Regional

Line (Size & Location)

☐ CVP☐ ART☒ IV☐ IV☐ IV

Induction

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

Regional:

☒ Spinal☐ Epidural☐ Caudal

Others:

Position:

Site:

Needle Size:

Depth:

Parasthesia

☐ Yes ☐ No

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☐ PACU ☐ ICU ☐ Other

Relaxant Reversed

☐ Yes ☐ No ☐ NA

Name of the Doctor:

Signature of the Doctor:

Specify:

☐ Epidural☐ Caudal

0.5% Bupivacaine

2cc to 2cc

Depth:

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Bupivacaine

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: C/N Suganthi Time Received: 3:20pm Time Discharged: 3:20pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 ← PULSE → ← RESP → ← BLOOD PRESSURE →	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0				IV Cannula Site: _____ ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting: ☐ Yes ☐ No 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)				SCORING INTERPRETATION A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:	
IN		MINUTES		OUT		
		30	60	90		
Ability to move 4 extremities voluntary or on command = 2 Ability to move 2 extremities voluntary or on command = 1 Ability to move 0 extremities voluntary or on command = 0		ACTIVITY		1 1 2		
Ability to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION		2 2 2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0		CIRCULATION		2 2 2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS		2 2 2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR		2 2 2		
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name: SATYA RA

Anaesthesiologist Signature: Sah

Date & Time: _____

PACU Nurse Name: S/N Suganthi

PACU Nurse Signature: [Signature]

Date & Time: 25/06/26 @ 3:20pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): S/N Suganthi
Date & Time: 25/06/26 @ 3:20pm

Patient Sticker



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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE / Spinal / Epidural
Depth:
Position: Space: Technique (LOR/LOS)
Catheter at Skin:

Depth: Space: Technique (LOR/LOS)
Catheter at Skin: Attempts:
Parasthesia: Yes/No if
.....

Parasthesia : Yes/No if yes details : Attempts :

Solution Composition :

Any other issues :

a) 

b)

[illegible]

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

Catheter Removed by and Tip Inspected : SVD / Instrumental / LSCS (if LSCS Details)

Patient Satisfaction :

Patient Satisfaction:

Signature:

Director Signature:

၁၇၉.

CONSENT FORM FOR ANAESTHESIA

GUC-00093006
Mrs RUVANTHIKA VS
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



It takes a lot to treat the little.



Patient Name : Age : Gender : Male ☐ Female ☐

UHID NO: Surgeon Name:
Anaesthesiologist : DR. SATYASH / DR. MOHAN 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 and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- | | | | |
|---|--|---|--|
| ☐ Heart disease | ☐ Hypertension | ☐ Diabetes mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / Renal Tubular Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease | ☐ Others : <u>HYPOTENSION, BRADYCARDIA, PDPH, DEGRADATION</u> | | |
- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

I authorize and give consent for anaesthesia ☒ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

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

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

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure 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 anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant

Signature : Ruvantika
Name : Mrs. Ruvantika
Relationship with Patient : patient
Date & Time : 25/6/26

Witness :

Signature : Pran
Name : Mrs. Pran and
Date & Time : 25/6/2025

Doctor (who is taking the consent) :

Signature : Dr. Mohan
Docu. No. : RCH / FRM / CLINICAL / 021

Name : Dr. Pranj Date & Time : 25/6/26
11-10 am

GUC-00093006
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 17 D (F)
Dr. SELF



SSI PREVENTION CHECKLIST

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

GUC-00093006 IP18-00036151
Mrs RUVANTHIKA V S
07-01-1994 32 Y 5 M 18 D (F)
Dr. DIVYA SIVARAMAN

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

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Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/06/2026

Time: 1:30 PM

Origin: —

Height: 5-8 FT

Weight: 81 kg

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

Food Allergies: (Pineapple)

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 (2)

Normal Diet—Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (1)

Soft Diet—Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (3)

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

Patient's / Attendant's Husband,

Signature: (Signature)

Name: PREM ANAND K

Date & Time: 26/6/26 @ 1:30 PM

Dietician's

Signature: A. M. (018336)

Name: A. Sadiga Farheen

Date & Time: 26/6/26 @ 1:30 PM

DIETARY NOTES

Date	Time	Notes	Sign
24/6/26	10:20 AM	- Patient is on Normal Diet. - Patient is stable. Oral Intake is good - Advised to take well - Balanced diet - To consume small - frequent meals. RDA values - Energy - +350-450 Kcal. Protein - +23g/d.	A.N (018336)
25/6/26	11:30 AM	NPO.	A.N (018336)
	3:20 PM	NPO x 6 hours. ELECTIVE - LSCS → done @ 3:20 PM. NPO x 6 hours.	A.N (018336)
26/6/26	8:30 AM	Patient tolerated Oral fluids. Patient is stable. Oral intake is good. To take soft diet by 9 AM. Advised to take easy - digest foods. Plenty of fluids. - Exclude galactose foods. - Stools not passed. RDA values - Energy - +600 Kcal. Protein - +17 - 19g/d.	A.N (018336)
27/6/26	9:30 AM	- Patient is on soft Diet. - Patient is stable. Oral is good. Consume small - frequent meals. Include protein - Iron rich foods	A.N (018336)
29/6/26	8:45 AM	patient is on Normal Diet. Patient is stable. Oral is good. Advised to take well - Balanced diet - Stools passed	