

110021A AMELIA DIAS



Patient Name: Mrs. D. Kalaiyanni Date: 28/7/26
 Gender: Female Date of Birth: 21/09/1990 Age: 35y
 Ward: OT UHID No: 47617/36647
 Date of Surgery: 28/7/26
 Name of the Surgery: Elective LSCS.

Time in : 10:35 Am

Time Out : 12 pm

AMOUNT

1. Surgeon : Dr. Lucetta
2. Anaesthetist : Dr. Sathish, Dr. Priyadharshini
3. Assistant Surgeon : Dr. Akshitha
4. OT Technician : Mr. Raja
5. Circulating Nurse : C/N. Thanushya
6. Assistant Nurse : S/N. Sasi, S/N. Sangeetha

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

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

Baby: Girl

Time: 10:54 AM

Wt: 2.331 kg

Inj Supracet 1.59m @ 10:35 AM.

Patient Sticker

Elective LSCS.

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

CONSUMABLES OF OT

Circulating staff: TharushyaTechnician: Mr. Raja

Date:

Time:

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack LSCS		1		Inj Vit.K		1	
LMA				Sutures 2347		3		Cord Clamp		1	
ECG leads: A/P/N		3		1326		1		Suction Catheter			
HME filter: A/P/N				5 1/2 P.F		1		Feeding Tube 6F		1	
Syringes: 10 cc		2		7 1/2 S.C		1		Vacuum Suction Set			
05 cc		14		Gloves 7.0 P.F		2		Surgical Gloves 6 1/2 P.F		1	
02 cc		1		7 1/2 P.F		1		Gauze Pack		1	
01 cc				6 1/2 P.F		1		Syringe 1ml / 2ml 5ml		1	
Cautery plate A/P/N		1		Surgical blade 22		1		Surgical Blade # 20			
IV set		1		NG tube				Koochie (S)			
RL		4		Cautery pencil		1		5ml Emerald			
NS: 10ml (100ml) / 500ml / 1000ml		1		Koochie				Syringe		1	
				Ointments				Dantrolene		1	
Fentanyl				Suction Catheter				Evatorin		5	
Morphine				Cap. Mask plain gauze		2		Bioxenic		2	
Ketamine				Gauze Pack R10		3		Verlon 206		1	
Propofol				Mop Pack		1		Anakin (H)		2	
Rocuronium				Steristrip				Bupriganic		1	
Glycopyrolate				Underpad		1		Spinal needle			
Myopyrolate				Draw sheet				2567 (120mm)		1	
Ondansetron		1		Abgel				Whita case			
Pencan 25g/ Spinal Needle 22				Foleys catheter				Caboprost		1	
Bupivacaine 0.25%				Urobag				De xa		1	
Bupivacaine 0.25% (Heavy)				Chest Drainage Catheter				Quick table sheet		1	
Antibiotics				Romodrain bag				proto gown		2	
				Bandage							
Suppositories				Tegaderm							
Anamol: 80mg / 250mg / 170 mg				Ioban							
Supridol: 100mg				Double J Stent							
Justin: 12.5 mg / 25mg / 100mg				Vacuum Suction set		1					
Tab. Misoprost: 200mg 600mg		1		Plastic Bed Sheet Apron		2					
mom pad		1		Betadine Solution		1					
mom pad - Fucalor		1		Microshield							
Baby diaper		1		Cotton Balls							
Baby wipes		1		Latex Gloves		10 pairs					
misoprost 200mg		1		Ramdone Scrub							
				Saral							

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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

Certificate of
 Vaccination

Date of Birth: _____
 Date of Vaccination: _____

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Sl. No.	Name of the Child	Age	Sex	Religion	Address
1					
2					
3					
4					
5					

Signature of the Officer: _____
 Date: _____



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 IP18-00036647
Patient Name Mrs D KALAIVANI
Age/Sex 35 Y 10 M 7 D / Female
Date 28/07/2026 12:46
Payor SELF PAY
UHID GUC-00047617

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734092
Prescription No PRIP18-0629586
Dispensed Date 28/07/2026 12:48

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

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036647
Patient Name Mrs D KALAIVANI
Age/Sex 35 Y 10 M 7 D / Female
Date 28/07/2026 12:46
Payor SELF PAY
UHID GUC-00047617

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734090
Prescription No PRIP18-0629585
Dispensed Date 28/07/2026 12:48

Total :	10,411.87	13,637.87
---------	-----------	-----------

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036647
Patient Name Mrs D KALAIVANI
Age/Sex 35 Y 10 M 7 D / Female
Date 28/07/2026 12:46
Payor SELF PAY
UHID GUC-00047617

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734090
Prescription No PRIP18-0629585
Dispensed Date 28/07/2026 12:48

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK							
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	18072026	12/30	1	255.00	255.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		250824	08/28	1	1,303.00	1,303.00
4	Encore Microptic gloves- 6.5			1010726	06/29	2	120.00	240.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2603019005	03/29	2	128.00	256.00
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	2604014105	04/29	2	128.00	256.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2641150	06/29	2	100.00	200.00
8	LSCS DRAPE PACK	Mediblu		M2645010	03/29	2	123.00	246.00
9	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	1010626	05/29	1	2,250.00	2,250.00
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		6GH0162	08/27	1	105.12	105.12
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	T6003	12/30	1	997.00	997.00
12	NEOMIZ 200MCG TAB 4S	Neon Laboratories Ltd	H	M2642SF029	03/30	1	949.00	949.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		AUM14ABA	10/27	1	20.15	20.15
14	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	148605	03/31	1	221.00	221.00
16	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		ENPF030020	11/28	20	25.00	500.00
17	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1C2613680	02/29	1	44.93	44.93
18	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL			1010626	05/29	2	250.00	500.00
19	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		260620I	06/31	1	775.00	775.00
20	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	RC126036	04/28	1	103.00	103.00
21	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	26A109	12/30	1	91.00	91.00
22	SGLOVE 5.5 SIGNATURE			260300891T	05/29	1	128.00	128.00
23	SURGICAL BLADE 22	Surgeon	GENERAL	250905391T	09/28	1	117.00	117.00
24	UNDERPADS CARE 60 X 90 (FRIENDS)			22C010126	12/30	1	7.67	7.67
25	VACCUME SUCTION SET	ROMSONS	GENERAL	ANC27032026	12/40	1	205.00	205.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		K26D010296	03/31	1	811.00	811.00
				T5072	10/30	3	951.00	2,853.00



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

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 IP18-00036651
Patient Name Baby B/O D KALAIVANI
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 28/07/2026 12:46
Payor SELFPAY
UHID GUC-00094393

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT705-1
Order No 18-0001734089
Prescription No PRIP18-0629584
Dispensed Date 28/07/2026 12:48

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

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN





RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036647
Patient Name Mrs D KALAIVANI
Age/Sex 35 Y 10 M 7 D / Female
Date 28/07/2026 12:46
Payor SELF PAY
UHID GUC-00047617

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734091
Prescription No PRIP18-0629583
Dispensed Date 28/07/2026 12:47

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	2	31.47	62.94
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	VDDUI008	10/27	1	10.78	10.78
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	2	28.13	56.26
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
8	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	5	2.58	12.90
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
17	SPINAL NEEDLE 25 G WITACARE(120MM)	VYGON		250725AI	07/30	1	1,427.00	1,427.00
18	VENFLON I -20G	BECTON DICKINSON (BD)	GENERAL	5003885	12/31	1	321.09	321.094
Total :							4,222.49	4,737.00

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

GUC-00094393

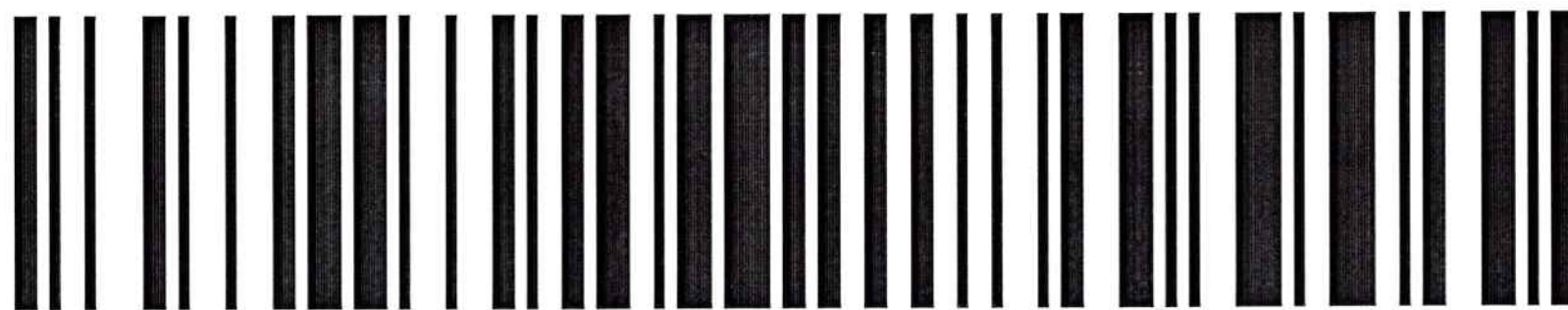
IP18-00036651

Baby B/O D KALAIVANI

28-07-2026

0 Y 0 M 0 D 1 H (F)

Dr. PADMAPRIYA EKAMBARAM





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 IP18-00036651
Patient Name Baby B/O D KALAIVANI
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 28/07/2026 12:46
Payor SELFPAY
UHID GUC-00094393

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT705-1
Order No 18-0001734088
Prescription No PRIP18-0629582
Dispensed Date 28/07/2026 12:46

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
Total :							143.56	143.56

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/7/26

Name of the Patient:

GUC-00047617 IP18-00036647

Mrs D KALAIVANI

21-09-1990

35 Y 10 M 9 D (F)

Dr. LUCETTA AMELIA DIAS

UHID No:

Gender: Female

Ward:

Room No: 705



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 P. G. G. G.

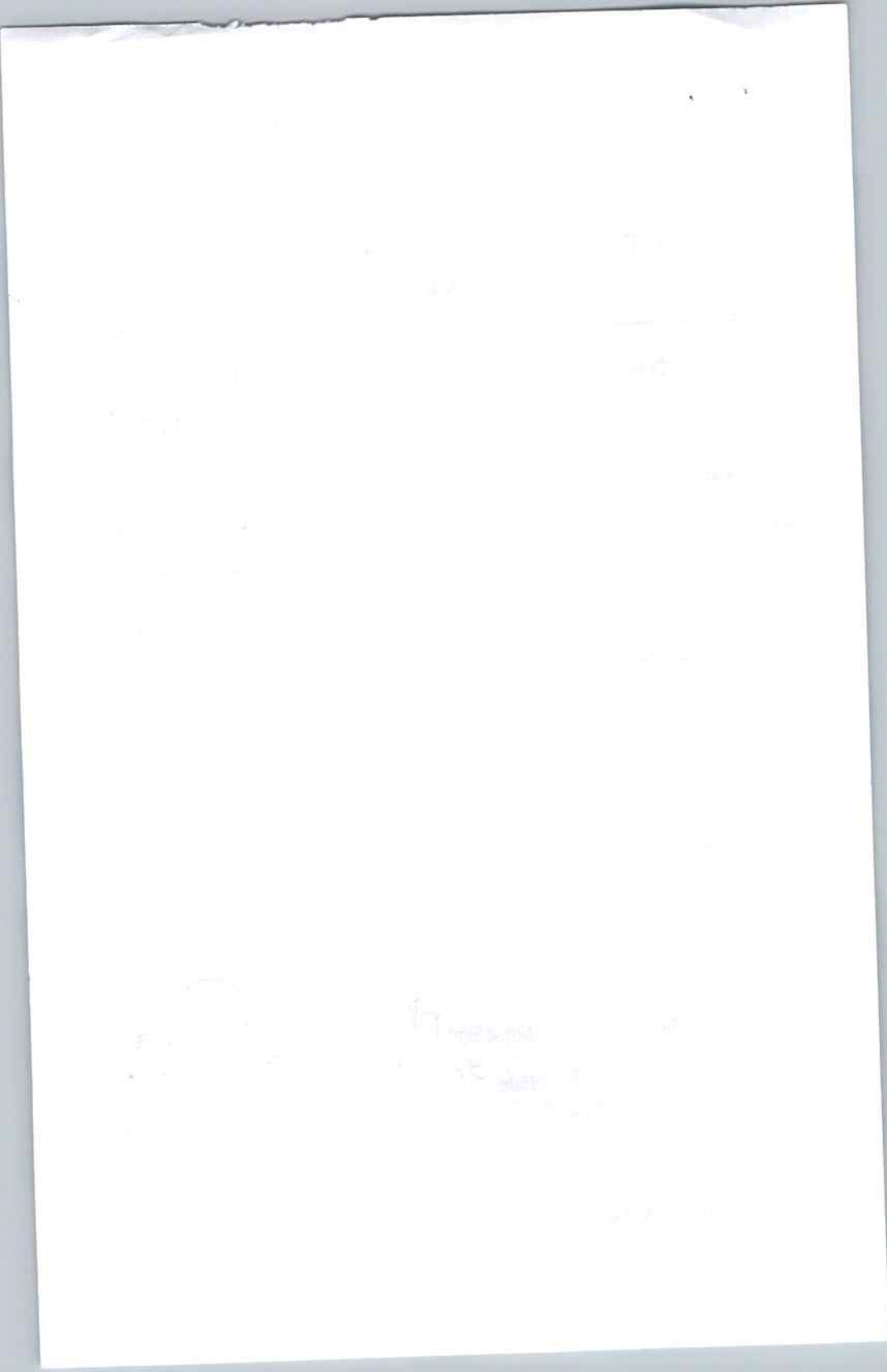
Date: 30/7/26

Time: 6 AM

Pharmacy Sign [Signature]

Date: 30/7/26

Time: 8:30 am





Rainbow
Children's
Hospital

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT

GUC-00047617 IP18-00036647
Mrs D KALAIVANI
21-09-1990 35 Y 10 M 9 D (F)
Dr. LUCETTA AMELIA DIAS



ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6 AM	P. K. 6 00 24				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Name: Mu. Kalavani
UHID No: 47617 IP No: 26647 Consultant: Dr. Lucetti Dept:
Date of Admission: 27/7/26 Time: Date of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	12.30 AM	mlu	7th floor	Den/01020
28/7/26	9:30 AM	7th floor	MICU	Subson303
28/7/26	10:30 AM	LDR	OT	Stal pgn
28/7/26	12 PM	OT	MICU	1007291
28/7/26	4 PM	LDR	7th floor	28/01/26

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	P.A.C.	28/7/2026	17339067 TO be added	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

[illegible]

Doc No. 017111 GENERAL 14

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/7/26	10 PRBC resuscitation	1	1733918 ✓	Daw
28/7/26	IV placement	1	1733938	P. De
28/7/26	Catheterization	1	1733939 ✓	P. De
28/7/26	W placement	①	(OT)	Pho
29/7/26	Post Counselling	①	1734755 ✓	A. D. (over 36)
29/7/26	Physio	①	1734439	P. V. boze

ANY OTHER INFORMATION:

Procedure name: Elective rsls.

Surgeon name: Dr. Umeltha

Assist Surgeon: Dr. Akshitha

Anaesthetist: Dr. Sathish, Dr. Priyadharshini

Anaesthetic: GA

In time: 10:35 AM Out time: 12 PM

Date: 30/7/26

Time: 6 AM

Prepared By:

[Signature]

Staff Nurse <i>[Signature]</i> 6 AM	Shift / Ward	Billing Assistant	Billing Supervisor
---	--------------	-------------------	--------------------

GUC-00047617

IP18-00036647

Mrs D KALAIVANI

21-09-1990

36 Y 10 M 9 D

(F)

Dr. LUCETTA AMELIA DIAS



FLOOR-

NAME OF CONSULTANT-

DISCHARGE TRACKING SHEET

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26	Sincep 6/7/26		
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-00047617
Mrs D KALAIYANI
21-09-1990
Dr. LUCETTA AMELIA DIAS
35 Y 10 M 8 D (F)
IP18-00038647

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	yes							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	yes	yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing, (Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling, Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Simp	Simp							
Signature :	[Signature]	[Signature]							
Date & Time:	29/7 8am	30/7 8am							
Hand Over Taken By Name :	[Signature]								
Signature :	[Signature]								
Date & Time:	29/7 1:30pm								

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

VITAL SIGNS RECORD

GUC-00047617
Mrs D KALAIYANI
21-09-1990
Dr. LUCETTA AMELIA DIAS
36 Y 10 M 7 D
IP18-00036647
(F)

Date : 28/07/2020

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
12pm	98.2°f	106	16	130/80	94%	owl	Slap
12.15pm		106	16	126/82	100%		Slap
12.30pm		104	18	130/80	100%		Slap
12.45pm		96	18	136/86	100%		Slap
1pm	98.2°f		18	146/96	100%	250ml	Slap
1.15pm		92	18	144/100	100%		Slap
1.30pm		90	18	154/100	100%		Slap
1.45pm		92	18	162/108	100%		Slap
2pm	manual BP BP-160/100 mmHg	92	20	160/106	100%	T. hobet 100mg	Slap
2.15pm		96	20	160/110	100%		Slap
2.30pm		96	18	156/106	100%		Slap
2.45pm		94	20	160/106	100%		Slap
3pm		98.6°f	18	160/106	94%	T. nicardipine 20mg	Slap
3.15pm		94/ut	18	124/104	99%		Slap
3.30pm		101/ut	18	130/90	100%		Slap
3.45pm		93/ut	14	130/93	100%		Slap
4pm		94/ut	14	133/88	99%		Slap
5pm		90m	20m	133/88	99%		Slap
6pm		80m	20m	136/89	99%		Slap
7pm		82m	20m	133/90	98%		Slap
8pm		103b/min	23b/min	129/82	99%		Slap

VITAL SIGNS RECORD

GUC-00047617 IP18-00036647
Mrs D KALAIVANI
21-09-1990 35 Y 10 M 8 D (F)
Dr. LUCETTA AMELIA DIAS



Date : 29/7/26

[illegible]

RBS CHART

Down strip

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7/26	7.10 AM	114 mg/dl	Stat only (Dr. Vinitha)	P. Kanga
28/7/26	12pm	117 mg/dl	Dr. Alshaleh	S. N. 11/00/21/66
28/7/26	4pm	198 mg/dl	Dr. Perithu	11/00/21/66
28/7/26	8pm	117	Dr. Divyashree	P. 609261
29/7/26	12 AM	141 mg/dl	Dr. Divya	P. 60735
29/7/26	4 AM	108 mg/dl	Dr. Divya	P. 60735
29/7/26	8 AM	123 mg/dl	Dr. Divya	P. 60735
29/7/26	11 AM	182 mg/dl	Dr. Divya	P. 60735
29/7/26	1 PM	116 mg/dl	Dr. Divya	P. 60735
29/7/26	4.45 PM	180 mg/dl	Dr. Divya	P. 60735
29/7/26	7 PM	129 mg/dl	Dr. Divya	P. 60735
29/7/26	10:40 PM	131 mg/dl	Dr. Divya	P. 60735



Island A

Island B

Island C

Island D

Bay

Coastline

Map

Island A

Island B

Island C

Island D

Bay

Coastline

Map

Island A

Island B

Island C

Island D

Bay

Coastline

Map

Island A

Island B

Island C

Island D

Bay

Coastline

Map

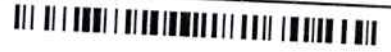
ADMISSION SHEET

Registration Details :

Admission No : IP18-00036647

Admit Date : 27-Jul-2026

Admit Time : 10:45 PM UHID : GUC-00047617



Patient Details :

Patient Name : Mrs D KALAIVANI

Guardian : MR T SURESHKUMAR

Gender : Female

Occupation :

Address (H) : 5/1, JAYARAMAN FLATS, 5TH STREET,
SAIDAPET, CHENNAI Chennai Tamil
Nadu INDIA 110005

Age : 35 Y 10 M 6 D

DOB : 21-09-1990

Religion :

Martial Status :

Phone No : 7639039878

E-mail : sureshkr1984@gmail.com

Admission Details :

Bed Type : MICU

Bed No : MICU 803

Ward Name : 8F-OT COMPLEX

Room No : MICU 803

Admission Type : First Visit

Contact Details :

Name : MR T SURESHKUMAR

Relationship : Husband

Contact Address : 5/1, JAYARAMAN FLATS, 5TH STREET,
SAIDAPET, CHENNAI Chennai Tamil
Nadu INDIA 110005

Phone No : 8220738179


Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Lucetta Amelia Dias

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 7000.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs D KALAIVANI

IP No: IP18-00036647

Consultant: Dr. LUCETTA AMELIA DIAS

Age : 35 Y 10 M 6 D

Sex: Female

Ward/Bed No: 8F-OT COMPLEX/MICU 803

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Patient's Signature: *[Signature]*)

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *[Signature]*

Name: Mr. T. SURESHKUMAR

Relationship: HUSBAND

Date: 26/12/2018

Time: 10:45 AM

Witness Name: P. Thangaraj Selvan

Witness Signature: *[Signature]*

Patient Address:

5/1, JAYARAMAN FLATS, 5TH STREET,
 SAIDAPET, CHENNAI Chennai. Chennai
 Tamil Nadu INDIA 110005

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 <u>Mrs D. KACHIVAN</u>	UHID Number : <u>27617</u>
Self/Attendant Name : <u>Mr. T. SURESHKUMAR</u>	Relation : <u>Husband</u>
Self/ Attendant Signature : <u>T. Suresh Kumar</u>	Name & Signature of Financial Counselor
Phone Number : <u>76 390 39878</u>	<u>[Signature]</u>



இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

முகவு அடையாளம் / Enrollment No. 2043/66315/03082

To
Kalaivani
கலையாணி
D/O: Dorairaj
plot no 41A
vishnu nagar 3rd Street
E B Colony
new perungalathur
PEERKANKARANAI
Srinivasanagar, Kancheepuram
Tamil Nadu - 600063
8220738170



KH603148109FT

60314810



உங்கள் ஆதார் எண் / Your Aadhaar No. :

3347 3313 4311

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



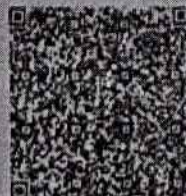
இந்திய அரசாங்கம்
Government of India



கலையாணி
Kalaivani

பிறந்த நாள் / DOB: 21/09/1990
பாலினம் / Female

3347 3313 4311



ஆதார் - சாதாரண மனிதனின் அதிகாரம்



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:

Post natal Eas and Advices / 705.

Signature: _____

Findings and Recommendations :

S/O physiotherapist NOLIS Dr. Molanapriya (M).
mpt obj. gyn.

- Avoid lifting weights / pulling or pushing
weight / Avoid sitting down for 2 weeks

- Can do cross leg sitting

- Lying down posture / Side lying posture
Encouraged.

- Breast feeding posture / Straight sitting with
foot supported

- Diaper changing position

Consultant :

Name : Signature : Date & Time :

coupling and Huping Lickovge .

- BE
- kegel's
- posterior pelvic tilt
- pelvic bridging on
- Ankle mobilisation
- knee mobilisation
- Reviews after 2 weeks

Lup

22/07/26

Patient Sticker



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for Elective
LSCS on 28/7

LMP: 13/11/25

EDD: 20/8/26

Corrected EDD:

GA: 36w 4d

Obstetric Formula:

G3A2

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric History:

Obstetric Examination Maximal H: 6yrs

G₁: 2021: Spontaneous Miscarriage @ 7w

Fundal Height: Term

G₂: 2023: Spontaneous miscarriage @ 10w

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

Present Pregnancy Record:

10/2/26: 12w 5d; NT: 1.8mm

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

10/4/26: 21w; Anomalies Pro

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

RISK FACTORS:

Chronic HTN
Type 2 DM on Insulin

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☒ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 165 cm

Weight: 102.3 kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: No

Icterus: No Edema: No

Temp: Afebrile PR: 78/min

BP: 120/87 DTR:

CVS: S1S2+ RS NVBS

Liver/Spleen: Urine Output:

DIAGNOSIS

G3A2 / 36w 4d / Chronic HTN /
Type 2 DM on Insulin /

Planned for Elective LSCS on 28/7 at 10:45 am

GUC-00047617

IP18-00036647

Mrs D KALAIVANI

21-09-1990

36 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



Family History: Father- HTN & DM	Surgical History: ? Lipoma removal B/L axilla around 15-16 years of age
Medical History: Chronic HTN (diag in this pregnancy) T2DM on OHA & Insulin	Medication History: T. Livogen XT 1-0-1 T. Dicalis 0-1-0 T. Labetol 150mg 6am - 100mg 2PM - 100mg 10PM T. Nicardia 10mg 10am - 10PM I. Glycomet SR 500 - 500 - 850
Plan of Care: • Admission • Parts preparation • Consent • 10 PRBC reservation • High risk & preterm consent • CTG STAT & @ 6am • NPO from 11PM • R Shift to ward. Reshift to LDR @ 10am • C/D/w Dr. Mohan (anaesthetist) • To give T. Labetalol 150mg @ 6am • W/H OHA & Insulin <i>[Signature]</i> 12/11/3	Investigations: Inj. Frasp 0 - 40 - 40 CTG

Doctor Name: Dr. Vinita

Signature: *[Signature]*

Date & Time: 27/7/26

Consultant Name: Dr. Lucetta

Signature: (FOR) *[Signature]*

Date & Time: 27/7/26

Patient Sticker

GUC-00047617
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 6 D (F)
Dr. LUCETTA AMELIA DIAS

IP18-00036647


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

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

RESULT SHEET

Date	19/7				
Time				BI grp: B positive	
Hb	10.7			ICT: Neg	
PCV	32				
RBC	3.36				
WBC	10.47			TSH: 2.24	
N/L				FT ₄ : 1.31	
Platelets	468			FT ₃ : 2.82	
CRP					
ESR					
PCT				HbA _{1c} : 6.2	
RBS					
Na					
K					
Cl					
Ca/Mg				ECG: Normal	
Phosphate					
Urea				ECHO: Normal	
Creatinine					
ALP					
SGPT				HbsAg: NR	
SGOT				HIV: NR	
T.Bill/Conj				HCV: NR	
T.Protein					
S.Albumin				Urea: 11	
S.Globulin				Creat: 0.57	
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG : 27/7/26 36w 4d

X-Ray : Cephalic ; PI - Anterior

ECHO : AFI : 12.1 ;

CT : Umb A PI : 1.2 (97.1) ; MCA PI : 1.39 (18.1)

MRI CPR : 1.158 (2.1)

Others (ECG, Contrast Studies etc.) :

20/7/26 : 35w 4d

Cephalic ; PI - Anterior ;
 AFI : 12 ; EFW : 2411 g (29.1ile) HC 10.1ile.
 MCA PI : 3.1 ; CPR : 1.135 (1.1)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>High risk & Preterm consent</u> Mrs. Kalavani has been admitted to Rainbow hospital - G3A2 at 36w4d / Chronic hypertension, Type 2 Diabetes on Insulin, On Ultrasound-fetus showing FGR with Doppler changes. She has been admitted in view of Doppler changes for Elective LSCS. I (Mrs. Kalavani) and husband has been explained about risks of uncontrolled blood pressure, uncontrolled sugars, preterm delivery and associated risks such as respiratory distress, baby admission to NICU, neonatal jaundice requiring treatment. I understand the risks and consent for delivery. <u>D. R. R.</u>	<u>T. Suresh Kumar</u> T. SURESH kumar

Patient Sticker



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26. 9 AM	S/B Dr. Abulata / Dr Shreeders	
B+ve	pt reviewed	
	PFM well	
	O/E: afebrile	Plan
BP 128/101 mmHg	GC fair	- NPO.
PR 98 bpm	P°/PE°	- w/t imminent S/S.
SpO ₂ 99% @ RA	P/A: wheezes at term.	- E-tectine LSCS @
Jump (1)	Relaxed soft	10:45 am.
	capillary BUNL FHT clinically clear (1)	- Restit to LDR @ 10 AM
	dressings dry	
28/7/26. 12 PM	S/B Dr. Abulata / Dr Shreeders 127435	
POD#1	pt received in MKU	
B+ve	O/E: afebrile	
	GC fair	Plan
	P°/PE°	- monitor vitals.
BP 130/70 mmHg	P/A: wheezes w/c	- CBD / clearance 10 PM
PR 104 bpm	soft	- I/O charting
SpO ₂ 95% @ RA	dressings dry	- w/t ↑ bleeding P/V.
Jump (1)	O/E: BUNL	- Hb / FBS / PPRS POD#2
	blows intact	- w/t in bed ambulation
RU breast soft	clear w/c	- IVF @ 100 ml/hr
secretions (1)	LHVO = 60 ml	- CBG q4hly
Baby m/s		- BP q2hly
DBF		- w/t imminent S/S.
		- Inform LSCS
		- follow drug orders



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B Dr. Panithora</u>	
<u>28/07/2026</u>		
<u>3PM</u>	Pt reviewed	
<u>DOB</u>	No c/o S/S of imminent eclampsia.	
	<u>ole</u>	
	Pt is fair	<u>Advice</u>
	afebrile	
	No pallor	- NPO till 4PM
T- <u>38</u>		- I/V @ 100ml/hour
BP-150/90mmHg.		- I/O charting -
PR-98/min	Cvs- S, S ₂ (+)	- BP 15 minutes once monitoring.
RR-18/min.	RS- NRRS (+)	- BP charting
SpO ₂ -98% on	P/A- Soft	- Vitals monitoring,
	Uterus firm & cont well	- W/f S/S of imminent
	Dressing dry.	eclampsia.
VO-110ml, clear	US- BWNZ.	- C&G @ 4th hourly.
Urine albumin		- Follow drug chart.
negative.		
	<u>C/I/T Dr. Krishnadas Physician</u>	
	BP-160/110 at 2PM → 2:45PM BP-150/90	
	- To give T. Nicardipine Retard 20mg stat.	
	- BP Monitoring	

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/20 8:35pm	S/B Dr. Mohana / Dr. Dnyalakshmi	
	pt. reviewed	
	Nil c/o	
POD-0	NO S/S IE	NO S/S Hypoglycemia
		UOM Dr. Lakshmi
		Advice
T- (N)	O/E - pt GC fair, afebrile	- Kanji diet START &
PR- 93/min	P/A: M/T, B/T	at 10:30pm
BP- 135/85	wt. contracted well	- To give T. GLUCOSE 750
mm	dressing dry	now
		Tak. NICARDIPINE 20mg @ 11pm
U/O - 150 ml	I/E: BWM	- monitor vitals
clear	CBD insert	- CBG Q4H.
		- BP Q2h till 12am,
Baby m/b		then 4am, 6am
Breasts soft		- w/f IE and
		hypoglycemia
CBS - 117mg/dl		- Hb / PBS / PPBS on
		POD-2
		- Diabetic diet
		from tomorrow
		- CBG / Glucose 10pm
		- Still I/O
		- Inform SOB

REGULAR PRESCRIPTIONS

Weight 168kg Ward.

DRUG : IND SUPACEF.				Date Time	28/7/26	9AM	30/7													
Dose	Route	Frequency	Start Date	28/7/26	9AM	SM	NS	SM	NS											
1.5gm	iv	1-1-1	28/7/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : IND PAN				Date Time	28/7/26	9AM	30/7													
Dose	Route	Frequency	Start Date	28/7/26	9AM	PL	PL	PL	PL											
400mg	iv	1-0-1	28/7/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : IND PARA.				Date Time	28/7/26	9AM	30/7													
Dose	Route	Frequency	Start Date	28/7/26	9AM	PL	PL	PL	PL											
1gm	iv	1-1-1	28/7/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB LABETALOL				Date Time	28/7/26	6AM														
Dose	Route	Frequency	Start Date	28/7/26	6AM															
150-100-100	P/O	1-1-1	28/7/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



DRUG CHART

Date of Admission: 28/7/20 Drug Allergies: nil ☒ 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 : 100 TRAMADOL				Date Time
Dose 100mg	Route IV	Frequency SOS	Start Date 28/7/20	
Doctor's Signature [Signature]		Valid Period	Pharm.	
Additional Instructions: Pain				

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:				

Signature
VERIFIED BY : Name



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2024	C/S/B Dr. Akshitha / Dr. Shreedevi	
9Am	Pt reviewed, Nil clo	Advice
<u>POD-1</u>	No S/S of IE / No S/S Hypoglycemia OLE Pt GC fair, Afebrile	- soft diabetic diet - Plenty of oral fluids
T-①	P° / PE°	- vitals Monitoring
PR- 100/min	EVS	- BP hourly monitoring
BP- 129/82mmHg	RS NAD	- To do post breakfast
Voided - 500ml	P/A - Soft, BS ⊕	CBG after 2hrs of meal.
Flatus passed	uterus well contracted	- W/F IE & Hypoglycemia
Baby - M/S	Dressing ⊕ & Dry	- Hb / FBS / PPBS on POD-2
B/L - Breast soft	L/E - BWNL	- Inform (S/S)
	182217	
29/07/2024 3:30pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
<u>POD-1</u>	Pt reviewed, Nil clo, No S/S of IE / No S/S Hypoglycemia	
T-①	OLE Pt GC fair, Afebrile	Advice
PR- 88/min	P° / PE°	- Soft diabetic diet
BP- 110/70mmHg	EVS	- Plenty of oral fluids
	RS NAD	- Ambulation
Voiding freely	P/A - Soft, BS ⊕	- vitals Monitoring
Flatus passed	UT well contracted	- BP 2nd hourly monitoring
Baby - m/s	Dressing ⊕ & Dry	- To do POST lunch CBG @
B/L - Breast soft	L/E - BWNL	4:40 pm and inform
	182217	- W/F IE & Hypoglycemia
		- Hb / FBS / PPBS on POD-2
		- Follow drug chart
		- Inform (S/S)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 9pm	S/O Dr Vinithe Pt reviewed; No 40 O/E: GC fair; Afebrile P° IPE P/A: UT contracted BSA: soft; Dressing dry YE: BLNL	
8pm BP: 134/84 PR: 86/min SpO ₂ : 100	T-lobet given RA	Adv: Soft diabetic diet Ambulation Vitals / BP Q2 hly monitoring • Post dinner CBG @ 10:45pm & reform • W/E hypoglycemia • Hb / FBS / PPBS tomorrow • Inform SOs
12th 2		
30/07/2026 9Am	cls/b Dr. Akshitha / Dr. Shreedevi	
POD-2	Pt reviewed, Nil clo No S/O of IE / Hypo / Hyperglycemia O/E Pt GC fair, Afebrile P° IPE	
T-(N)		
PR-92/min		
BP-126/84mmHg	CVS RS / NAD	
Voiding freely	P/A - Uterus firm & well contracted	
Passed Stools	Soft, BSA	
Baby - mls	Dressing ⊕ & Dry	
BL - Breast Soft		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	L/E - BWNL	
		<u>Advice</u>
		- Soft diabetic diet
		- Plenty of oral fluids
		- Ambulation
		- Vitals Monitoring
		- To do PPBS & inform
		- W/F Hypoglycemia
		- Follow drug chart
		- Inform (SOS)
<u>20/07/2026</u>	<u>C/D/w Dr. Lucetta</u>	
		- To continue regular OHA
		(T. GLYCOMET SR 500mg - 500mg - 850mg) bf
		- Insulin fixed dose INS. FIASP 4U - 4U - 4U Af
		- To continue T. LABETET 150mg - 100mg - 100mg
		- To continue T. NICARDIA RETARD 20mg 1-0-1
		- Bath & tegaderm dressing today.
		- Process discharge
		- To change to oral medications.
		
	132217	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: MUM Shifted to: sth floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. LABELET	150-100-100	P/O	1-1-1		☒ C ☐ DC
2	T. NICARDIA	10mg	P/O	1-0-1		☒ C ☐ DC
3	T. GLYCOMET SR	500-500-800mg	P/O	1-1-1		☐ C ☒ DC
4	INJ. FIASP	0-40-40	StC	0-40-40		☐ 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: V. K. P. Dr. V. K. P.

Date & Time: 22/12/2021 at 10.30 PM

Nurse Name & Signature: M. Veni [Signature]

Date & Time: 22/12/2021 at 10.30 PM



MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ EMESET	4mg	IV	stat	28/7	☒ C ☐ DC
2	INJ TRANEXAMIC ACID	1g	IV	stat	28/7	☐ C ☒ DC
3	INJ CARBOPROF	250mg	IM	stat	28/7	☐ C ☒ DC
4	INJ SUNTO	50	IV	stat	28/7	☐ 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. Priya R

Date & Time: 28/7/26 12pm

Nurse Name & Signature: Thamasha

Date & Time: 28/7/26 @ 12pm

mon / subunit

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INT. SUPACET	1.5g	IV	BD		☒ C ☐ DC
2	INT. PANTOPRAZOLE	40mg	IV	BD		☒ C ☐ DC
3	INT. PARACETAMOL	1g	IV	TDS		☒ C ☐ DC
4	INT. CLEXANE	60mcg	SC	OD		☒ C ☐ DC
5	INT. TRAPIC	1g	IV	BD		☒ C ☐ DC
6	T. LABEBET	150mg	PO	OD		☒ C ☐ DC
7	T. LABEBET	100mg	PO	BD		☒ C ☐ DC
8	T. NICARDIA RETARD	20mg	PO	BD		☒ C ☐ DC
9	T. GLYCOMET SR	500mg- 1000mg- 2000mg	PO	TDS		☒ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shreedevi 82217

Date & Time: 28/07/2026

Nurse Name & Signature: S. N. N. N.

Date & Time: 28/7/26 at 4 PM

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



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10.2 Ward

DRUG : INS CLEXANE				Date Time	29/7/2017
Dose 60mg	Route S/C	Frequency OD	Start Dt. 28/7/26	10pm P.K. V.A V.A	
Name & Signature of the Doctor Starting the Drugs: 122435					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign				D1 D2 D3	
DRUG : INS TRAPIC				Date Time	29/7/2017
Dose 19mg	Route IV	Frequency 1-0-1	Start Dt. 28/7/26	5pm B.S. SS	
Name & Signature of the Doctor Starting the Drugs: 122435				STOP 28/7/26 11 PM	
Additional Instructions: 2 doses				11 PM B.S.	
Daily Doctor's Endorsement by a Sign					
DRUG : T. GLYCOMET SR				Date Time	29/7/2017
Dose 500mg	Route PO	Frequency 1-1-0	Start Dt. 29/7/26	7am NS P.K. V.A	
Name & Signature of the Doctor Starting the Drugs: 152217				1pm S.M. NS	
Additional Instructions: Before food					
Daily Doctor's Endorsement by a Sign					
DRUG : T. GLYCOMET SR				Date Time	29/7/2017
Dose 800mg	Route PO	Frequency 0-0-1	Start Dt. 29/7/26	7pm B.S. SS	
Name & Signature of the Doctor Starting the Drugs: 152217					
Additional Instructions: Before food					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature

Mrs D KALAVANI

21-09-1990 36 Y 10 M 7 D (F)

Dr. LUCETTA AMELIA DIAS

Weight 120kg Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/7/26	9:10am	INT. SUPACEF	0.1ml	ID	<u>[Signature]</u> 121113	Sm SS
27/7/26	9:10am	INT. PAN	40mg	IV	<u>[Signature]</u> 121113	SM SS
27/7/26	9:10am	INT. EMESET	4mg	IV	<u>[Signature]</u> 121113	SM SS
27/7/26	10:35am	INT. SUPACEF	1.5mg	IV	<u>[Signature]</u> 121113	CP SH
28/7/26	9:20am	T. NICARDIA	10mg	PO	<u>[Signature]</u> 182247	SM SS
28/7	10:35am	INT. EMESET	4mg	IV	<u>[Signature]</u> 154622	PI SY
28/7	11am	INT. PEXA	8mg	IV	<u>[Signature]</u> 154622	PI SK
28/7	11:11am	INT. SYNTO	50	IV	<u>[Signature]</u> 154622	PI SK
28/7	11am	INT. TRAPIL	18	IV	<u>[Signature]</u> 154622	PI SK



Weight. Ward.

[illegible]

IP18-00036647

21-09-1990

36 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



**Rainb w[ ]
Children's
Hospital**
It takes a lot to treat the little.



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

[illegible]

Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : INJ. PARACETAMOL

Date

Time

Dose Route Frequency Start Dt.
1g IV 1-1-1 29/7/26

6Am

Name & Signature of the Doctor starting the Drugs:

12pm

5pm

Additional Instructions:

6pm

9pm

Daily Doctor's Endorsement by a Sign.

DRUG : T. CEFTUM

Date

Time

Dose Route Frequency Start Dt.
500mg PO 1-1 30/7/26

9Am

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

9pm

Daily Doctor's Endorsement by a Sign.

DRUG : T. FLAGYL

Date

Time

Dose Route Frequency Start Dt.
400mg PO 1-1 30/7/26

8Am

Name & Signature of the Doctor starting the Drugs:

2pm

Additional Instructions:

6pm

Daily Doctor's Endorsement by a Sign.

DRUG : T. PANTOPRAZOLE

Date

Time

Dose Route Frequency Start Dt.
40mg PO 1-1 30/7/26

7Am

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Before food.

7pm

Daily Doctor's Endorsement by a Sign.

only possible explanation for 2 gals

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

GUC-00047617
 Mrs D KALAIYANI 35 Y 10 M 6 D (F)
 21-09-1990
 Dr. LUCETTA AMELIA DIAS

IP-18-00036647

Patient Sticker

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Weight 10.2kg Ward

Sheet No:

DRUG : <u>T. PARACETAMOL</u>				Date Time
Dose <u>1g</u>	Route <u>PO</u>	Frequency <u>1-1-1</u>	Start Dt. <u>20/07/21</u>	<u>8am</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>132217</u>				<u>2pm</u>
Additional Instructions:				<u>10pm</u>
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				
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				
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				

Signature

VERIFIED BY : Name

Patient Sticker

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

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

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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							
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							
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							
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							

VERIFIED BY : Name Signature



Patient Sticker

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

GUC-00047617
Mrs D KALAVANI
21-09-1990
Dr. LUCETTA AMELIA DIAS

IP18-00036547

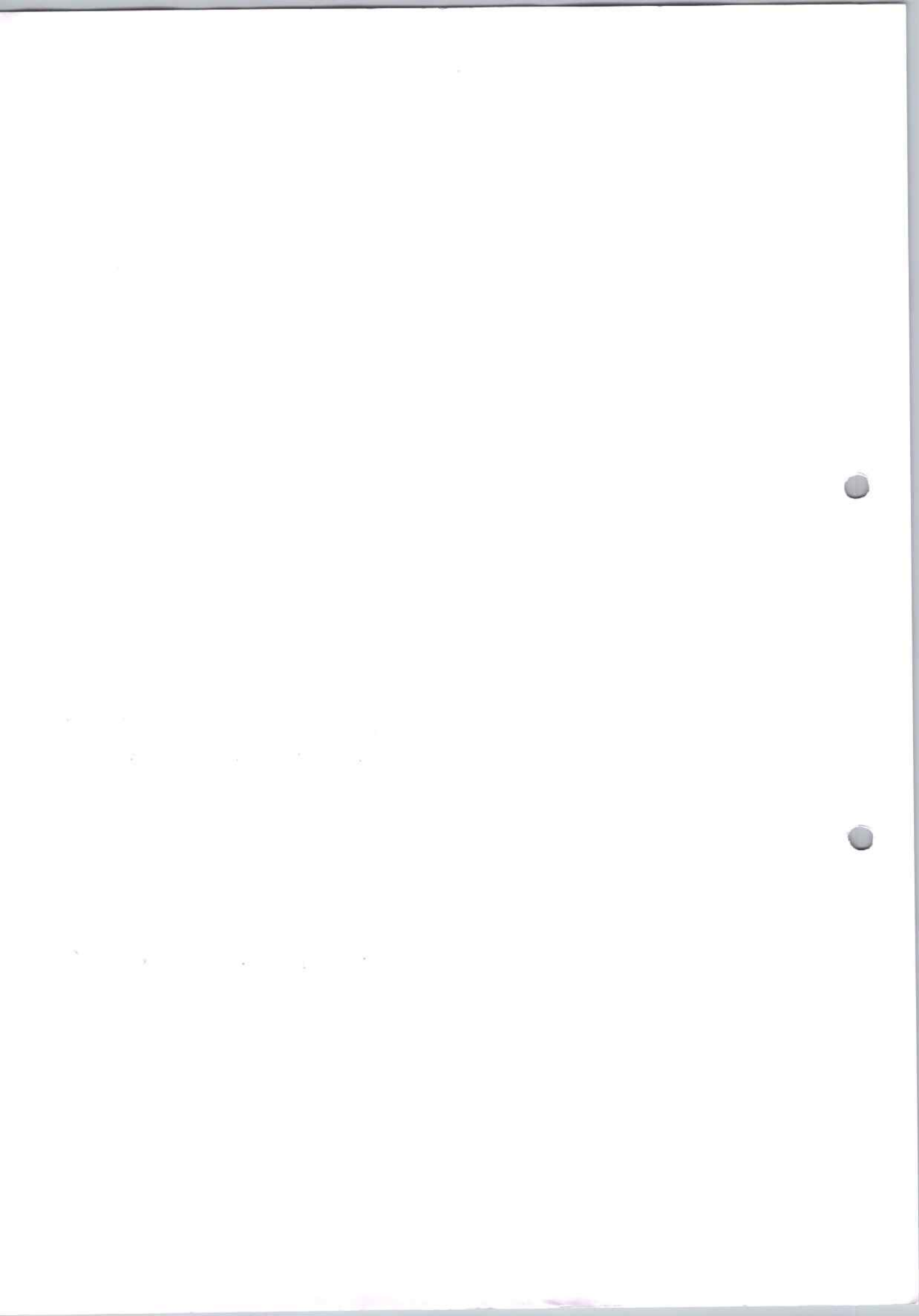
36 Y 10 M 7 D (F)

Monitoring 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 %	99%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
	< 94 %																									
Administered O ₂ (L/min.)		2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	
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																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																										

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



GUC-00047617

IP18-00036647

Mrs D KALAIYANI

21-09-1990

36 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



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. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/7/26												
	08:00 am	NPO		125						200	0	SA
	09:00 am	NPO		125						100	0	SA
	10:00 am	NPO		125						0	0	SA
	11:00 am	NPO		100ml						150ml	0	SA
	12:00 pm	NPO		100ml						60	0	SA
	01:00 pm			100ml						250	0	SA
Total Intake :			575ml			Total Output : 760ml						
	02:00 pm			100ml						100	0	SA
	03:00 pm			100ml						150	0	SA
	04:00 pm			100ml						250ml	0	SA
	05:00 pm			100ml						200ml	0	SA
	06:00 pm	H2O	100ml	100ml						200ml	0	SA
	07:00 pm	H2O	100ml	100ml						150ml	0	SA
Total Intake :			200ml + 100ml = 300ml			Total Output : 1100ml						
	08:00 pm	Kanji	150	100						250	0	P.G
	09:00 pm			100						200	0	P.G
	10:00 pm	Kanji	150	100						200	0	P.G
	11:00 pm			100ml						Remained	0	P.G
	12:00 am	H2O	100								0	P.G
	01:00 am										0	P.G
Total Intake :			400 + 400ml = 800ml			Total Output : 650ml						
	02:00 am									430ml	0	P.G
	03:00 am										0	P.G
	04:00 am										0	P.G
	05:00 am	H2O	100								0	P.G
	06:00 am										0	P.G
	07:00 am	H2O	100								0	P.G
Total Intake :			200ml			Total Output : 430ml						
Total 24 hrs. Intake			31475ml			Total 24 hrs. Output			2940ml			



FLUID CHART

Sheet No. : 3

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

29/9/26		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
	08:00 am	H ₂ O	200							0	sh
	09:00 am	H ₂ O	200						380	0	sh
	10:00 am	H ₂ O	200							0	sh
	11:00 am	H ₂ O	200							0	sh
	12:00 pm	H ₂ O	100						250	0	sh
	01:00 pm	H ₂ O	200							0	sh
Total Intake :			1100ml		Total Output :			630ml			
	02:00 pm									0	sh
	03:00 pm	H ₂ O	50ml						200ml	0	sh
	04:00 pm	H ₂ O	100ml							0	sh
	05:00 pm									0	sh
	06:00 pm	H ₂ O	50ml						250ml	0	sh
	07:00 pm	H ₂ O	100ml							0	sh
Total Intake :			300ml		Total Output :			450ml			
	08:00 pm									0	sh
	09:00 pm	H ₂ O	200							0	sh
	10:00 pm								200ml	0	sh
	11:00 pm	H ₂ O	200							0	sh
	12:00 am								200ml	0	sh
	01:00 am									0	sh
Total Intake :			400ml + 100 = 500ml		Total Output :			400ml			
	02:00 am									0	sh
	03:00 am									0	sh
	04:00 am									0	sh
	05:00 am									0	sh
	06:00 am									0	sh
	07:00 am	H ₂ O	100						200ml	0	sh
Total Intake :			100ml + 100 = 200ml		Total Output :			200ml			
Total 24 hrs. Intake			2100ml		Total 24 hrs. Output			1680ml			

GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS

GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 6 D (F)
Dr. LUCETTA AMELIA DIAS



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>COPD / 36wst uterine FL-LSC</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known					
	Surgery / Procedure: <u>FL LSC</u>		Post OP Day: <u>POD-1</u>					
BACKGROUND	Date	Shift	<u>28/7/26</u> N	<u>28/7/26</u> M	<u>28/7/26</u> E	<u>29/7/26</u> N	<u>29/7/26</u> M	<u>29/7/26</u> E
	Medical Condition (Any special condition to be noted):		<u>Chronic HTN</u>	<u>GDM on Insulin</u>	<u>GDM on Insulin</u>	<u>GDM on Insulin</u>	<u>GDM on Insulin</u>	<u>GDM on Insulin</u>
	Diet:		<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>Soft diet</u>	<u>Soft diet</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):		<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>
	Tubes/Drains/Catheter:		☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: <u>96.2</u>	<u>98.0F</u>	<u>98.4</u>	<u>98.2F</u>	<u>98.0F</u>	<u>98.2F</u>
	Res:		<u>20</u>	<u>20bpm</u>	<u>20bpm</u>	<u>20bpm</u>	<u>20bpm</u>	<u>20bpm</u>
	SpO ₂ :		<u>100</u>	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
	Pulse:		<u>80</u>	<u>98bpm</u>	<u>98bpm</u>	<u>88bpm</u>	<u>108bpm</u>	<u>88bpm</u>
	BP:		<u>120/80</u>	<u>140/100</u>	<u>130/107</u>	<u>127/83</u>	<u>129/82</u>	<u>132/80</u>
	LOC:		<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:		<u>0/10</u>	<u>0</u>	<u>0/10</u>	<u>0/10</u>	<u>0</u>	<u>0</u>
Pain Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Skin Integrity		<u>NI</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
Recommendations	Safety Needs:		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
	Physiotherapy:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:		<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>Diabetic Soft diet</u>	<u>Diabetic</u>
	Critical Lab Test / Values:		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Other Special Orders / Medications:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
ADL (Dependent / Non Dependent):		<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:								
Handed Over By Name :		<u>Don</u>	<u>Simone</u>	<u>Michelle</u>	<u>Sethi</u>	<u>Surya</u>	<u>Eshwar</u>	<u>De</u>
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>28/7/26</u>	<u>28/7</u>	<u>28/7</u>	<u>29/7</u>	<u>29/7</u>	<u>29/7</u>	<u>29/7</u>
Time:		<u>7:30</u>	<u>9am</u>	<u>2pm</u>	<u>8am</u>	<u>2pm</u>	<u>2pm</u>	<u>2pm</u>
Taken Over By Name :		<u>Simone</u>	<u>Michelle</u>	<u>Sethi</u>	<u>Surya</u>	<u>Eshwar</u>	<u>De</u>	<u>De</u>
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>28/7/26</u>	<u>28/7/26</u>	<u>28/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>30/7/26</u>
Time:		<u>8am</u>	<u>2pm</u>	<u>8am</u>	<u>1:30pm</u>	<u>1:30pm</u>	<u>8pm</u>	<u>8pm</u>

GUC-00047617 IP18-00036647
 Mrs D KALAIYANI
 21-09-1990 35 Y 10 M 6 D (F)
 Dr. LUCETTA AMELIA DIAS

Patie



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/7/20

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							
Afternoon							
Night	11:00 pm	Maintain fluid balance	11:50 pm	Monitor Intake and output chart. monitor IV fluids and Infusion rates	Pt feel better.	Reassessment occurs done	Ben 018760

GUC-00047617

IP18-00036647

Mrs D KALAIYANI

21-09-1990

35 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/7/26

Goals

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

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

- ☐ 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	Assess the patient condition Administer medication as per order.	9am	Assessed the pt's condition Administered medication as per order.	Vitals are stable.	Done	S. med 607383
Afternoon	2pm	Achieve acceptable Pain control and Comfort.	2pm	Assess Pain using Pain Scale regularly. Administer analgesic as prescribed. Position Patient comfortably.	Patient vitals Stable.	Done.	Med 10174
Night	8pm	Assess the patient condition Administer medication as per order.		Assess pain and general condition Administered medications.	Patient vitals are stable.	Reassess done.	Med 1016

GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 6 D (F)
Dr. LUCETTA AMELIA DIAS



Patient Stick

ES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

- ☐ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/12/26	11.00 ^{am}	Admission notes on 28/12/26 Pt got admitted in 8th floor under Dr Lucetta team Pt conscious & oriented Pt came for trauma LUS at 10.40 am G3A2 / 3bust / 3dams / tape II br. Oth. Thruin / 1thru / 1thru Pt general condition is good admission CTA connecting FHA is good Mr vitae canal & reconnect reconnect Mr FHA is good. Pt condition internal Dr Lucetta team on 10 PASC reconnect Bue. High risk Cohort, falem, pre team Cohort falem, Pt in upo 11.00pm. Pt CTA disconnecting over by Dr vitae team	Den ^o / 01/12/26 Den ^o / 01/12/26
28/12/26	12.30 ^{am}	Pt shifted to local oncol by Dr vitae team Pt heading on to 7th floor staff Jv PL contin by at 4.00 ^{am} . CTA to be contin 6.00 ^{am} at 6.00^{am} 6.00 ^{am} Patient prays pration ^{not} down, to be followed Deltas oncol. 7th fl shifted. at 10.00 ^{am} to be followed.	Den ^o / 01/12/26

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
		Receiving Notes	
28/12/26	12.30AM	Patient details handed over taken over from LDR staff. patient is EL-LSCS Tomorrow 10.45AM, 10PRBS Reservation. IV line 4AM, NPO 11PM, Anaesthesia Opinion @ 6AM Dr. Nathan, T. Lobet 150mg 6AM, CTU clm 6AM	P. Kaimoz 60926
	2.00AM	patient is sleeping well. NO other complaints	P. Kaimoz 60926
	4.00AM	patient vitals checked and Recorded. Parts preparation done	P. Kaimoz 60926
	5.00AM	patient IV line fixed by SIN Kaimozli 150mg infusion, IVF-125ml/hour given, IV line patting	P. Kaimoz 60926
	6.00AM	patient vitals checked and Inform Dr. Vinitha Nam Bp-123/94 (100) advised T. Lobet 150mg given 8hrs of water and Recorded, CTU connected patient send to Dr. Vinitha Nam continue 10 minutes then stop to 7.15AM	P. Kaimoz 60926
	7.15AM	patient catheterization done by Agrethi procedure Dr. Vinitha Nam phone called	P. Kaimoz 60926

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

②

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/11/26	7:15 AM	PBS checked and Inform 114 mg/dL	
	7:30 AM	Patient details handover given to Morning duty staff	P. Kaimoz 607261
		Morning Duty	
	7:30 AM	Patient details handover taken from night duty staff. Pt's conscious oriented, vitals are stable. Pt's CBD @, IV line pattern, start CBG at 6 AM 114 mg/dL, FL LSCC pbu 10:45 AM, TUF 12 gml/hr inflow, Pt's shifted to LDR at 10 AM. morning T. Levetiracetam given →	Suf 607363
	8 AM	Patient vital signs checked and recorded. vitals are stable, maintained I/O chart, →	Suf 607363
	8:30 AM	Dr. Alshita nam came and seen assessed the Pt's condition, shifted to Pt's LDR at 10 AM →	Suf 607363
	9 AM	Pt's BP- 140/110 mmHg Inform to Dr. Alshita nam Phone call A/B T. Metoprolol 1mg 1 tablet given →	Suf 607363
	9:30 AM	Pt's shifted to LDR, Pt's details handover given to LDR staff. →	Suf 607363

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
28/09/2018	9.30am	pt receiving notes pt received from 7th floor to LPP. pt care hand over taken from 7th floor staff. pt conscious & oriented. W line @ y pattern. CDD @ urine draining clear. she is on NPO. SpO2 RL on flow 125ml/h. connected as per doctor order. manual BP checked by Mr. Akshita BP-150/100 mmHg. Advice to recheck at 1pm as per doctor order.	
	10am	pt vital signs checked by recorded. main pain 2/10 clear. pt comfortable bed position manual BP checked by Mr. Akshita. BP-150/90 mmHg. FHR 145 bpm. -y pt care hand over given to OT staff. pt have no allergies. wheezing 2-3 wheezes 11-5pm given as per doctor order. surgery & anesthesia consent done. pre op checks list done. pt shifted to OT as per doctor order.	poor poor poor

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
		<u>OT notes</u>	
28/8/20	10:35 Am	→ pt received from LDR to OT. while receiving patient ID Band consent checked. → Anaesthesia given by Dr. Sathish Dr. priyadharshini under Spinal Anaesthesia. → Surgery done by Dr. Lucetta. → Foley's Catheter insitu urine drain clear. <u>Baby details</u> Baby: Girl Time: 10:54 AM wt: 2.33 kg.	
28/8/20	12pm	→ pt shifted to MICU and patient handover to MICU staff.	<u>ICU</u> 607211
	1pm	<u>Relieving Notes</u> patient is receiving from OT to micu patient care hand over taken from OT staff Nurse pt was stable conscious & oriented iv line present & patent minimal of Bleeding iv fluids connected 100ml/hr maintained The chart patient v/pal are stable pt is NPO CB5117mg/dl.	<u>Apalys</u> 01825

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
28/11/20	1pm	⇒ B - Breast is soft U - Uterus was contracted B - Bowel movement present B - Pt is CRD present L - Lochia rubra present E - REEDA is NOT applicable H - Homans sign negative E - Pt Emotional good	
	1.30pm	pt is stable warmth. as. Akshita advised to check CBR 4th July. per bleeding is minimal. pt passed motion. Informed to as. Akshita surgical site dressing minimal soaked so. Akshita changed dressing.	Akshita 01/8/20
	1.50pm	Manual BP 160/100mmHg. as. Akshita advised to give 7.5% phet 100mg oral 7.5% phet 100mg oral sips of water given as per labo order. She is on at 4 lit/hr.	Pooja 01/8/20
	2pm	SpO2 94%. at 12pm as started at 12pm as per doctor order. as. Satish anesthetist soon sleep. pt care hand over given to evening duty staff	Pooja 01/8/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

4

NURSES NOTES



- ☐ No Known Drug Allergies
- ☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/12/26	10:00	Evening Duty Patient report Round over Lucet from Morning duty 8:45 Pt is conscious & oriented Afebrile. No. T₁ P₁ 100ml/hr on flow. In line Pulsion, CBO breast obtained clear & adequate -	
	3pm	BP: 180/107 mm Hg. T₁ P₁ to Dr. Lucetta now. Advice to Feb. Numbness Sore p/o given as per doctors order	28/12/26
	3:30pm	Hy No Spontaneous milk the opened area. Her mid Pain over the opened site B: Breast soft No engorgement. U: uterus firm contracted well. B: Bowel moved Breast B: Patient in CBO last voided L: Lochia same amount No evidence of foul smell E: Reeder assessed apically H: Homas sign negative S: Patient emotional & happy Good	28/12/26

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
cont 28/7/26.	4pm	⇒ Orals started. No vomiting & water given	→ Key/0117m
		⇒ STB & Penicillin given	
	3 ³⁰ 4pm	Advice to hourly BP monitoring from Kenzie all orals carry out	→ Key/0117m
	2 ⁴⁵ 4pm	⇒ Orals by Mr. Parth Jai has sent & give orals over out	→ Key/0117m
		⇒ Patient shift to ward hand over to 7 th floor staff.	→ Key/0117m
		Receiving Notes	
28/7/26	5:00pm	patient details handover taken from LDR to 7 th floor patient is NPO 4 hrs, IV line @ INF-100ml/hour, CBD @, BP hourly CBU B4H, CBD remove @ 10pm HB, FBS, PBBS POD-2, Kayi @ 8:30pm	→ E. Soes
	7:00pm	patient due medication given and recorded patient Intake output Maintained	→ E. Soes
	7:30pm	patient details handover given to Night duty staff	→ E. Soes

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047617

IP18-00036647

Mrs D KALAIVANI

21-09-1990

36 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



③ 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
28/7/26	7.30pm	Night duty patient details handed over taken from Evening to Night patient is clear liquid, kayi @ 8.30pm, IV line @, CBD Remove @ 10pm 1 Kayi. Clove 60mg, Hb, PCV, FBBS POD-2, Bphology CBU 84H	→ P. Kammaz 607261
	8.00pm	patient BP - 135/85 mmHg CBU - 117 mg/dL Inform Dr Divya Narm advised T. Olycomet 500mg and T. Lohet 100mg given and Recorded. B - Breast is soft, No Engorgement U - Uterus is contracted well B - Bowel movement present B - CBD present, urine voided L - Lochia Rubra is present F - Reeda Not Applicable H - Homan Sign's Negative E - Emotional status is good	→ P. Kammaz 607261
	10.00pm	patient seen by Dr. Divyalakshmi Narm advised BP 88/11 till 12Am then 4Am, 6Am, 1 Kayi @ 10.30pm and tomorrow 2 Kayi @ 6.00am CBD removed Inform IST void measured	→ P. Kammaz 607261

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
28/7/26	11:00pm	patient BP checked 127/85 mmHg Inform Dr. Divya advised wait for 1 hour again Recheck and Inform	→ P. Kaumod 609261
28/7/26	12:00am	patient BP - 139/83(97) mmHg CBIS 14 mg/dL Inform Dr. Divya advised I-Nicar 20mg given and recorded, again Recheck 1 hour. Repeat	→ P. Kaumod 609261
	2:30am	patient voided 430ml Inform Dr. Divya Morn	→ P. Kaumod 609261
	4:00am	patient vitals checked and Recorded. patient BP-119/79/88 mmHg, CBIS 10.8 mg/dL Inform Dr. Divya Morn	→ P. Kaumod 609261
	6:00am	patient vitals checked and Recorded BP 135/78/98 mmHg Inform Dr. Divya advised I-Nicot 150mg given and Recorded, phone call order Diabetic Safe diet, Intake Output maintained	→ P. Kaumod 609261
	7:30am	patient details handed over given to Morning duty staff	→ P. Kaumod 609261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/11/26	7:30AM	Morning Duty patient details Handover taken from night duty staff. Vitals are stable. BP Q4Hly, CBG Q4Hly, PTH have Soft diabetic diet, plenty of oral fluids, Hb1FBS/PPBS Empod-2, tomorrow Displan, Bath & Dressing, CBD at Removal 10pm, 1st voided 2:30AM 45mls. →	Sul 607353.
	8AM	patient vital signs checked and recorded. Vitals are stable, maintained T to chart. Due medication given as per order, CBG-123 mg/dl Inform to Dr. Sreedevi nam AB T-trycomet SR. given as per order. Repeat CBG after food Q4Hs. →	Sul 607353. Sul 607353.
		B-Breast is soft, no engorgement U-Uterus contraction well. B-Bowel movement ⊕ B-Urine voided freely L-Lochia rubra ⊕ E-Reads Scale NA H-Hernia's sign negative F-Emotional status good →	Sul 607353.
	9AM	PT's BP-104/59mmHg Inform to Dr. Sreedevi nam. → after 2hrs R's to be checked & reviewed	Sul 607353.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/2026		- Maintained JCO Chan has no other normal lochia, Breast soft epi wound now clean & healing general condition is fair	<i>[Signature]</i>
	11am	RBS - 18g mgtl JIF Dr. Lucette man Adm to the in Pisp to SK Star now codes carried out general condition is fair	<i>[Signature]</i>
	12pm	Vital signs are checked & noted Maintained JCO Chan, general condition is fair	<i>[Signature]</i>
	12pm	Seen by Mr. Lucette man Adm to the para 18m man R Q64 for one day plus tomorrow plan to change	<i>[Signature]</i>
		Q6 RBS to be checked & noted has per order plan finally this. yuguet to be unine	<i>[Signature]</i>
29/7/2026	1pm	Pt report for handup due to day staff	<i>[Signature]</i>
		Evening duty ON 29/7/2026	
	1:30PM	patient condition and details handing over taken from morning duty staff nurse	
	2PM	Assessed the patient general conditions - IV line removed and pt on chronic HTN T2 PM	<i>[Signature]</i>

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
		2 nd hourly BP and CBOR En	
		pure and post CBOR checked	
3PM		Encourage Oral Intake	
4PM		patient vital signs are monitor	
		& recorded done H/D stable	
4:15PM		Dr. Parithra Mann seen Patient	
		Monitor the BP 2 nd hourly	
4:45pm		CBOR check 181mg/dL	
		inform to Dr. Parithra Mann	
		he send insulin :- Fiasp	
		40 units subcutaneous done	
5PM		Encourage feeding technique	
		B - Breast is soft	
		V - Uterus is contracting	
		B - Bowel opened	
		B - Urine frequency voiding	
		L - Lochia rubra is normal	
		E - Emotional status good	
		U - Hormonal changes ok	
6PM		Rechecked the BP 102/60 mmHg	
		before Dinner checked CBOR	
		183 upon to Dr. Parithra	
7		also Order. later will give ciding	
7:30pm		pt detach banding on OA	
		align duty shift	

1875

1875

Am. olis

Abu

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
		NIGHT DUTY	
29/Apr	7:30pm	Patient details handed over taken from evening duty Staff to do patient, baby vital monitoring, post dinner pre dinner CBG were checked, plan for discharge →	
	8:00pm	Vitals were checked and checked by doctor. Dr. V. M. M. gave order to give P. (antibiotic) 100mg	
	8:40pm	Vitals were checked and checked by doctor. Doctors main advice to give Fentanyl. Dr. V. M. M. main advice to be next advice continue to do vital monitoring, Hb, CRP, PEs on bpm	
	10:00pm	Vitals were checked and checked by doctor	
	10:40pm	Post CBG were checked and checked by doctor. Clean were given	
	11:00pm	Day's paracetamol administered as per day order	
	11:40pm	Syn (syringe) was given as per doctor order	

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047617

Mrs D KALAVANI

IP18-00036647

21-09-1990

35 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

AREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. LUCETTA.	Date of Delivery: 28/07/26
Assistant Surgeon: DR. AKSHITA.	Time of Delivery: 10:54 AM.
Anaesthetist's Name: DR. SATHISH.	Gender of Baby: GIRL.
Type of Anaesthesia: SPINAL.	Weight of Baby: 2.33 kgs.
Neonatologist: DR. RAKSHITHA.	AGPAR Score: 7/10, 8/10.
Scrub Nurse: S/N SANGEETHA	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G3A2/36W5D/OVERT DM (on OHA+INSULIN)/Chronic HTN/CL LSCS.

☒ Elective

☐ Emergency

Indication: Diabetic changes.

Urgency

☐ Immediate Threat to life of woman or fetus

☐ Maternal or fetal compromise not immediately life threatening

☒ No maternal or fetal compromise but needs early delivery

☐ Delivery timed to suit woman and staff

Decision time: Knife to rectus:

CTG Description: Reactive.

If there was a delay give the reasons:

Surgical Procedure: Elective lower segment caesarean section.

Post Operative Diagnosis: P/LIA2/POD#0/CL LSCS/OVERT DM/Chronic HTN/CL LSCS.

Peri-Operative Complications: NIL

Amount of Blood Loss: 350ml

Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other Cervical Dilatation: cm
 5th Palpable: SLC^{4h} Fetal Position: RCT
 Station: ☒ 3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☒ None ☐ + ☐ ++ ☐ +++
 Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☒ None ☐ + ☐ ++ ☐ +++
 Bladder Catheterized: ☒ Yes ☐ No Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other
 Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
 Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar
 Incision Through Placenta: ☐ Yes ☒ No
 Delivery of head: ☒ Manual ☐ Forceps
 Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
 Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal
 Cord Appearance: normal Cord around the neck ☐ Yes ☒ No
 Appearance of placenta: normal Cavity explored ☒ Yes ☐ No
 Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ No

Uterine Closure: ☐ One Layer ☒ Two Layers 1 vicryl Suture
 Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None Suture
 Sheath Closure: 1 vicryl Suture
 Fat Closure: ☐ Yes ☒ No Suture
 Skin Closure: ☒ Subcuticular ☐ Mattress 3-0 monocryl Suture
 Vaginal Evacuated ☒ Yes ☐ No
 Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions
 Catheter ☒ Yes ☐ No ☐ Remove in 10pm today CHT 6 AM days ☐ Await instructions
 Swap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ No
 Intra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☒ No
 Post-Operative Notes: NPO x 4 hours INS SUPRACCE 1-50m IV TDS

cleared (CBD) till 10pm INS PAN 40mg IV BD
charting INS PARA 10m IV 1-1-1
CBS 20mg IV INS TRAMADOL 50mg (in 100ml NS) (SOS) IV
BP 20mg IV TAB LOBAT 150-100-100
in bed mobilisation IV @ 100ml/hr
w/ft ↑ bleeding plv INS CLEXANE 600mg SL 10pm today
w/ft imminent S/S x 3 doses
Send Hb/FBS/PPBS POD #2

Doctor Name: DR. LUCETTA

Doctor Signature: [Signature]

Date & Time: 28/7/26

Patient's Name:

GUC-00047617

IP18-00036647

Mrs D KALAIYANI

MRD NO:.....

21-09-1990

35 Y 10 M 6 D

(F)

Dr. LUCETTA AMELIA DIAS

Age :.....



MOF

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 28/7/26

Time: 8AM

Location: 1st metacarpal

Size : 184

Cannula inserted by: S/n teamoshi

CANNULA 2

Date : 28/7/26

Time: 10:40 AM

Location: Right metacarpal

Size : 204.

Cannula inserted by: Dr. Priyadharsini

[illegible]

Cannula removed : ☒ Yes ☐ No, if yes date and time :

RX any initiated : ☒ Yes ☐ No ☐ NA If Yes specify-

Phlebitis score: 0/1

[illegible]Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify-

Phlebitis score:

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

- * Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Time:

[illegible]

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

CANNULA 4

Time:

[illegible]

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

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

* Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	11:50 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Den 010720
28/7/26	6 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Pler 60720
28/7	12pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Suo 607303
28/7/26	1 PM	4/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Akalya 01800
28/7/26	4pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	By patient's request	Key/01/7/26
28/7/26	10pm	1/10	Surgical site	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	By patient's request	Pler 60720
29/7/26	4 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Pler 60720
29/7/26	10 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Suo 607303
29/7/26	4 PM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Pler 60720
29/7/26	10 PM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Suo 607303

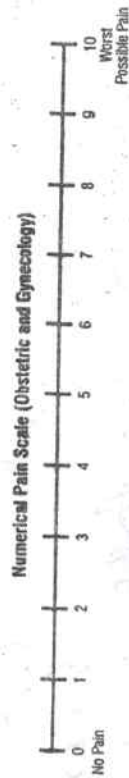
Re-assessment Frequency:

- 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

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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



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

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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00047617

IP18-00038647

Mrs D KALAIVANI

21-09-1990

35 Y 10 M 9 D

(F)

Dr. LUCETTA AMELIA DIAS



PAIN ASSESSMENT FORM

Rainbow Children's Hospital
It takes a lot to beat the flu.

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
30/7	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	<i>[Signature]</i>
30/7	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	<i>[Signature]</i>
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

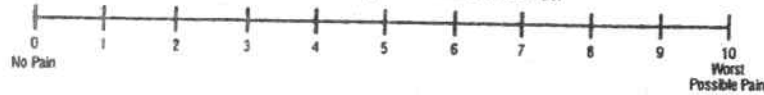
- At least every 2 hours for the first 24 hours
- Then every 4 hours.
- Prior to pain pain-relieving intervention.
- Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

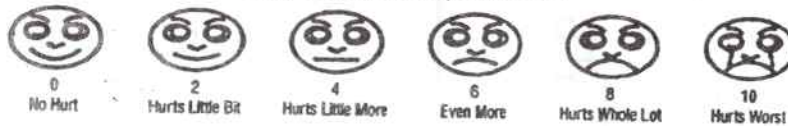
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00047617

IP18-00036647

Mrs D KALAIVANI

21-09-1990

35 Y 10 M 6 D (F)

Dr. LUCETTA AMELIA DIAS



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	28/7	28/7	28/7
				Time	N	M	N
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	9	9	4
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
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
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
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
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
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				TOTAL SCORE	28	28	28
				Evaluator's Name	Dr. L. A. Dias	Dr. L. A. Dias	Dr. L. A. Dias

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

IP18-00036647

GUC-0047617

Mrs D KALAVANI

21-09-1990

Dr. LUCETTA AMELIA DIAS

35 Y 10 M 7 D (F)



BRADEN 'Q' SCALE



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/09/2010 Time: 10:30 AM		4. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name							
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. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
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. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
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 limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
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. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
FRICTION-SHEAR Friction Occurs when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another		1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.		2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.		3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.		4. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
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. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	
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. No limitations: Makes major and frequent changes in position without assistance.		4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		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. 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. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		TOTAL SCORE		Evaluator's Name	

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

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

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 09/11/26	M 28/7	E 28/11	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	15	15	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		0	0			
	No	0		20	20			
GAIT / Transferring	Impaired	20	0	0	0	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	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					
Total Morse Fall Scale Score:			15	35	35			
		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	W	M	E	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0						
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20						
	No	0						
GAIT / Transferring	Impaired	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:						High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
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

GUC-00047617 IP18-00036647
 Mrs D KALAIVANI
 21-09-1990 35 Y 10 M 9 D (F)
 Dr. LUCETTA AMELIA DIAS



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Score			Fall Risk Grading					
						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						
Secondary Diagnosis (more than one diagnosis)	Yes		15	15					Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No		0								
Ambulatory Aid	Furniture		30	0	0	High Risk	≥ 51	Implement High Risk 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						
	No		0	0	0						
GAIT / Transferring	Impaired		20								
	Weak (uses touch for balance)		10								
	Normal /On Bed Rest /Immobile		0	0							
Mental Status	Forgets limitations		15		0						
	Oriented to own ability		0	0	20						
Total Morse Fall Scale Score:				35	20						
		Signature		6.09.24	6.09.24						

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

Ministry of Education and Science of the Republic of Kazakhstan
 National Center for Quality Management and Accreditation

Ministry of Education and Science of the Republic of Kazakhstan
 National Center for Quality Management and Accreditation

Ministry of Education and Science of the Republic of Kazakhstan
 National Center for Quality Management and Accreditation

GUC-00047617 IP18-00036647
 Mrs D KALAIYANI
 21-09-1990 35 Y 10 M 6 D (F)
 Dr. LUCETTA AMELIA DIAS



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. 43 A2 / 36 weeks Plan
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		
27/7/20	11.30 PM	Informed consent	It explain to about in the surgery procedure.	Spouse	Education	oral	Respect values & beliefs	Verbal	Good	Ben
28/7	8 AM	Yes	Explains about NPO	patient	NO	oral	None	Verbal	Good	Sup
29/7	8 AM	Yes	Explains about pain treatment	patient	NO	oral	None	Verbal	Good	Sup
30/7	8 AM	Yes	Explains about pain treatment	patient	NO	oral	None	Verbal	Good	Sup

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

1. Family History
 2. Medical History
 3. Social History
 4. Physical Examination
 5. Diagnostic Tests
 6. Treatment Plan
 7. Follow-up
 8. Prognosis
 9. Referrals
 10. Other



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/1/26 Time of Arrival: 10.30 AM Time Seen by Nurse: 10.38 AM

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: 1st com for FL 1st

3) Vital Signs: Temperature: 98.2 Pulse: 80 RR: 20 SpO₂: 100 BP: 120/80 Weight: 102kg

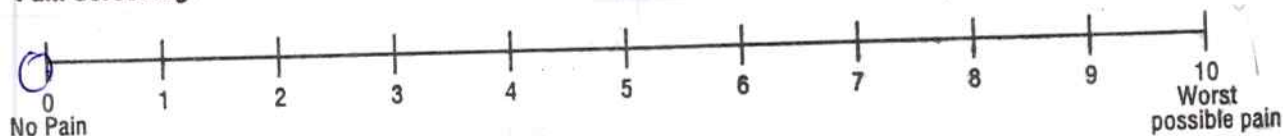
4) Gestational Criteria:

Gravida:	G	P	L	A
----------	---	---	---	---

LMP: 13/11/25 EDD: 20/1/26 Gestational Age: 36w 4d

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: Lipoma removal Bilaxia around 15-16yrs
b) Medical: from an insulin (chronic HTN)

7) Allergy: ☐ Yes ☒ No, If Yes :8) Current Medications: ☐ Prenatal Vitamin ☐ None ☐ Others: Ten. Letet long last

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: 10.30 PMNurse Name: M. DanoNurse Signature: [Signature]Date: 27/7/26 Time: 10.30 PM

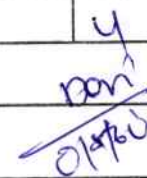
Patient Sticker



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

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

PRE - OPERATIVE CHECK LIST

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name : MRS. Kalarangan.

Blood Group : B+

UHID : 47617

Age : 35 yrs

Date : 28/7/2016

Planned Surgery : Elective LSCS.

Anesthetist : Dr. Mohan

Surgeon : Dr. Lucetta

Gender : ☐ M ☒ F

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :
Date & Time of Operation : 28/7/2016 @ 10am

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

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

Billing Clearance taken

Billing Executive Name : Dellipalan

Billing Executive Signature : [Signature]

Date & Time : 28/7/2016 @ 2:37pm

Nurse In-Charge Name : Sowmya

Signature of Nurse In-Charge : [Signature]

Date & Time : 28/7/2016 @ 8:30am

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

177
178

179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200

201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300

301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400

401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500

501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600



SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	✓
2	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	✓
3	Antibiotic prophylaxis given within 60mts prior to skin incision	✓
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



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 28/1/26 @ 8:00 AM

Date of Removal: 28/1/26 @ 6 PM

Parameters	Date	Shift Time	28/1/26 N	28/1/26 E	28/1/26 N				
Need for the Catheter	☒ Yes ☐ No		☒ 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	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No		☒ 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	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No		☒ 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	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No		☒ 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	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No		☒ 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	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No		☒ 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	☐ 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	☐ Yes ☐ No
Name of the Nurse			P. Kanna	Anter	Sathi				
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				

INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY

Name: GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 6 D (F) mi Age: Gender: ☐ Male ☐ Female
Dr. LUCETTA AMELIA DIAS
UHID.No:  Date:

I / We have been explained by Dr.
about the medical condition and the proposed procedure.

I / We have been told that our patient has
the following Medical Conditions / Diagnosis:

G3A2 / 36w4d / Chronic HTN / Type 2 DM on Insulin
FGR with Doppler changes

Proposed Treatment / Procedure / Operation:

Elective lower segment cesarean section

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned
above and that our patient has following risks involved during the hospital stay

Bleeding, infection, blood transfusion, injury to surrounding structures
preterm delivery risk; baby admission to NICU, high BP/sugars

I / We have been explained risk, benefits and alternatives of the procedure. prolonged admission to hospital

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results,
complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no
guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above – mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences
arising from the treatment.

Patient (Or Patient Relative / Guardian):

Signature:
Name: D. Kalaiyani
Date & Time: 27/7/26

Doctor (Who is talking the consent)

Signature:
Name: Dr. Vinita
Date & Time: 27/7/26

Witness

Signature: T. Suresh Kumar
Relative / Legal Guardian: (Relationship with Patient) Husband
Address:
Date & Time: 27/7/26

Name: T. SURESH KUMAR

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name: **Mrs D KALAIYANI**
 21-09-1990 35 Y 10 M 6 D (F)
 Dr. LUCETTA AMELIA DIAS

UHID No.:



Gender: ☐ Male ☐ Female Age: _____
 Date: _____

Instruction

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

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

Elective lower segment cesarean section

upon _____

(Name of the Patient)

Mrs. Kalaiyani

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

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

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

Bleeding, infection, blood transfusion, injury to surrounding structures (uterus, bowel, bladder), baby admission to NICU, preterm delivery risks

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: [Signature]

Name: D. KALAIYANI

Date & Time: 28/11/20

Witness:

Signature: _____

Name: _____

Date & Time: _____

Patient Attendant:

Signature: [Signature]

Name: T. SURESH KUMAR

Relationship with Patient: Husband

Date & Time: 28/11/20

Doctor (who is taking the consent):

Signature: [Signature]

Name: Dr. V. V. Vitha

Date & Time: 28/11/20

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 6 D (F) Age :
Dr. LUCETTA AMELIA DIAS
Gender: M C Consultant :
Ward / Bed No. sthesiologist:
Operative procedure planned : *elective lower segment caesarean section.*

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA
☐ Incapacitating COPD ☐ Others : *Hypertension, dehydration, bleeding*
Comments : *Brachial plexus*

- 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 Anaesthesia / ☐ Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : Kalavani

Relationship with Patient: Self

Date & Time : 28/7/26 at 7AM

Witness :

Signature : [Signature]

Name : T. Suresh Kumar

Date & Time : 28/7/26 at 7AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time : 28/7/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lucetta
Asst. Surgeon : Dr. Akshika
Anaesthetist : Dr. Sathish Dr. Priya
Scrub Nurse : S/N. Sani S/N. Sajeel

GUC-00047617 IP18-00036647
Mrs D KALAIYANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS


Age : _____ Gender : _____
ery Name : _____
10:35 am Out-time : 12 pm

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: 10:37 AM
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☐ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☒ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>Dr. Priya</u>		
Name : <u>Dr. Priya</u>		

TIME OUT		Time: 10:50 AM
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☒ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☒ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☒ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : _____		
Name : _____		

SIGN OUT		Time: 12 pm
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		
6 Type ISO 11140 STEAM Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 Green = Sterilized SV: 121°C - 15 min. 134°C - 3.5 min. Steritech		
Signature : <u>S/N. Sani</u>		
Name : <u>S/N. Sani</u>		

10/11/11
 10/11/11
 10/11/11

11/11/11

11/11/11

10/11/11
 10/11/11
 10/11/11

10/11/11
 10/11/11
 10/11/11

10/11/11

10/11/11

10/11/11

10/11/11
 10/11/11
 10/11/11

10/11/11
 10/11/11
 10/11/11

10/11/11
 10/11/11
 10/11/11

CONSENT FOR BLOOD TRANSFUSION

GUC-00047617 IP18-00036647

Mrs D KALAIVANI

21-09-1990

35 Y 10 M 6 D

(F)

Dr. LUCETTA AMELIA DIAS

Patient Name :

Kalaivani

Age: Gender :

UHID No.:

.....Ward/Bed No.

Type of Blood Product :

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

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

Name of Patient / Attendant

D. Kalaivani

Signature of Patient / Attendant

D. Kalaivani

Date *27/7/26*

Time : *11.30 am*

Relationship with Patient:



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 28/7/26 @ 12pm

OT TRANSFERRED TO: MIVV

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

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

GUC-00047617 IP18-00036647
Mrs D KALAIVANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS



Date & Time of Transfer: MLW

TRANSFERRED TO: OT

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

PATIENT TRANSFER FORM

GUC-00047617
Mrs D KALAIVANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS



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 27/7/26 at 6:45pm		Date & Time of Transfer Order 28/7/26 at 9:30AM
Treating Consultant Name Dr. Lucetta	Transfer Ordered by Dr. Akshita	Reason for Transfer EL. LSCS
From Unit 7th Floor	To Unit LDR	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File IP files	Number of Imaging Films CTG - 3	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	Tab. Supacof	1
2.	1 Syringe 1ml	1
3.	RL 500ml	1
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring S. Madhuvanti		Name of Person Ordered Transfer Dr. Akshita
Patient & Clinical Records Received by : S. Poornima		
Date & Time of Patient Received : 28/7/26 at 9:30AM		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

STUDENT TRANSFER FORM

1. Name of Student

2. Date of Transfer

3. Reason for Transfer

4. Signature of Student

5. Signature of Parent/Guardian

6. Signature of School Official

7. Date of Completion

8. School Name

9. District Name

10. State Name

11. School Address

12. School Phone Number

13. School Fax Number

14. School Email Address

15. School Website

16. School Principal Name

17. School Principal Title

18. School Principal Phone Number

19. School Principal Email Address

20. School Principal Website

21. School Principal Signature

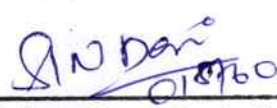
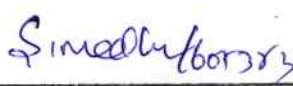
22. School Principal Title

23. School Principal Phone Number

24. School Principal Email Address

25. School Principal Website

PATIENT TRANSFER FORM

GUC-00047617 IP18-00036647 Mrs D KALAIYANI 21-09-1990 35 Y 10 M 6 D (F) Dr. LUCETTA AMELIA DIAS 		Date & Time of Admission 28/11/26 at	Date & Time of Transfer Order 28/11/26 at
Treating Consultant Name Dr. Lucetta		Transfer Ordered by Dr. Vinita	Reason for Transfer Pt Shifted to ward
From Unit MUW	To Unit 7th floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 1 file - 1	Number of Imaging Films 0	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Pt Shifted to ward and on by Dr. Vinita			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Vinita	
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

GUC-00047617

IP18-00036647

Mrs D KALAIVANI

21-09-1990

35 Y 10 M 7 D

(F)

Dr. LUCETTA AMELIA DIAS



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		Date & Time of Transfer Order 28/12/20 @ 12 pm
Treating Consultant Name Dr. Lucetta	Transfer Ordered by Dr. Sathish	Reason for Transfer For Further management
From Unit OT	To Unit MICU	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 1 Ip file	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring [Signature] (60727)		Name of Person Ordered Transfer Dr. Sathish
Patient & Clinical Records Received by : S. Jothi		
Date & Time of Patient Received : 28/12/20 @ 12 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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00047617 IP18-00036647

Mrs D KALAIYANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS



Date & Time of Admission <i>27/7/2017 10.45pm</i>		Date & Time of Transfer Order <i>28/7/2017</i>
Treating Consultant Name <i>Dr. Lucetta</i>	Transfer Ordered by <i>Dr. Akshita</i>	Reason for Transfer <i>EL. LSS</i>
From Unit <i>ICU</i>	To Unit <i>OT</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>1 + 20 file</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☒ <i>Dr. Akshita</i>		
Name & Signature of Person who is Transferring <i>S. Pooja</i>		Name of Person Ordered Transfer <i>Dr. Akshita</i>
Patient & Clinical Records Received by : <i>T. Jay</i> <i>6/29/17</i>		
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



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HHS-100-100-100

REPORT OF DIS-CHARGE

PATIENT'S NAME		DATE OF BIRTH		DATE OF DISCHARGE	
J. J. J. J. J.		1/1/1912		1/1/1912	
PATIENT'S ADDRESS		CITY		STATE	
1234 Main St.		New York		N.Y.	
PATIENT'S OCCUPATION		PATIENT'S MARITAL STATUS		PATIENT'S RELIGION	
Student		Single		Catholic	
PATIENT'S PRESENTING COMPLAINT		PATIENT'S HISTORY		PATIENT'S PHYSICAL EXAMINATION	
Fever, cough, sputum		Onset 10 days ago		T 101.0, P 100, R 20, BP 120/80	
PATIENT'S TREATMENT		PATIENT'S PROGNOSIS		PATIENT'S DISCHARGE INSTRUCTIONS	
Penicillin, rest, fluids		Good		Take medicine as directed	
PATIENT'S SIGNATURE		PATIENT'S ADDRESS		PATIENT'S CITY	
J. J. J. J. J.		1234 Main St.		New York	
PATIENT'S STATE		PATIENT'S RELIGION		PATIENT'S MARITAL STATUS	
N.Y.		Catholic		Single	
PATIENT'S OCCUPATION		PATIENT'S PRESENTING COMPLAINT		PATIENT'S HISTORY	
Student		Fever, cough, sputum		Onset 10 days ago	
PATIENT'S TREATMENT		PATIENT'S PROGNOSIS		PATIENT'S DISCHARGE INSTRUCTIONS	
Penicillin, rest, fluids		Good		Take medicine as directed	

If the transfer order is not received, the patient should be discharged to the home. If the transfer order is received, the patient should be discharged to the hospital.

GUC-47617

ANTENATAL RECORD

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

BirthRight
BY RAINBOW HOSPITAL
Your Right to a Safe Delivery

Antenatal No: _____

Reg.No: _____

DR. Luetta.

PERSONAL DETAILS

Name: MRS. Kalarani Age 35 Date of Birth 01/01/1990 Education: _____
Occupation: _____ Phone No: _____ Mobile: _____
Husband's Name: _____ Age _____ Education: _____ Occupation: _____
Address: Saidapet, Chennai - Tamil Nadu
Mobile: 9639039878 E-mail Id: _____

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

LMP- 13/11/2025

EDD- 20/8/2026

HISTORY

Year of Marriage: _____ Menstrual History: Previous Periods _____ LMP _____ EDD _____ Corrected EDD _____
Consanguinity: _____ Contraception: _____ OBSTETRIC FORMULA:
Gravida _____ Para _____ Live _____ Abortions _____

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History: _____

Family History: _____

Surgical History: _____

Allergies: _____

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife

Husband

ICT

VDRL

HIV

HbsAg

TSH

GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Investigations	Report

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report

Tetanus Toxoid: 1st dose

2nd dose

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester										
TIFFA										
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

Were any Prenatal diagnostics done- Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: _____ Corrected EDD: _____ Parity _____

SYSTEMIC EXAMINATION

Height _____ CVS _____
Weight: _____ Respiratory System: _____
BMI: _____ Breasts: _____ Thyroid: _____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
12/3/2026	95.8	122/91							
10/1/26	98.6	148/95 138/90							
1/5/26	99.5	129/85							
15/5/26	100	132/82							
30/5/26	100.6	119/80							
1/6/26	100.8	117/85							
26/6/26	102	126/86							
16/7/26	102.7	111/77							
27/7/26	102.3	107/84							

Special Concerns

DOA	DOD	GA Weeks	Complaint	Management	Advice

Gestaional age: _____ Date&time of delivery: _____

Induction:- Indication _____

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

Induction: _____

Indication: _____

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

Postpartum Period: _____

PATIENT TRANSFER FORM

Patient Name & UHID No. <i>Moni D. Kulawani</i> <i>GUC: 2767</i>		Date & Time of Admission <i>27/7/26 at 10:20pm</i>	Date & Time of Transfer Order <i>28/7/26 at 10:50pm</i>
Treating Consultant Name <i>Dr. Lucette</i>		Transfer Ordered by <i>Dr. Puenther</i>	Reason for Transfer <i>Future bed</i>
From Unit <i>2002</i>	To Unit <i>7th Floor</i>	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File <i>27 files</i>	Number of Imaging Films <i>201 ②</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.	<i>Inf Sepace 1-5gm</i>	<i>①</i>	
2.	<i>undercut pad</i>	<i>②</i>	
3.	<i>Inf Pura 1gm</i>	<i>①</i>	
4.	<i>Inf Tropic 800mg</i>	<i>②</i>	
5.	<i>100ml NS</i>	<i>②</i>	
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring <i>Dr. Puenther 10/11/26</i>		Name of Person Ordered Transfer <i>Dr. Puenther</i>	
Patient & Clinical Records Received by : <i>Dr. 28/7/26</i>			
Date & Time of Patient Received : <i>28/7/26</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

Date of Transfer: <u>10/1/01</u> Time of Transfer: <u>10:00 AM</u> From: <u>Room 200, 2nd Floor</u> To: <u>Room 200, 2nd Floor</u>	
Patient Name: <u>John Doe</u> Room Number: <u>200</u> Bed Number: <u>10</u>	Referring Physician: <u>Dr. Smith</u> Attending Physician: <u>Dr. Jones</u> Nurse: <u>Ms. Brown</u>
Reason for Transfer: <u>Transfer to another unit</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Condition: <u>Stable</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Physical Exam: <u>Normal</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Laboratory Results: <u>Normal</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Radiology Results: <u>Normal</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Pathology Results: <u>Normal</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Social History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Family History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Medication History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Allergy History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Immunization History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Surgical History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Anesthesia History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>
Patient's Other History: <u>None</u> Date: <u>10/1/01</u> Time: <u>10:00 AM</u>	Date: <u>10/1/01</u> Time: <u>10:00 AM</u>