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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 6/7/26

Name of the Patient: ...
Mrs K PUNITHA
20-12-1986 39 Y 6 M 15 D (F)
Dr. LUCETTA AMELIA DIAS

UHID No: .....

Ward: .....

...ender: .....

...oom No: 606

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 6/7/26

Time: 8:29

Pharmacy Sign

Date: 6/07/26

Time: 8:22

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

Rainbow Children's Hospital

Mrs K PUNITHA
20-12-1986 39 Y 6 M 15 D (F)
Dr. LUCETTA AMELIA DIAS

DISCHARGE TRACKING SHEET

OR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy		8.20					

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Rainbow Children's Hospital — to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Punitha

UHID No: 76618 IP No: 86318 Consultant: Dr. Lucetta Dept: LSCR

Date of Admission: 4/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
04/7/26	1.35pm	LSCR	OT	
4/7/26	3.20pm	OT	MICU	
4/7/26	11pm	MICU	6th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PNC	4/7/26	1721758	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/7/26	CBC	21465	[illegible] 6/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7	CTG - (1)			603966	
4/7	Infusion	9PM	5/7/26 4am	172318	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7/26	IV placement	(1)	172754	[illegible]
4/7/26	catheterization	(1)	172754	[illegible]
6/7/26	physiotherapy	(1)		
6/7/26	diet counselling including diet Analysis	(1)	172247	[illegible] 017129

ANY OTHER INFORMATION:

4/7/26 Procedure : Emergency LSCS
Surgeon: Dr. Lucette
Assist. Surgeon: Dr. Akshitha, Dr. Divya
Anesthetist : Dr. Sathish, Dr. Priyadharshini
In time : 1:30 pm
Out time : 3:00 pm

Date: 6/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] 017129.			

Rainbow Children's Hospital | BirthRight

Mrs K PUNITHA 39 Y 6 M 15 D (F)
20-12-1986
Dr. LUCETTA AMELIA DIAS

ISCHARGE TRACKING SHEET

UI

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	6/7/26 at 10.30am	6/7/26 at 11.0m			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036318 **Admit Date** : 04-Jul-2026 **Admit Time** : 01:28 PM **UHID** : GUC-00076618

Patient Details :

Patient Name	: Mrs K PUNITHA	**Age**	: 39 Y 6 M 14 D
Guardian	: K SUNDARAJAN	**DOB**	: 20-12-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no 5\183 gopal street madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 9080183470
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : K SUNDARAJAN **Relationship** : Husband

Contact Address : plot no 5\183 gopal street madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : 9080183470

Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs K PUNITHA**	**Age :**	**39 Y 6 M 14 D**
IP No:	**IP18-00036318**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: K. Sund

Name: K. SUNDARAJAN

Relationship: HUSBAND

Date: 04/06/26 Time: 01:28Pm

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:

plot no 5\183 gopal street
madipakkam Madipakkam Chennai
Tamil Nadu INDIA 600091

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. K PUNITHA	UHID Number : 6616
Self/Attendant Name : K. SUNDARAJAN.	Relation : HUSBAND
Self/ Attendant Signature : Phone Number : K. Sunj.	Name & Signature of Financial Counselor

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

PRE - OPERATIVE CHECK LIST

BirthRight
RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 4/7/26

Patient's Name : Mrs: Punitha Age : 39 yrs Gender : ☐ M ☑ F

Blood Group : A1 Positive UHID : #6618

Planned Surgery : Emergency LSCS Surgeon : Dr. Lucetta.

Anesthetist : Dr. Sathish Date & Time of Operation : 4/7/26 at 2pm

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Dellibalu C Nurse In-Charge Name : S N Abeolya

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

Date & Time : 04/07/26 @ 2:00pm Date & Time : 04/07/2026

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Lucetta.	Date of Delivery: 04.07.2026.
Assistant Surgeon: Dr. Akshitha / Dr. Diyalakshi	Time of Delivery: 1:51 pm.
Anaesthetist's Name: Dr. Sathish	Gender of Baby: BOY.
Type of Anaesthesia: ↓ Spinal	Weight of Baby: 2.765 kg.
Neonatologist: Dr. Anthapoorani	AGPAR Score: 8/10, 9/10.
Scrub Nurse: SIN: Sundari	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis: PRIMI / IVF / 36+5 WEEKS / LOW LYING PLACENTA / EARLY LABOUR

☐ Elective ☑ Emergency Indication: LOW LYING PLACENTA IN LABOUR

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

Decision time: ..... Knief to rectus: 3 mins

CTG Description: Reassuring

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

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION.

Post Operative Diagnosis:

P1L1 / EM. LSCS / POD - 0

Peri-Operative Complications:

NIL

Amount of Blood Loss: ~320ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

N/L

(P.T.O)

Examination Findings when Appropriate:

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

5th Palpable: 4/5   Fetal Position: longitudinal

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: Normal   Cord around the neck ☐ Yes ☑ No

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☐ Yes ☐ No ☐ Remove in on orders 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:

1. NPO x 6 hours.
2. IVF @ 125ml/hr.
3. Inj. SUPACEF 1.5gm BDS x
4. Inj. TRAPIC 1gm TDS x 3 doses.
5. Inj. CLEXANE 40mcg SC OD c/n 6am.
6. Inj. PAN 40mg BD
7. Inj. PARACETAMOL 1gm TDS
8. JUSTIN SUPPOSITORY BD
9. CBC on POD-2
10. CBD removal c/n on orders
11. I/O charting.
12. W/F ↑ bpv.

Doctor Name: Dr. Lucetta   Doctor Signature: for [signature]

Date & Time: 4/7/26.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Name : .....
UHID No : .....
Gender: ☐ Male ☐ Female
Age : 39 years
Date : 4/7/26.

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION upon Mrs. K. PUNITHA (Name of the Patient)

(Ind: Low lying placenta in labour)

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, need for blood and blood product transfusion, injury to adjacent structures, risk of thromboembolism, anesthesia related complications, NICU stay, NICU care.

My signature on this form indicates that

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

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

Consentee :
Signature : K. Punitha
Name : MRS. Punitha
Date & Time : 4/7/26

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

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Dhanalakshmi. S.R
Date & Time : 4/7/26

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

CONSENT FORM FOR ANAESTHESIA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00075618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Name : .... Age : ..... Gender : Male ☐ Female ☐

UHID NO: .....

Surgeon Name: .....

Anaesthesiologist : .....

Operative procedure planned : ..... LSCS .....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : HEADACHE, HYPOTENSION

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : K. Punitha

Name : Mrs. Punitha

Relationship with Patient: Self

Date & Time : 4/7/26

Witness :

Signature : K. Amrit.

Name : .....

Date & Time : 4/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : SATHISH

Date & Time : 4/7/26

Docu. No. : RCH / FRM / CLINICAL / 021

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

Name: ...... GUC-00076618 IP18-00036318 Mrs K PUNITHA
Date: .... 20-12-1986 39 Y 6 M 14 D (F) Dr. LUCETTA AMELIA DIAS
Diagnosis:

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

Proposed Operation: Emergency LSCS

Primi / placenta previa

B.P / CRT: .... H.R: .... Weight: 77 kg ASA Physical Status: ☐1 ☑2 E ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.8
PCV: ....
WBC: 10360
Plate: 2.58
PT: ....
PTT: ....
INR: ....

Glucose: ....
Urea: ....
Creat: ....
Na: ....
K: ....
Ca++: ....
Mg++: ....
Cl -: ....

Protein: ....
Alb: ....
Total Bill: ....
Dir. Bill: ....
LDH: ....
Alk phos: ....
Amylase: ....
SGOT/SGPT: ....

HIV: NR
HBS Ag: NR
HCV: NR
Blood group: A +ve
T3 ....
T4 ....
TSH 3.31

X-Ray: ....
ECG: ....
2D Echo: ....
Stress/Angio: ....
Other: ....

Allergies: —

Medical History: CVS :

RESP : Diabetes :

CNS : No Comorbids

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: ~~No~~ prev sx, ex encirclage at 16w

Physical Exam:

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

Lungs :

Heart: NAD

CNS:

Pregnant: ☑Yes ☐No ☐NA Venous Access Site : 18 G Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: [signature] 15/6 Name: Dr Priya dharshini

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status:
Physical Status: ☐ Patient Identified ☑ Consent Present ☑ Chart Reviewed	

H.R.: 75/min B.P / CRT: 110/70 SpO₂: 100% R.R.: 16/min Last Feed:

Pre-OP Diagnosis: [illegible] Operation: Surgery [illegible] Date: 4/8/26

Surgeon: Dr [illegible] Anaesthesiologist: Dr [illegible] Technician: [illegible]

TIME: 1.40pm — 2.40pm

N₂O /AIR /O₂ LPM

HALO /ISO /SEVO

Drugs:
- Inj Emeset 4mg IV
- Inj Tegrin 1g IV
- Inj Syntocinon 5U IV + 20U IV infusion
- Inj Carboprost 250mcg (IM)
- Inj Methergine 0.2mg IV

Antibiotic: Inj [illegible] 1.5g

Suppository

Blood Loss

FIO₂ / SaO₂

ETCO₂

ECG: Sinus rhythm

Temperature

Urine Output

NOTES

Fluids / Blood: 1L RL, 2L [illegible], 2L [illegible]

B.P: V Systolic, A Diastolic, X Mean, • Heart Rate (scale 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0)

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values: ABG, GRBS, Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site:
☑ Art Site:
☑ ECG Lead
☐ Temp Site
☐ FiO₂ Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 1.40pm
OP Start:
OP End:
Leave OR: 3pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☐ IV: 18G (L)
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others
☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why?
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional: ☑
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G Whitacre Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2.2 ml 0.5% (H) Bupivacaine + 0.2ml buprenorphine
Bolus:
Infusion:
Block Level:
Comments:
Transportation to: T6 level (+)
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr [illegible]
Signature of the Doctor: [signature] 1540hr

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risne Time Received : 3:00pm Time Discharged : 3:00pm

✓ RESP • PULSE > < BLOOD PRESSURE

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO₂

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

IV Cannula Site : ....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: ....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: ....
Oral Feeds: ....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				1
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				2
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				2
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				2
		TOTAL	9				9

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/7		0/10	- NPO till further order	[signature] TSU6M

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

Anaesthesiologist Name : Dr Bunja K
Anaesthesiologist Signature: [signature] TSU6M
Date & Time: 4/7/26 3pm

PACU Nurse Name : Risni
PACU Nurse Signature: [signature] 607721
Date & Time: 4/7/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): Maya
Date & Time: 4/7/26 @ 3:00pm

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lucette
Asst. Surgeon : Dr. Alshitha
Anaesthetist : Dr. Sathish
Scrub Nurse : Sis Sandra

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Age : ..... Gender : .....
Name : Gm 124
1:30 pm Out-time : 3:00 pm

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 1:35 pm

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 : Sath
Name : SATHISH

Before Skin Incision ➤➤

TIME OUT Time: 1:38 pm

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 : for 164288
Name : Dr Lucetta

Before Patient Leaves Operating Room

SIGN OUT Time: 2:55 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

Signature : Prisca
Name : Prisca

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints pt is well
No c/o pain / bleeding / leaking p/v
c/o pain ⊕.

LMP: 25/10/25.
EDD: (BT) 27/7/26
Corrected EDD:
GA: 36w+5D

Obstetric Formula:
PRIMI.

Menstrual History: Regular: ☐ Yes ☑ No

Obstetric Examination

Obstetric Hostory:
PP - ICSI (FET), low lying placenta (1-2cms).
1st cycle.

Fundal Height: Term

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

Present Pregnancy Record:
Dating, NT + FTS - ⊖
16w obs - low lying pla covering os.
- Cx 2.5cms. - Cx encerclage done.
21w / 28w / 32w } - low lying placenta.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: 5/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

- Low lying placenta (1-2cms from internal os)
- ICSI conception.
- Cx encerclage done at 16w.
- Elderly gravida

Per Speculum Examination not done.

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

Vaginal Examination not done.

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: 170 cm
Weight: 77 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: conscious Pallor: ⊖
Icterus: Edema: ⊖.
Temp: PR:
BP: DTR:
CVS: RS
Liver/Spleen: Urine Output:

DIAGNOSIS

39 yrs / Elderly primi / 36w+5D / ICSI conception / Low lying placenta / ? Early labor / Emergency LSCS.

Docu. No. : RCH /FRM / CLINICAL / 087 (P.T.O)

Patient Sticker

Family History:	Surgical History:
Mother – SHTN.	NIL
Medical History:	**Medication History:**
Ecospirin LD 23/6/26.	NIL
Plan of Care:	**Investigations:**
- monitor vitals - NPO - CTG/DFMC. - w/f ↑ pain/bleeding/leaking PR - Catheterise - Prepare parts - Secure IV line - Reserve 1 OPC. - Inform anesthetist/pediatrician - shift to OT. P/A: uterus at term. 2/15"/10' cephalic. FH ⊕ clinically liquor ⊘ P/E: Cx stitch removed.	CTG – Reactive

Doctor Name: Dr. Marietta

Signature: 123435

Date & Time: 4/7/26

Consultant Name: Dr. Lucetta

Signature: 123435

Date & Time: 4/7/26

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	29/6/26.			Blood grouping & typing		
Time						
Hb	11.8			A1	POSITIVE.	
PCV						
RBC						
WBC	10360.					
N/L						
Platelets	2.58.			ECG		
CRP				2D ECHO		
ESR						
PCT				HIV		
RBS				HbSAg		
Na				VDRL.		
K						
Cl				16/16/25		
Ca/Mg				TSH=3.31		
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/6/26

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00076618
Mrs K PUNITHA IP18-00036318
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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
7/7/20	S/B Dr. Divyalakshmi	
3pm		pt. received in MICU
		pt. reviewed
POD-0		Advice
	O/E: pt GC fair, afebrile	- NPO x 6hrs (9 pm)
T=N	PO/PCO	- IVF @ 125ml/hr
PR- 60/min		- monitor vitals.
BP= 110/70 mmHg	P/A: soft.	- follow drug chart.
SpO2= 99% @RA	Ut contracted well	- W/F ↑ b pv.
	dressing dry	- I/O charting.
		- CBD / clexane 6 am
U/O: 50ml	YE: Bleeding WNL	- CBC on POD-2
clear	CBD insitu	- Inj. Trapic x 3 doses.
		- Inform SOS.
Baby m/s		
Breasts soft	[signature] 16:12	
4/07/2020	C/S/B Dr. Punitha / Dr. Shandini	
9:30 PM	Pt reviewed.	
POS	O/E	Advice
	Pt GC fair	- Sips of oral fluids.
T (N)	afebrile	- Clear liquids (FC water / Juice) overnight.
BP- 100/70	P / R4	- Kanji c/m 7Am.
PR- 80/min.	CVS / RS NAD	- Vitals monitoring
SpO2- 100% RA	P/A - Soft, BS (+)	- Follow drug chart / Inj Trapic x 3 doses
Baby m/s	Ut firm & cont well.	- CBD / Clexane c/m 6Am.
	Dressing Dry.	- CBC on POD-2.
UO - 700ml clear	YE - No undue bleeding P/v. [signature]	Shift to ward.

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

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
5/7/26.	S/B Dr. [illegible]	
9:30AM		
A1+ve	pt reviewed.	
POD#1.	passed stools	
	voiding freely	
BP 100/60mmHg.	O/E: afebrile	Plan
PR 88bpm.	GC fair	- normal diet
SpO2 99% @ RA.	P° /PE°	- ambulate
Temp (N)	P/A uterus wc	- hydrate
	soft	- inform (SOS).
B/L breast soft	BS ⊕	
secretions ⊕	dressing dry	[signature]
Baby m/s	L/E BWNL	128035
DBF		
6/7/26	S/B Dr. [illegible]	
10:30AM	vitals stable.	
	passed stools.	
POD-2	P/A = soft, ut. contracted	
	L/E = BWNL	
		Advice
Baby m/s		- process discharge
		- Bath & dressing today
	[signature] 164283	

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

GUC-00075618 IP18-00036318
Mrs K PUNITHA
20-12-1985 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

...CATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	BD	4/7/26	☑C ☐DC
2	INJ. TRAPIC	1g	IV	TDS	4/7/26 10pm	☑C ☐DC
3	INJ. CLEXANE	40mg	SC	OD		☑C ☐DC
4	INJ. PANTOPRAZOLE	40mg	IV	BD	4/7/26 7pm	☑C ☐DC
5	INJ. PARACETAMOL	1g	IV	TDS	4/7/26 5pm	☑C ☐DC
6	JUSTIN SUPPOSITORY	100mg	PR	BD	4/7/26 3pm	☑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. Shreeden 162217

Date & Time : 04/07/2026

Nurse Name & Signature: S/N. Tamilselvi. J 4/7/26

Date & Time : 4/7/26 at 11pm

GUC-0007/5618 IP18-00036318
Mrs K PUNITHA
20-12-1981 39 Y 6 M 14 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

MEDICATION RECONCILIATION FORM

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

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

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

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 16/7/20 Dr. Rajalakshmi

Date & Time : 4/7/20

Nurse Name & Signature: S. Pooja Pooja

Date & Time : 04/7/20 @ 12.50pm

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ EMESET	4mg	IV	STAT	4/7	☐C ☐DC
2	INJ TRAMIC	8	IV	stat	4/7	☐C ☐DC
3	INJ SYNTO	5U	IV	stat	4/7	☐C ☐DC
4	INJ CARBOPROST	250mg	IM	stat	4/7	☐C ☐DC
5	INJ METHERGINE	0.2mg	IV	stat	4/7	☐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 Priyanka Kanchi

Date & Time : 4/7/26 3pm

Nurse Name & Signature: Rita 607721

Date & Time : 4/7/26 @ 3pm

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

DRUG CHART

Date of Admission: 04/11/20 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS

Weight. 77kg Ward. LSR

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	4/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	4/7	5/7	6/7
2AM	SLV MM	SLV	
2PM	BS		

DRUG : Inj. TRAPIC

Dose	Route	Frequency	Start Date
1gm	IV	1-1-1	4/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: x 3 doses

Daily Doctor's Endorsement by a Sign

Date / Time	4/7	5/7
6AM	SLV MM	
2pm	BS	
10pm	TJ NO.	

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	OD	4/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time
10pm

Time change

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	OD	5/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/7	6/7
6AM	SLV MM	SLV

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F) Punitha
Dr. LUCETTA AMELIA DIAS

Patient S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight ... 71 kg Ward ... 2 OP

DRUG: Inj. PAN	Date/Time: 4/7, 5/7, 6/7
Dose: 40mg / Route: IV / Frequency: BD / Start Dt.: 4/7	7am — SOT, MM
Name & Signature of the Doctor Starting the Drugs: 164288	
Additional Instructions:	7pm — SO, PS
Daily Doctor's Endorsement by a Sign	

DRUG: Inj. PARACETAMOL	Date/Time: 4/7, 5/7, 6/7
Dose: 1 gm / Route: IV / Frequency: 1-1-1 / Start Dt.: 4/7	1am — SOT, MM, SOT
Name & Signature of the Doctor Starting the Drugs: 164288	9am — AA, SM
Additional Instructions:	5pm — SO, S, PS
Daily Doctor's Endorsement by a Sign	

DRUG: JUSTIN SUPPOSITORY	Date/Time: 5/7, 6/7
Dose: 100mg / Route: PR / Frequency: BD / Start Dt.: 5/7	9am — AA, SM, AD
Name & Signature of the Doctor Starting the Drugs: 164288	
Additional Instructions:	9pm — SOT
Daily Doctor's Endorsement by a Sign	

DRUG: Tab. CEFTUM	Date/Time: 6/7
Dose: 500mg / Route: PO / Frequency: 1-0-1 / Start Dt.: 6/7	8am
Name & Signature of the Doctor Starting the Drugs: 164288	
Additional Instructions:	8pm
Daily Doctor's Endorsement by a Sign	

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

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 : Tab. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	6/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 6/7 8am 2pm 10pm

DRUG : Cap. PAN-D

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	6/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 7am 7pm

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Dt.
1gm	PO	1-0-1	6/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 8am 2pm 10pm

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Weight. 77.4 Ward. 210n

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7	1:40pm	INJ EMESET	4mg	IV	[signature]	RS SS
4/7	1:40pm	INJ TRAPIC	1g	IV	[signature]	RS SS
4/7	1:45pm	INJ CARBOPROST	250mcg	IM	[signature]	RS SS
4/7	1:45pm	INJ METHERGINE	0.2mg	IV	[signature]	RS SS
4/7	1:55pm	INJ SYNTO	5U	IV	[signature]	RS SS
4/7	1:40pm	INJ SUPACEF	1.5 g	IV	[signature]	RS SS
4/7	3pm	T. MISOPROSTOL	600mcg	PR	[signature] 164288	RS SS
4/7	3pm	SUSTIN SUPPOSITORY	100mg	PR	[signature] 164288	RS SS

Patient Sticker

I.V. FLUIDS CHART

Weight. 57 kg Ward. 2202

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7	1:30 pm	RL 1⊙	IV	1	[illegible]	Rs / Ss	4/7	[illegible]	Rs / Ss
4/7	1:40 pm	RL 1⊙	IV	Pushed	[illegible]	Rs / Ss	4/7	[illegible]	Rs / Ss
4/7	2:00 pm	RL 1⊙	IV		[illegible]	Rs / Ss	4/7	[illegible]	Rs / Ss
4/7	2:30 pm	RL 1⊙ c̄ 20 U synto	IV	over 4 hrs	[illegible]	Rs / Ss	[illegible]	[illegible]	
4/7	6:28 pm	IVF RL 1⊙	IV	125 ml/hr	[illegible]	[illegible]	5/7/24 at 7 AM	[illegible]	[illegible]

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

)bservation Score Chart - Obstetrics

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

4/?/20	Date / Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10						18		17	22	19	22	19	20	18	20		20				20			
Saturations	94 - 100 % / < 94 %						100		99	99	98	99	100	99	99	100		100%				100%			
Administered O_2 (L/min.)							RA		RA	NA	NA	NA	NA	RA	RA	RA		RA				RA			
Temp°c	40 / 39 / 38 / 37 / 36 / 35 / < 35						98°F		98°F	afeb	afeb	afeb	98°F	98°F	98°F			98.0°F				98.1°F			
Heart Rate	170 … 40						80		88	84	86	79	84	70	80	82		78 b/m				80 b/m			
Systolic Blood Pressure ↑	190 … 50						106		110	110	114	100	110	120	112	100		110				109			
Diastolic Blood Pressure ↓	130 … 40						68		70	70	80	74	70	70	72	70		70				75			
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			
TOTAL ORANGE SCORES							0		0	0	0	0	0	0	0	0		0				0			
Nurse Initial							[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]				[illegible]			

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

Early Warning Observation Score Chart - Obstetrics

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

5/7/26

		Date																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20				22				20				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		100%				99%				98%				98%				100%				100%			
	< 94 %																									
Administered O, (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98°F				98.6°F				98.6°F				98.3°F				98.0°F				97.8°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		88bpm																							
	100						86bpm				84bpm				96bpm				86bpm				86bpm			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		102				102				108				110				112				115			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		57				55				62				84				69				82			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓				✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓				✓				✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—				✓				✓				✓				—				—			
	Heavy / Foul																									
Liquor	Clear / Pink		—				—				-				-				-				—			
	Green																									
TOTAL YELLOW SCORES			0				0				0				0				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial			NM																							

GUC-00075618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
4/12/20	12:00 pm	on admission										
	01:00 pm	NPO								100		
Total Intake :						Total Output :				100		
	02:00 pm			Rs 150ml						100ml	0	Rs
	03:00 pm			125						50	0	Rs
	04:00 pm			125						100	0	M
	05:00 pm			125						50	0	M
	06:00 pm			125						30ml	0	SP
	07:00 pm			125						100ml	0	M
Total Intake :		2,125ml				Total Output :				430ml		
	08:00 pm	NPO		125						75ml	0	RM
	09:00 pm	H2O	50	125						100ml	0	RM
	10:00 pm	Juice	250	125						100	0	RM
	11:00 pm	H2O	200ml	125						75	0	RM
	12:00 am	juice	200ml	125						250ml		
	01:00 am	H2O	250ml	125						170ml	0	Sukanya
Total Intake :		950ml + 750ml				Total Output :				770ml		
	02:00 am	TC	200ml	125						200ml		
	03:00 am	Juice	200ml	125						250ml	0	Sukanya
	04:00 am	H2O	250ml	125						250ml		
	05:00 am	TC	200ml	125						250ml	0	Sukanya
	06:00 am	H2O	250ml	125						CBD 250ml		
	07:00 am	Juice	250ml	125						vomit 200ml	0	Sukanya
Total Intake :		1350ml + 750ml				Total Output :				1200ml		

Total 24 hrs. Intake	5,925ml	Total 24 hrs. Output	2,720ml

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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.

5/7/20

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	20ml								0	
	09:00 am							and vomited		400ml		
	10:00 am	Soup	100ml								0	
	11:00 am											
	12:00 pm	Milk	200ml							✓	0	
	01:00 pm	H2O	100ml									
Total Intake :		600ml				Total Output :				400ml + 1 time		
	02:00 pm	H2O	100ml									
	03:00 pm	H2O	200ml							✓	0	
	04:00 pm											
	05:00 pm	milk	200ml							✓	0	
	06:00 pm											
	07:00 pm	H2O	200ml							✓	0	
Total Intake :		700ml				Total Output :				3 times		
	08:00 pm	H2O	250ml									
	09:00 pm	H2O	100ml							✓	0	Sulong
	10:00 pm	H2O	200ml									
	11:00 pm	H2O	100ml							✓	0	Sulong
	12:00 am	Juice	150ml									
	01:00 am	H2O	100ml							✓	0	Sulong
Total Intake :		900ml				Total Output :				3 times		
	02:00 am											
	03:00 am	H2O	200ml							✓	0	Sulong
	04:00 am	H2O	100ml									
	05:00 am	H2O	250ml							✓	0	Sulong
	06:00 am	Juice	200ml							✓		
	07:00 am	milk	200ml							✓	0	Sulong
Total Intake :		950ml				Total Output :				4 times		

Total 24 hrs. Intake	3,150ml

Total 24 hrs. Output	11 times + 400ml

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Sticker

(1)

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: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Achieve acceptable pain Control & Comfort	3:30 pm	→ Assess pain using pain Scale Regularly → position patient Comfortably → Provided non-pharmacological measure such as Relaxation	Relieve pain & Discomfort	Reassessment was done	Shalini 04 07 26
Night	7:30 pm	Achieve acceptable Pain control & Comfort	8pm	*Assess Pain using Pain scale * position patient comfortably * Provide non Pharmacological measures	Reduced pain to some extend	Reassessment Done	04/07/26

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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: 25/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable pain control and comfort	9am	Assess pain using pain scale regularly	Assessed pain using scale regularly	relieved pain	Roopa
Afternoon	2 pm.	Achieve acceptable Pain Control and Comfortable.	4 pm.	Assessed the pain using Pain Scale regularly	As Pain level Reduced.	Reassessment done	Jyothi
Night	8pm.	=> promote adequate nutrition for healing and recovery.	9pm.	=> Assess nutritional status and appetite.	=> patient clinically Stable	=> patient intake and output is Good	Divya

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
04/7/?6	12.50pm	pt mrs. punitha 39y/F	
		she is primi/36w+5d/IVF conce/	
		low lying placenta /cervical	
		stich insitu. pt came c̄ c/o	
		lower abdomen pain. CTG	
		connected FHR ⊕. provide	
		comfortable bed position. pt	
		was got admitted under	
		Dr. Lucetta. pt have 3 contraction	
		in 10mints for 10 sec. #	
		Dr. Akshitha / Dr. Lucetta advice	
		to prepare the pt for	
		Emergency LSCS order carried	
		out. parts preparation done.	
		IV placement done c̄ 18G	
		venflon back flow ⊕.	
		catheterisation done by	
		S/n Anusya urine draining	
		clear. cervical stich removed	
		by Dr. Lucetta.	S/n pooja [illegible]
	1.30pm	Inj. supacef 0.1ml test dose,	
		Inj. Pan IV, Inj. emeset IV given	
		as per doctor order. pt care	
		hand over given to OT staff.	
		She is "A1" positive blood group.	S/n pooja OT[illegible]
		CTG disconnected.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
04/7/26	1.35pm	pt shifted to OT as per doctors order for Emergency LSCS.	[signature]
		OT shifting note	
4/7/26	1:30 pm	Patient recieved from LDR to OT-III. Patient is conscious & oriented. Tre line & catheter present. patient vital signs are stable	[signature] 607721
	1:40 pm	SA given positioning done.	
	1:45 pm	painting & draping done skin to incision given. No excessive bleeding is present. vital signs are stable	[signature] 607721
	1:51 pm	Baby Boy delivered with birth weight of 2.765 kg. Baby cried immediately after delivery. delayed cord clamping done baby shifted to routine care given	
	2:30 pm	Patient vital are stable. Tre fluid on flow. No excessive bleeding is present.	[signature] 607721
	2:50 pm	Procedure done. No bleeding from the surgical site. Surgical dressing is intact. patient shifted to mcw. Hand over	[signature] 607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/26	~~cont~~ 4/7/26	given to new staff for further observation and management	607721
		=> Receiving Note &	
	3pm	Receiving the Patient from OT with Ip of OP case sheet while receiving the Patient Conscious and Oriented, a febrile NBO, Inf RL 125ml/h on flow CBD were drained clear of adequate, →	[signature] /01174/06
	4PM	=> Patient Vital signs stable. General condition fair	[signature] 01174/06
		B: Breast soft No engorgement	
		U: Uterus firm Contracted well.	
		B: Bowel movement Present	
		B: Patient on CBD drain out put soon.	
		L: Lochia rubra Present No evidence of foul smelling	
		E: Raeda assessment Not applicable.	
		H: Homans sign negative	
		E: Patient emotional stability good	[signature] 01174/06
	8pm	=> Inj Para 1gm Iv given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 4/7/26.	6pm	=> CBD urine drained Clear ly adequate, Patient visited Physician.	-> [signature] 01/7/26
	7pm	=> Due medication given as Per doctors Orders	-> [signature] 01/7/26
	7:30pm	=> Patient report hand over to Night duty staff	[signature] 01/7/26
		Night Duty (4/7/26)	
	7.30pm	Patient care handing over taken from Evening duty Staff. Monitored vitals and Recorded, Maintained D/o. IVF RL 125ml/hr on connected. No any other complaints	[signature] 01/07/26
	8pm	Monitored vitals and Recorded. Maintained D/o. IVF RL 125ml/hr on connected. patient General condition Fair. Pain assessment Done. patient General condition Fair. No any other complaints	[signature] 01/07/26
	9pm	orals started as per doctor order. IVF RL 125ml/hr on connected, Maintained D/o. No any other complaints. Pain	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/26		Assessment Done.	
		B - Breast is soft No enlargement	
		U - Uterus Contracted	
		B - Bladder CBD present 100ml at 9pm	
		B - Bowel movement present	
		L - Lochia Rubra No foul smelling	
		E - REEDA Assessment Not applicable	
		H - Homan sign Negative	
		E - Emotional Status good	[signature] 0/6/26
	10pm	Patient tolerating orals.	
		Pv Bleeding Minimal. Informed	
		to Dr. Pavithra. advised to	
		Shift patient to ward,	
		doctor order carried out	[signature] 0/6/26
	11pm	Patient Shifted from MDU	
		to 4th Floor. patient care	
		Handling over given to 4th	
		Floor Staff	[signature] 0/6/26
		Received notes 4/7/26	
4/7/26	11:15pm	→ Patient received from	
		LDR to 6th Floor (bed)	[signature]
		→ Patient clinically stable.	07/09
		→ connected IV Fluids 125ml/hr	
		RL as per drug chart order	
5/7/26	12AM	→ checked vital signs	
		→ Patient vitals is stable.	
		→ Monitored I/O chart →	[signature] 07/09

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	1am	→ administer IV medication as per drug chart order → provide health education	
	2am	→ provide comfortable bed position	Cauy 017129
		→ administer medication as per drug chart order	
	4am	→ checked vital signs → patient vitals is stable B → Breast soft. U → uterus contracted. B → Bowel movement (+) B → CBD present. L → Lochia rubra no foul smelling E → Reeda assessment not applicable. H → Homan sign negative E → patient emotional status is good	Cauy 017129
	6am	→ provide morning care and removed CBD and administer Inj - ceftriaxone 1gm as per drug chart order	Cauy 017129
	7am	→ administer medication → Monitored I/O chart	
	7:30 am	→ patient handover given to morning duty S/N	Cauy 017129

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(10)

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
		Morning duty notes	
05/04/26	7.30 Am	→ patient detail hand over taken from night duty s/N patient conscious & oriented IV line @ had soft diet	Sul 607353
	8 Am	→ patient vital signs checked and record. vitals are stable B — Breast is soft U — uterus is contracted B — Urine is contracted B — Bowel movement ⊕ L — lochia rebra ⊕ E — Feeds is not applicable H — Homan sign negative E — Emotional status good	Sul 607353
	9 pm	→ patient due medication given as per order unaet	Sul 607353
	10:15 Am	Dr. Lucetta ram come and seen assessed the pt's condition, A/B PV bleeding is ⊕, tomorrow DIS plan, bath & dressing. →	Sul 607353.
	12 pm	pt's vitals are stable. PV bleeding is normal, maintained the chart. →	Sul 607353.
	1:30 pm	pt's details hand over given to evening duty staff. →	Sul 607353.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
5/7/23	2pm.	Evening Duty Notes	
		Patient details Handing over taken from morning duty staff Nurse. Patient was conscious and oriented. IV line @ patient had a soft diet.	
	4pm.	patient Vital Signs checked and recorded.	07/23
		B - Breast is Soft	
		U - Uterus is contracted	
		B - Bowel movement present.	
		B - CBD present	
		L - Lochia - Rubra present No foul Smell	
		E - Pressure Assessment not applicable.	
		H - Homan Sign negative.	
		E - Emotional Status good.	
	8pm	IV. Paracetamol IV given. no new other complaints.	
	9PM	maintained I/O chart recorded.	
	7.30 PM	Handing over given to night duty SIN.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's N[ame]: GUC-00076618 Mrs K PUNITHA IP18-00036318
..-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS
MRD NO:
Age : .... We[ight] ... [S]ex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 4/7/26 Time: 1.20pm
Location : (L) metacarpal
Size : 18G
Cannula inserted by : SN Anusya

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/7/2.	2pm	☐Yes ☑No	☐Yes ☑No	observed cannula	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	Obs	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	Observ	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	observ	[signature]
5/7/26	12am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	2am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	4am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	6am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	8 AM	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	10 AM	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	Patton	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	6pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
6/7/26	12am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	4am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	8am	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(7)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time Score	M 4/7/26 1:30pm	E 4/7/26 3pm	N 4/7/26 20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M. 05/7/26	E 5/7/26	N 5/7/26
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

PAIN ASSESSMENT FORM

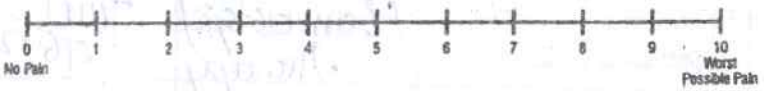
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
04/7/26	1pm	1/10	Lower abdomen	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
4/7/26	4pm	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Inj paracip IV	[illegible]
4/7/26	8pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	[illegible] 06/7/26
5/7/26	1am	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj. para IV given	[illegible]
5/7/26	3am	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	position changed	[illegible]
5/7/26	9AM	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	inj. para IV given	[illegible]
5/7/26	9:30AM	1/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
5/7/26	2pm	1/10	—	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable Position	[illegible]
5/7/26	9pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	position changed	[illegible]
6/7/26	1am	1/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Inj. para IV given	[illegible]

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

					Date : 4/7	4/7	5/7	5/7
					Time : 1pm	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.'	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	24	24	24
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

GUC-00076618
Mrs K PUNITHA IP18-00036318
20-12-1986 39 Y 6 M 14 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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   ☑ a. Yes ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   ☑ a. Nipple well formed
   ☐ b. Flat nipple
   ☐ c. Inverted nipple
   ☐ d. Short nipple

4. Milk flow:
   ☐ a. Good
   ☑ b. Drops of colostrums
   ☐ c. Dry

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - [x] a. Yes
   - [ ] b. No

7. For Caesarian mothers:
   - [ ] a. Mother is required sit and feed from the 4th feed (N/A)
   - b. Please explain football hold

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

9. Additional notes: (N/A) .....

Continuity of Care: Date: .....

L: 2

A: 2

T: 2

C: 2

H: 1

9

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 4/7/26 Date & Time: .....

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/7/2026 at 1:30pm Date of Removal: 5/7/26 @ - 6am.

Parameters / Date / Shift Time	2/7/26 E	4/7/26 N					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	S/N Akalya	S/N Faizal					
Signature of the Nurse	01808	[illegible]					

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

GUC-00075618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Stick

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 04/7/25 Time of Arrival: 12.50pm Time Seen by Nurse: 1pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

- ☑ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98°F Pulse: 80 RR: 18 SpO_2: 100 BP: 110/70 Weight: 78.40kgs

4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 08/4/25 EDD: 27/7/26 Gestational Age: 36wk5d

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 4/7/25	Time 12pm	Frequency: 2 in 10mts
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

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

- Location: lower abdomen
- Duration: 10 days Days / Weeks/ Months (Strike out which is not applicable)
- Character: tightening
- Frequency: 2 in 10mts
- Interventions: Comfortable position

6) **Past History:**

a) Surgeries: LX stitch done at 16wks

b) Medical: Nil

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☐ Others: .....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1pm

Nurse Name : Paola Nurse Signature: .....

Date: 4/17/15 Time: 1pm

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 04/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to —

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

If yes, identify

Chief Complaints: pt came c/o lower abdomen pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Akshatha

Time Notified: 1pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	Cx stich done at 16wks	—

Blood Group: A1 +ve LMP: unknown EDD: 27/7/26 Gestational age during admission: 36wk+5d

Contractions: yes Vaginal Discharge:

Obstetric History: G 1 P L A Previous LSCS

Height: 170 Weight: 72.40 BMI:

Temp: 98F HR: 80 RR: 18 BP: 110/70 SpO_2 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other ..... Hypothyroid .....

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

Fall Assessment: ☑ Yes ☐ No Score ..... 10 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 22 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... patient .....

Name of Person Orientation was given to: ..... mrs. punita .....

Orientation not given Reason: ..... —

Nurse Signature: .....

Nurse Name: ..... Paici .....

Date & Time: ..... 4/7/24 @ 1pm .....

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 04/7/20

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

GUC-00076618
Mrs K PUNITHA
20-12-1986
Dr. LUCETTA AMELIA DIAS
IP18-00036318
39 Y 6 M 14 D (F)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

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

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-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission	Date & Time of Transfer Order
	4/7/2026	4/7/2026 at 1:30pm
Treating Consultant Name: Dr: Lucetta	Transfer Ordered by: Dr: Akshitha	Reason for Transfer: Emergency
From Unit: LDR	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP File	Number of Imaging Films: CT4 - 1	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 OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/Natalya 0180	Dr. Akshitha.

Patient & Clinical Records Received by : Rosie 4/7/26

Date & Time of Patient Received :

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

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

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-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

Date & Time of Admission	Date & Time of Transfer Order
4/7/26 at 1:22pm	04/07/26 @ 3:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta Amelia dias	Dr. priyadharshini	For further management
From Unit	**To Unit**	**Information to Attendant**
OT	NICU.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 IP file	–	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
04/07/26	Dr. Priyadharshini

Patient & Clinical Records Received by : 4/7/26.

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 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
	4/7/26 at 1.22 pm	4/7/26 at 4 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta	Dr. pavithra	Shifted to ward
From Unit	**To Unit**	**Information to Attendant**
LDR	4th Floor	Yes [✓] No [ ]
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files	CTG - 1	Yes [✓] No [ ] If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. para 1g	2
2.	Inj. pan 40mg	1
3.	Inj. Trapic 500	4
4.	RL 500ml	3
5.	underpad	5

Shifting Summary / Notes Written by Doctor : Yes [✓] No [ ]

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sh. Fauziyah 01/07/20	Dr. pavithra

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

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

GUC-00075618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: MICU **TRANSFERRED TO :** OT

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 4/7/26 @ 3:00pm OT **TRANSFERRED TO :** MICU.

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	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:	[signature]	
	Receiving Nurse : Nirethe		
	Signature of Incharge:		

For Pisau 607721

RCH/GDY/FRM/CLINICAL/598

GUC-00076618
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS
IP18-00036318

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 04/07/26

Patient Name: Mrs. K. Punitha Date of Birth: 20/12/1986 Age: 39y

Gender: Female Ward : OT UHID No.: 76618

Date of Surgery: 04/07/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 1:30 pm Time Out : 3:00 pm

	NAME	AMOUNT
1. Surgeon	: Dr. Lucetta	
2. Anaesthetist	: Dr. Sathish, Dr. Priyadharshini	
3. Assistant Surgeon	: Dr. Akshitha, Dr. Divya	
4. OT Technician	: Mr. Sudarshe	
5. Circulating Nurse	: C/N. Risna	
6. Assistant Nurse	: S/N. Sundari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: Record finalized done by Risna Order by: .....

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

Patient Sticker

Emergency 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 : Ms. Risna Technician : Mr. Sudharsan Date : 4/07/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack lscs		1	~~Inj Vit.K~~		1
LMA			Sutures 2347		3	~~Cord~~ Clamp		1
~~ECG leads~~ (A) P / N		3	1326		1	Suction Catheter		
HME filter : A / P / N						~~Feeding~~ Tube 6Fr		1
~~Syringes : 10 cc~~		3				Vaccum Suction Set		
~~05 cc~~		2	~~Gloves~~ SRC (PF)		2	Surgical Gloves 6 1/2 PF		1
~~02 cc~~		2	6 1/2 (PF)		3	~~Gauze~~ Pack		1
01 cc			6 1/2 (SC)		1	Syringe ~~1ml~~ / 2ml		1
~~Cautery plate~~ (A) P / N		1	Surgical blade 22		1	Surgical Blade # 20		
~~IV set~~		1	NG tube			Koochies (S)		
~~BL~~		4	Cautery pencil		1			
NS : 10ml / ~~100ml~~ / 500ml / 1000ml		1	Koochies			Anawin heavy		~~1~~
			Ointments			Bupsigesic		1
			Suction Catheter			Spinal Needle 25G (w) 90mm		1
Fentanyl			Cap, Mask					
Morphine			~~Gauze~~ Pack 1 Ro		1 2	OXITOCIN		5
Ketamine			Mop Pack		1	Needle 26X1/2		1
Propofol			Steristrip			CABOPROST		1
Rocuronium			Underpad		1	MBM		1
Glycopyrolate			Draw sheet			DOX 2%.		1
Myopyrolate			Abgel		1	Bioxamic		2
~~Ondansetron~~		1	Foleys catheter			5ML Emerold		1
Pencan 25g/ Spinal Needle 22			Urobag			D water		3
Bupivacaine 0.25%			Chest Drainage Catheter			Quick table sheet		1
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			~~Vaccum~~ Suction set		1			
Justin : 12.5 mg / 25mg / (100mg)		1	Plastic ~~Bed Sheet~~ Apron		3			
Tab. Misoprost : 600mg		1	Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		10p			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036318	**Ward**	8F-OT COMPLEX
Patient Name	Mrs K PUNITHA	**Bed Name**	MICU 802
Age/Sex	39 Y 6 M 14 D / Female	**Order No**	18-0001721783
Date	04/07/2026 16:19	**Prescription No**	PRIP18-0624883
Payor	SELFPAY	**Dispensed Date**	04/07/2026 16:26
UHID	GUC-00076618		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	240601021T	06/27	2	128.00	256.00
						Total :	**128.00**	**256.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

nted Time : 04-07-2026 16:26

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036319	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O K PUNITHA	**Bed Name**	CRDL-SUITE712-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001721814
Date	04/07/2026 16:22	**Prescription No**	PRIP18-0624882
Payor	SELFPAY	**Dispensed Date**	04/07/2026 16:25
UHID	GUC-00093442		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

nted Time : 04-07-2026 16:25

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036318	**Ward**	8F-OT COMPLEX
Patient Name	Mrs K PUNITHA	**Bed Name**	MICU 802
Age/Sex	39 Y 6 M 14 D / Female	**Order No**	18-0001721781
Date	04/07/2026 16:19	**Prescription No**	PRIP18-0624881
Payor	SELFPAY	**Dispensed Date**	04/07/2026 16:25
UHID	GUC-00076618		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	3	128.00	384.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
9	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	1	949.00	949.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
14	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
15	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	1	91.00	91.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
17	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
18	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
19	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**9,083.46**	**12,079.46**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 04-07-2026 16:25

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036319	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O K PUNITHA	**Bed Name**	CRDL-SUITE712-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001721813
Date	04/07/2026 16:22	**Prescription No**	PRIP18-0624880
Payor	SELFPAY	**Dispensed Date**	04/07/2026 16:24
UHID	GUC-00093442		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**115.92**	**115.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036318	**Ward**	8F-OT COMPLEX
Patient Name	Mrs K PUNITHA	**Bed Name**	MICU 802
Age/Sex	39 Y 6 M 14 D / Female	**Order No**	18-0001721782
Date	04/07/2026 16:19	**Prescription No**	PRIP18-0624879
Payor	SELFPAY	**Dispensed Date**	04/07/2026 16:22
UHID	GUC-00076618		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	3	2.58	7.74
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
12	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1766	12/27	1	34.58	34.58
13	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
14	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
15	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
18	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**2,927.76**	**3,357.84**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN