Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 1 M 1 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6pm					
Activity Sheet update by Pharmacy		8.22pm					

ACTIVITY RECORD FOR BILLING

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Name: GUC-00088586 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
UHID No: ..... 06-06-1997 29 Y 0 M 29 D (F) Consultant: ..... Dept: .....
Dr. MATHANGI RAJAGOPALAN
Date of Admis ..... Date of Discharge: ..... Time: .....
Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	5/7/26	7.15 pm	LDR	OT	S/N. Shalini
	5/7/26	8.30 pm	OT	MICU	
	6/7/26	1 AM	MICU	7th Floor	S/N

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	5/7/26	1722333	S/N. Shalini
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/7/26	CBC	26021471	[signature]
6/7/26	urine R/E	26021578	[signature]
7/7/26	urine C/S	26021697	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	CTG - (1)			009014	
5/7/26	CTG (2)			009019	
5/7/26	Infusion pump	8.30pm	6/7/26 @ 12.00pm	1722375	
5/7/26	CTG (B)			009022	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/7/26	IV placement	(1)	1722334	[illegible]
5/7/26	Catheterization	(1)	1722334	[illegible]
6/7/26.	Diet Counselling	(1)	1722574	A. [illegible] (618336)

ANY OTHER INFORMATION:

Patient Name: Mrs. Kiran.

Surgeon Name: Dr. Makhanga

Procedure: Emergency LSCS

In 7.20pm

Out 8.30pm

[illegible]

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

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

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GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 1 M 1 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	7/7/26 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		7/7/26 at 10AM	[signature]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	5/7/20 M	6/7/20 M	7/7 E						
Doctor's Orders	yes	Yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	Yes	yes						
IV Site	yes	Yes	yes						
Central Lines	NO	NO	NA						
Arterial Lines	NO	NO	NA						
Feeding Catheter	NO	NO	NA						
Urinary Catheter	yes	Yes	NA						
Skin Care	yes	Yes	NA						
Eye Care	yes	Yes	NA						
Mouth Care	yes	Yes	NA						
Sterillum Bottle, Stethoscope	yes	Yes	yes						
Suction Bottle (Should be clean & empty)	NO	NO	yes						
Intubation Tray	NO	NO	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NO	NO	NA						
Ventilator Tubing, (Any Water, Blood)	NO	NO	NA						
Humidification	NO	NO	NA						
Check all Infusion (Labelling, Correct Preparation)	yes	Yes	yes						
Chest Physio & Neb	yes	NA	NA						
Handed Over By Name :	[illegible]	Hari	Suf						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	6/7/20 am	6/7 8am	7/7 2pm						
Hand Over Taken By Name :	[illegible]	Suf							
Signature :	[illegible]	[illegible]							
Date & Time:	[illegible]	7/7 8am							

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036331 **Admit Date** : 05-Jul-2026 **Admit Time** : 07:00 PM **UHID** : GUC-00088585

Patient Details :

Patient Name	: Mrs KIRAN MAHI LOKESHAPPA	**Age**	: 29 Y 0 M 29 D
Guardian	: Mr RAGHUL SRINIVASAN	**DOB**	: 06-06-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: VILLA 77, CASAGRAND BLOOM, THIRUMUDIVAKKAM Chromepet Chennai Tamil Nadu INDIA 600044	**Phone No**	: 9611271393/ 6369116470
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr RAGHUL SRINIVASAN **Relationship** : Husband

Contact Address : VILLA 77, CASAGRAND BLOOM, THIRUMUDIVAKKAM Chromepet Chennai Tamil Nadu INDIA 600044 **Phone No** : / 9611271393

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KIRAN MAHI LOKESHAPPA**	**Age :**	**29 Y 0 M 29 D**
IP No:	**IP18-00036331**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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 c[illegible] of the patient.

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill 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:

Name: Mr. Raghul Srinivasan
Relationship: Husband
Date: 05/07/2026 Time: 07:00 Pm
Witness Name: A. Sivasankari
Wittness Signature:

Patient Address:
VILLA 77, CASAGRAND BLOOM,
THIRUMUDIVAKKAM Chromepet
Chennai Tamil Nadu INDIA 600044

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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. Kiran Nahi Lokeshappa	UHID Number : CUC - 0008[illegible]
Self/Attendant Name : RAGHUL S	Relation : Husband
Self/ Attendant Signature : [signature] Phone Number : 6369116470	Name & Signature of Financial Counselor A. [signature]

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints PFM well
No c/o pain, bleeding, leaking p/v
RPM was

LMP: 18/10/25 **EDD:** 25/7/26.

Corrected EDD: **GA:** 37w+1D.

Obstetric Formula:
PRIMIGRAVIDA.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
PP - spontaneous conception,
hypothyroid.
Ecospirin till 36w

Present Pregnancy Record:
Dating - (N) Growth (N)
[illegible] - (N)
FTS - low risk
Anomaly - (N)

RISK FACTORS:
hypothyroid
(Thyronorm 12.5mcg mon-thurs)
(25mcg fri-sun)

Obstetric Examination

Fundal Height: uterus @ term.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: 5/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: (UP) ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 1 Finger loose.

Height: 151 cm

Weight: 60 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: (-)

Icterus: (-) Edema: (-)

Temp: (N) PR: 88bpm

BP: 110/70mmHg DTR:

CVS: S1S2(+) RS BAE(+)

Liver/Spleen: (N) Urine Output:

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
Primi/37w+1D/hypothyroid / Pain abdomen / ? Early labor.

Patient Sticker

Family History:	Surgical History:
mother - T2DM Father - SHTN.	Ganglion removal.
Medical History:	**Medication History:**
NIL.	NIL.
Plan of Care:	**Investigations:**
monitor vitals CTG/ DFMC Prepare parts Secure IV line wlt ↑ pain abdomen/bleeding/ leaking PIV ↓ · CTG - Sporadic decelerations upto 90 bpm ↓ Non reassuring CTG ↓ inform pediatrician. ↓ shift to OT emergency LSCS	

Doctor Name: Dr. Akshata

Signature: [signature] 128435

Date & Time: 5/7/26

Consultant Name: Dr. Madhangi. R.

Signature: [signature] (For.) 128435

Date & Time: 5/7/26.

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Docu. No. : R(

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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

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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

M88

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
05-06-1997 29 Y 1 M 0 D (F)
Dr. MATHANGI RAJAGOPALAN

~~86276~~

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Patient Sticker

CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

08/07/26
POD-1
4:30pm

S/B COBG(I) physiotherapist

- patient is conscious, oriented & Afebrile

O/E - BA Symmetry

Adv

Diaphragmatic breathing Exercise.
- Bed Mobility Exercise.
- Pelvic floor Contraction.
- pelvic bridging & Tilting

Dr Sanjana T
MPT(OBG)

Consultant : physiotherapist

Name : Sanjana T Signature : [signature] Date & Time : 4/7/26 4:30pm

Doc. No. : RCH / FRM / CLINICAL / 049

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RESULT SHEET

Date	27/6/26	6/7/26		Blood grp & typing		
Time						
Hb	12.9	12.6		O +ve.		
PCV		38				
RBC		4.08				
WBC	10120	15,510		HIV	}	Non reactive
N/L		79/17				
Platelets	3.13	2.85		HBsAg		
CRP				VDRL		
ESR				HCV		
PCT	72					
RBS <88	85			ECG	}	Normal.
Na				2D ECHO		
K				27/6/26.		
Cl				TSH = 4.020		
Ca/Mg						
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		15/7/17				
N/L						

Date	6/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	8-10					
CUE - RBC Cells	3-5					
CUE						
	Bacteria (+)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 2/7/26

SLVBS 3.6W SD.

pla (P).

cephalic

FH (P)

Radiology : USG : SDP 4.3cms.

X-Ray : CFW 26379MS.

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 11 pm.	S/B Dr. Ahelitei	
	POD #0 / P1L1 / Em. LSCS / hypothyroid.	
0+ve	pt reviewed.	
	no sp. c/o.	
BP 100/60mmHg	O/E : afebrile	
PR 84 bpm.	GC fair.	Plan:
SpO2 99% @ RA.	P° / Pe°	- monitor vitals.
Temp (N)	P/A uterus wc	- w/f ↑ bleeding P/V.
	soft	- sips F/B clear liquids
B/L breast soft	BS (+)	at night.
Baby M/S	dressing dry	- Kanji @ 8 AM.
DBF	L/E : BWNL	- soft solid diet 10PM.
	foley's insitu	- CBC c/m 6AM.
	clear urine	- CBD/clexane c/m 10AM.
	LMVO: 75ml.	- I/O charting.
		- shift to ward

[signature] 12/2035

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2025	C/S/B Dr. Pavithra / Dr. Shreedevi	
10AM	Pt reviewed,	Nil c/o
	POD-1	O/E Pt GC fair Afebrile
T-N		P° / PE°
PR- 67/min	CVS /	
BP- 90/64 mmHg	RS / NAD	
UO- 250ml, clear.	P/A- ut well contracted	
Baby- M/S	Soft, BS(+)	
B/L-Breast Soft	Dressing (+) & Dry	
~~Feeding~~	4E-BWNL	
Flatus Passed		
	[signature] 8221	
6/7/25	S/B Dr. Vinitha	
8:45PM	Pt reviewed; No 4o ; Passed flatus	
POD #1	O/E: GC fair; Afebrile	Voided
	P° / PE°	
~~[illegible]~~	P/A: UT well contracted	
	Soft; BS(+)	
Temp: N	Dressing intact	Adv:
BP 102/62	4E: BWNL	Soft diet
PR 82/min		Vitals monitoring
SpO_2: 99% RA		Plenty of fluids
		Follow drug chart
		W/F ↑ Bleeding PV
		I/O chart
Visited [illegible]		Inform SOS

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/01/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9:15 Am		
POD-2	Pt reviewed. Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR-		- vitals Monitoring
BP-	UVS / RS / NAD	- Follow drug chart
	P/A- ut well contracted	- W/F↑ Bleeding PV
Voiding freely	soft, BS (+)	- Bath & dressing today
Stools Passed.	Dressing (+) & Dry	- Processdischarge.
Baby- M/s	LIE - BWNL	
B/L- Breast soft		
	18/2/17	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 7th 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	1.5gm	IV	1-1-1		☑ C ☐ DC
2	CAP PAN D	40mg	P/O	1-0-1		☑ C ☐ DC
3	TAB PARA	1gm	P/O	1-1-1		☑ C ☐ DC
4	INJ CLEXANE	40mcg	S/C	1-0-0		☑ C ☐ DC
5	JUSTIN SUPPOSITORY.	100mg	P/R	1-0-1		☑ 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. Akshita [signature] 128935

Date & Time : 5/7/21 : 11 P.M.

Nurse Name & Signature: S/N. Tamilselvi 01620

Date & Time : 6/7/26 at 7/pm

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

GUC-00088586 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ EMESET	4mg	IV	stat	5/2/26	☐C ☐DC
2	INJ TRAPIC	1g	IV	stat	5/2/26	☐C ☐DC
3	INJ MINTO	2	CV	stat	5/2/26	☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Brijadharshini

Date & Time : 5/2/26

Nurse Name & Signature: Pradeepaveerayan / RN 02264.

Date & Time : 5/2/2026 at 7.30 pm

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
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DRUG CHART

Date of Admission: 5/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				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:				

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

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. ....60/09 Ward. ....LDR.

DRUG : INJ SUPACEF

Dose	Route	Frequency	Start Date
1.5gm	IV	1-1-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: RB 128035

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7
8AM	P6 SS
2PM	AA SM
10PM	AS AA

Stop

DRUG : TAB PAN D

Dose	Route	Frequency	Start Date
1	P/O	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7/26
7AM	AS AA PAN
7PM	SM AA

DRUG : TAB PARA

Dose	Route	Frequency	Start Date
1gm	P/O	1-1-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: RB 128035

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7
8AM	P6 SS
2PM	AA SM
10PM	

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
100mg	P/R	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: RB 128035

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7/26
11AM	NW PA
11PM	AS AA

GUC-00088585 IP18-00036331
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Weight. 60kg Ward. GDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7	7.15 pm	INJ SUPACEF	0.1ML	ID	127435	TJ / SN
5/7	7.15 pm	INJ PAN	40mg	IV	127435	SN / SS
5/7	7.15 pm	INJ EMESET	4mg	IV	127435	SN / SS
5/7	7.30	INJ SUPACEF	1.5g	IV	PH	ML / ML
5/7	7.40pm	INJ EMESET	4mg	IV	PH	ML / ML
5/7	8.0pm	INJ SYNTO	5U	IV	PH	ML / ML
5/7	8.30	INJ TRAPIC	1g	IV	PH	ML / ML
5/7	8.35	JUSTIN SUPP.	100mg	P/R	127435	ML / ML
5/7	8.35	TAB MISOPROSTOL	600mcg	P/R	127435	ML / ML

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Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 60kg Ward. LDR

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
5/7	7.20	RL 1	IV		[signature]	[signature]	5/7	[signature]	[signature]
5/7	7.30	RL 1	IV	Running	[signature]	[signature]	5/7	[signature]	[signature]
5/7	7.40	RL 1	IV		[signature]	[signature]		[signature]	[signature]
5/7	[signature]	RL 1 c̄ 20U Synto	IV	over 4 hrs	[signature]	[signature]			

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

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...6.6kg... Ward ...NDR...

DRUG : TAB THYRONORM

Dose	Route	Frequency	Start Dt.
12.5mcg	P/O	1-0-0	6/7/26

Name & Signature of the Doctor Starting the Drugs: 127935

Additional Instructions: (MON - THURS)

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7
6AM	NS	NS

DRUG : INJ CLEXANE

Dose	Route	Frequency	Start Dt.
40mcg	S/C	1-0-0	6/7/26

Name & Signature of the Doctor Starting the Drugs: 127935

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7
10PM	PM	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	1-1-1-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: F2113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7
6am	NS	
12pm		
6pm		
12am	NS	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: B2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7
8AM	SM
	ES
8PM	

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

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06-06-1997 29 Y 1 M 0 D (F)
Dr. MATHANGI RAJAGOPALAN

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T· FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-0-1	7/7/26

Date / Time: 7/7
8Am — SM / ES
2pm
10pm

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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06-06-1997 29 Y 0 M 29 D (F)
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Early Warning Observation Score Chart - Obstetrics

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

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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

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Early Warning Observation Score Chart - Obstetrics

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

6/7/26

		Date	am																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	22					20				22				20				22				20			
	0 - 10																									
Saturations	94 - 100 %	99%					98%				97%				98%				99%				100			
	< 94 %																									
Administered O_2 (L/min.)		RA					RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	97.2F					98.2°F				97.6F				98.2F				98.2F				97.6F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	76bpm					76bpm				76bpm				72				78				72			
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓					✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓					✓				✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	—					—				↑				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink	—					—				—															
	Green																									
TOTAL YELLOW SCORES		0					0				0				0				0				1			
TOTAL ORANGE SCORES		0					0				0				0				0				0			
Nurse Initial		SK					PK				SK				PK				PK				PK			

Docu. No. : RCH /FRM / CLINICAL / 053

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 1

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

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm		←			on Admission →				0	-	
	07:00 pm	RL		1300ml						200	0	Route
Total Intake :		1300ml				Total Output :				200		
	08:00 pm	NPO		125						50ml	0	IVC
	09:00 pm	NPO		125						75	0	IVC
	10:00 pm	NPO		125						75	0	IVC
	11:00 pm	H2O	30ml	125						100	0	IVC
	12:00 am	TLwat	250ml	125						100	0	IVC
	01:00 am	H2O	50ml	125						75	0	IVC
Total Intake :		1080ml	+750			Total Output :				525ml		
	02:00 am	TL	150	125						100	0	SW
	03:00 am	H2O	50	125						250	0	SW
	04:00 am	Juice	100	125						200	0	SW
	05:00 am			125						150	0	SW
	06:00 am	Juice	100	125						150	0	SW
	07:00 am	H2O	100	125						150	0	SW
Total Intake :		500	+750	= 1250ml		Total Output :				1200ml		

Total 24 hrs. Intake	3,080ml

Total 24 hrs. Output	1725ml

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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.

6/7/20

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			125	125					100	0	
	09:00 am	H2O	200	125						250ml		
	10:00 am			125						230ml	0	
	11:00 am	H2O	200	125						200		
	12:00 pm			125						200	0	
	01:00 pm	H2O	300	125						Removed		
Total Intake : 1450						Total Output : 980ML						
	02:00 pm			IVF stop							0	
	03:00 pm	H2O	200								0	
	04:00 pm	H2O	100								0	
	05:00 pm	H2O	200							500ml	0	
	06:00 pm	H2O	100								0	
	07:00 pm	H2O	200								0	
Total Intake : 800ml						Total Output : 500ml						
	08:00 pm	H2O	100								0	
	09:00 pm	H2O	150								0	
	10:00 pm									400	0	
	11:00 pm	H2O	150								0	
	12:00 am										0	
	01:00 am	H2O	200								0	
Total Intake : 550ml						Total Output : 400						
	02:00 am	H2O	100								0	
	03:00 am									400	0	
	04:00 am	H2O	150								0	
	05:00 am										0	
	06:00 am	H2O	100								0	
	07:00 am	H2O	100							550	0	
Total Intake : 550ml						Total Output : 950ml						

Total 24 hrs. Intake	3,350ml	Total 24 hrs. Output	2,180ml

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NURSING CARE RECORD

Date: 5/7/26

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							
Night	8.30 pm	Achieve acceptable pain control and comfort	9pm	* Assess pain using pain scale * Administer analgesic * Monitor effectiveness of pain	Reduced pain to some extend	Reassessment Done	6/7/26

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA (F)
06-06-1997 29 Y 0 M 30 D
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 8/7/22

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	Maintain the the liquid diet. Mother vitals are stable.		Improve your electrolytes level. Mother vital is stable.	Evaluation of the mother skin colour and skin texture. main the liquid diet.	Re assessment is done	Hai [illegible]
Afternoon	2pm	maintain the Adequate Nutrition food.	6pm	Improve your Electrolytes level mother vital is stable.	vitals are stable.	Done.	[signature] 609373
Night	8pm	Maintain the Adequate Nutrition food	8am	Impove electrolyte your level Monitor vital signs [illegible]	mother was co-operative well	Reassessment done	[signature]

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
16-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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

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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .... NK

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes:	
5/7/26	7pm	A New patient got admitts	
		Mrs. Kiran Mahi lokeshappa 29yrs/Fe.	
		patient under DR. Mathangi mam —	Shalini
		patient patient primi 37+2 wks, c/o	2104h
		lower Abdomen pain k/c/o. Hypothyroid	
		vital sign Checked & Recorded	
		vital sign are stable. part	
		Preparation done. No Allergy Reaction	
		CTG Connected fetal Distress	
		informed DR. Akshitha. she advice	
		patient Emergency LSCS. shifted to	
		OT,	Shalini 0140h
		New IV line insert 18G Lt Hand	
		Cephalic, IV line patent, No swelling	
		Catheterization done. 16 size foleys	
		10 D-water insert under Aseptic procedure.	
	7:15pm	Inj. Supacef 0.1ml Id given.	
	7:35pm	patient handing Over given to	
		OT staff. patient shifted to OT	Shalini 0140h
5/7/26	7.20	OT Notes	
		patient received from	
		LDR, patient conscious &	
		oriented, patient Vitals	
		are stable, Bp- 120/80 mmHg	
		HR - 72 b/m, SpO2 - 100%	
		patient shifted to OT	Prasanth

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/4/26		under aseptic technique spinal anesthesia is given. under spinal anesthesia Procedure. Emergency LSCS is done Patient Shifted to NICU, Patient file handed over the NICU.	
	8 PM	Scrub	Staff Nurse
		Receiving Notes	
	8.30 pm	Patient Received from OT to NICU. patient care Handing over taken from OT Staff. Monitored vitals and Recorded, Maintained I/O. PV Bleeding Minimal. No any other complaints. IVF RL 125ml/hr on connected. No any Complaints	Staff Nurse 05-PM
	9 pm	Maintained I/O. Monitored Vitals and Recorded. Pain assessment done. PV Bleeding Minimal. Patient General condition Fair. IVF RL 125ml/hr on connected. No any other complaints. No other Complaint	Staff Nurse 06-PM

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GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/20	10pm	Monitored vitals and Recorded. Maintained I/O. pain assessment Done. PV Bleeding Minimal. No any other complaints. IVF RL 125ml/hr on connected	[signature] 5/6/20
	11.30pm	orals started as per doctor order. PV Bleeding Minimal B - Breast is soft, No encouragement U - Uterus contracted B - Bladder CBD present B - Bowel movement present L - Lochia Rubra / No Foul smelling E - REEDA Assessment Not applicable H - Homan sign Negative E - Emotional status good	[signature] 5/6/20
6/7/20	12AM	Monitored vitals and Recorded. Maintained I/O. PV Bleeding Minimal. No other complaints. Patient tolerating orals.	[signature] 6/6/20
	12.30am	Dr. Akshitha advised to shift the patient to ward. doctor order carried out	[signature] 6/6/20
	1AM	patient shifted from MPU to 7th Floor. patient care handing over given to 7th Floor staff.	[signature] 6/6/20

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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26		Received by notes.	
	1[05] am	Patient Received from LDR to 4th floor. She was conscious oriented well. Vital sign are checked & Recorded maintained I/O chart. Has normal lochia Breast soft has no oozing (or) bleeding from the operative site on CSD wound dressing well. General condition is fair.	[illegible]
	4 am	Vital sign are stable. has no Breast Engorgement, nipple pattern. General condition is fair.	[illegible]
	6 am	All sample send for lab. Morning care given as per order. CSD care given as per order. has normal lochia. Breast soft. General condition is fair.	[illegible] 5/7/26
	7[50] am	Pt Report handing over to Morning duty staff.	[illegible]
		Morning duty ON 06/7/26.	
	7:30 PM	Patient Condition and Details handing Over taken by. Night duty staff Nurse. Pt on Conscious.	

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NURSES NOTES

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

Continue' 6/7/2026.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Oriended & Room air Maintai	
6/7/26	8AM'	Patient vitals are Monitore & Recorded Done'	
	9AM.	Encourage Orales & Nutritions'	
	10AM'	Chest physio and Mobilai zation Done ←	02187S
	12PM'	Foleys Removed and Warmup Monitore, OutPut chart/my clexnigen	
	1.30PM.	Patient Details and Condition handing Over Given to Evening duty Staff Nurse →	02187S
		Evening duty	
6/7/26	1:30pm	patient Handing Over taken from Morning duty Staff. Bed side Assessment done. Pt's Conscious Oriented, Pt's CBD @ 12pm, Inj. Ceftriaxone given as per order, Pt's had Soft diet, 1st voided measured, IVF stop, IV line patent, →	Staff Nurse
	2pm	Pt's Vital sign's checked and recorded. Vital sign's Stable. Maintained Flowchart. Due medication given as per order →	Staff Nurse

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/21	2PM	B- Breast is soft, no engorgment	
		U- Uterus contraction well.	
		B- Bowel movement (+)	
		B- Urine voided freely	
		L- Lochia rubra (+).	
		E- Reeda scale NA	
		H- Homan's sign negative	
		E- Emotional status good →	Sd 60730
	4PM	pt's encouraged plenty of	
		oral fluids. maintained	
		flowchart. PV bleeding (N)	
		No other complaints. →	Sd 60730
	4:50pm	pt's 1st voided test 500ml	
		Inform to Dr: Divya mam	
		A/B pt's urine passed	
		burning c/o urine R/E	
		collect send to lab. →	Sd 607303.
	5:30pm	Dr: Matangi mam come	
		and seen assessed the	
	6pm.	pt's condition same and	
		continue order, urine c/s	
		send. →	Sd 60730
	7pm	Due medication given as	
		per order.	
	7:30pm	pt's details Hand over	
		given to Night Duty Staff →	Sd 60730

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06-06-1997 29 Y 0 M 29 D (F)
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Lucetta.	Date of Delivery: 5/7/26.
Assistant Surgeon: Dr. Thelma	Time of Delivery: 7:39 PM.
Anaesthetist's Name: Dr Priyadharshini.	Gender of Baby: Boy.
Type of Anaesthesia: Spinal.	Weight of Baby: 2.840kgs.
Neonatologist:	AGPAR Score: 8/10, 9/10.
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primi/37w+1D/Hypothyroid.

☐ Elective ☑ Emergency Indication: Non reassuring C.T.G.

Urgency

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

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

CTG Description: Baseline non reassuring C.T.G.

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

Surgical Procedure: POD #0/P1L1/Hypothyroid/Emergency LSCS

Post Operative Diagnosis: Emergency LSCS.

Peri-Operative Complications: NIL

Amount of Blood Loss: 350 ML.	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 1 finger ..... cm

5th Palpable: 3/5th ..... Fetal Position: cephalic .....

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

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

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

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Retroplacental clot noted.

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 monocryl..... Suture

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

Sheath Closure: .....1 monocryl..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .....3-0 monocryl..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 10 AM days ☐ Await instructions

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

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

Post-Operative Notes: NPO x 3 hours

CBD/clearance c/m 10 AM

CBC c/m 6 AM

w/f ↑ bleeding P/V

I/O charting

INJ CEFACEF 1.5gm IV TDS

INJ PLEXANE 40mg S/C OD

TAB PAN D P/O 1-0-1

TAB PARA 1gm P/O 1-1-1

JUSTH SUPPOSITORY P/R 1-0-1

Doctor Name: Dr. Mathangi. R Doctor Signature: 128935

Date & Time: 5/2/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. Akshitha
Anaesthetist : Dr. Priyadharsini
Scrub Nurse : Sr. Sasi

GUC-00088586 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Age : 29 Gender : F
Name : Emergency Lscs
Out-time : 8:30 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 7:20 am

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☑No ☐NA
- Blood Units Reserved ☐Yes ☑No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature : [signature]
Name : Dr Priyadharsini

Before Skin Incision ➤➤

TIME OUT Time: 7:30 am

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☑No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☑No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☑No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☑No

Signature :
Name : Dr

Before Patient Leaves Operating Room

SIGN OUT Time: 8:30 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 : [signature]
Name : Sr. Sampoornas

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

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA (F)
06-06-1997 29 Y 0 M 29 D
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category			N	M	E
		Date / Time	5/7/26	6/7/26	6/7/26
		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	S/N [signature] 2107	[signature] 60920	[signature] 6072

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/7/26 N	7/7 M		Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0		Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0				
IV / Heparin Lock or Saline	Yes	20		20		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0				
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0				
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:				20				
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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06-06-1997 29 Y 0 M 29 D (F)
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PAIN ASSESSMENT FORM

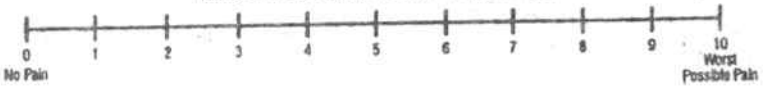
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	9pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
6/7/26	12AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	[illegible]
6/7/26	[illegible]	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No		
6/7/26	10AM	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
6/7/26	4pm	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
6/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
7/7/26	6am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
7/7/26	10AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   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.

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 brawn 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

Patient Sticker

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

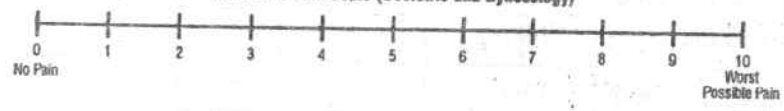
Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   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 brawn 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-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA (F)
06-06-1997 29 Y 0 M 29 D
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 5/7/26	06	07	26
				Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	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.	1	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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	24	24	23
				Evaluator's Name				

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

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

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

GUC-00088585
Mrs KIRAN MAHI LOKESHAPPA
IP18-00036331
08-06-1997 29 Y 1 M 1 D (F)
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

(2)

Rainbow® Children's Hospital — It takes a lot to treat the little.
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					Date : 2/7			
Mobility	**mobile:** ven slight changes nity 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.	Time : 8AM			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
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.	1			
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.	3			
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."	3			
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.	3			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	24			
				Evaluator's Name	SL			

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

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

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

Patient's Name: GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
MRD NO: 06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN
Age :....... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 5/7/26 Time: 7pm
Location : left cephalic
Size : 18G
Cannula inserted by : S/N. Nivetha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
5/7/26	9pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
6/7/26	12am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
6/7/26	6am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
7/7/26	12am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: tamil Patient / Learner Literacy: ☐ Read ☑ Write ☐ Speak Willingness to Learn: Yes ☑ No ☐ Healthcare Literacy: Yes ☑ No ☐

Identified Education Needs:
1. Diagnosis — Primi 37+1d
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
5/7/26	9pm	Informed Consent	Informed surgery Consent to patient & attenders	patient	NO	oral	None	Verbal	Good	Staff Nurse 0167
6/7/26	9AM	Yes	~~Educated~~ about plenty of oral fluids	patient	No	oral	None	Verbal	Good	SL
7/7/26	9AM	Yes	Education about plenty of oral fluids	patient	NO	oral	None	Verbal	Good	SL

Part - III: CODES

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

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

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

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

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

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 5/7/26 Date of Removal: 6/7/26 at 12 PM

Parameters	Date / Shift Time	5/7/26 E	5/7/26 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 Shalini	SN Sanjeeta					
Signature of the Nurse								

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☑ a. Mother is required sit and feed from the 4th feed
   - b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours (N/A)

9. Additional notes: Baby Mother's Side

Continuity of Care: Date: 5/7/26

DBF given

L -2

A -1

T -2

C -2

H -2

9

Handover given by SN: Tamilselvi J

Signature

Date & Time: 5/7/26 at 9pm

Handover taken by .....

Signature .....

Date & Time: .....

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

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

PATIENT TRANSFER FORM

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GUC-00088586 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D
Dr. MATHANGI RAJAGOPALAN (F)

Treating Consultant Name Dr. Mathangi	Date & Time of Admission 5/7/26	Date & Time of Transfer Order 5/7/26. at 8.30 PM
	Transfer Ordered by Dr. Priyadharshini	Reason for Transfer further management
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File on file	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring [signature] / Prasanth	Name of Person Ordered Transfer Dr. Priyadharshini

Patient & Clinical Records Received by : [signature] 0160120

Date & Time of Patient Received : 5/7/26 at 8:30pm

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

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SSI PREVENTION CHECKLIST

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

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 5/7/26 NICU **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	NA	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: S/N. Shalini		
	Receiving Nurse :		
	Signature of Incharge: S/N. Nivetha		

CONSENT FORM FOR ANAESTHESIA

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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Patient Nar .....

UHID NO: . ..... Age : ..... Gender : Male ☐ Female ☐

Anaesthesiologist : DR PRIYADHARSHINI Surgeon Name: DR LUCETTA

Operative procedure planned : EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure HYPOTHYROID
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis
☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : .....

- 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 : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : ..... Name : Dr Priyadharshini Date & Time : 5/7/26 7.20 pm

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name: GUC-00088585 IP18-00036331 Mrs KIRAN MAHI LOKESHAPPA 06-06-1997 29 Y 0 M 29 D (F) Dr. MATHANGI RAJAGOPALAN ..... Gender: ☐ Male ☐ Female Age : .....

UHID No : .... Date : .....

Instruction:

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

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

.....Emergency lower segment Caesarean section.....

.....

..... upon .....

(Name of the Patient)

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

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

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

.....Infection, bleeding, bowel & bladder injury.....

.....

.....

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : Kiran

Date & Time : 5/7/26

Patient Attendant :

Signature : .....

Name : Raghul Srinivasan

Relationship with Patient: husband

Date & Time : 5/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Kiran Age: 29 Sex: F UHID.No :

Date: 5/7/26 Time: 7.15 Proposed Operation: Emergency LSCS.

Diagnosis: primi

B.P / CRT: Valid (N) H.R: Weight: 60kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: —

Medical History: CVS :

RESP : Diabetes :

CNS : Hypothyroid on Rx

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: nil pecu sx

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 4deg Mentohyoid Distance: 7cm Neck: (N) Teeth: (N)

Lungs : /

Heart: WNL

CNS:

Pregnant: ☐Yes ☐No ☐NA | Venous Access Site : L & C (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: 5/7/26 Name: Dr Priyadharshini

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: < 6hrs

Physical Status: Patient Identified ☑ ☐ Consent Present ☑ Chart Reviewed

H.R: 80/min B.P / CRT: 120/60 SpO_2: 100% R.R: 20/min Last Feed: 4pcs

Pre-OP Diagnosis: [illegible] Operation: Emergency [illegible] Date: 5/7/26

Surgeon: Dr Lucetta Anaesthesiologist: Dr Priyadharshini Technician: Mr [illegible]

TIME: 7.30pm 8.30pm

N_2O / AIR / O_2 LPM

HALO / ISO / SEVO

Drugs:
Inj Syntocinon 5U IV, 20U IV infusion
Inj Emeset 4mg IV
Inj Tramadol [illegible] IV
Inj Midazolam 1mg IV

FiO_2 / SaO_2

$ETCO_2$

ECG: sinus rhythm

Temperature

Urine Output

Fluids / Blood: 1 @ RL, 2 @ RL, 3 @ RL; 4 @ RL c 20U syntocinon

B.P: V Systolic, A Diastolic, X Mean, • Heart Rate (scale 0–240)

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out

Antibiotic: Inj [illegible] 1.5g IV

Suppository

Blood Loss

NOTES

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 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: 7.30pm
OP Start: ....
OP End: ....
Leave OR: 8.30pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: 18 G @ VL
☐ IV: ....
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ 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: 25 Depth: Quincke [illegible]
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: 2 ml 0.5% (H) Bupivacaine + 0.2ml
Infusion: ....
Block Level: Buprenorphine
Comments: T6 level (+)

Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr Priyadharshini
Signature of the Doctor: [signature] 1540

Patient Sticker

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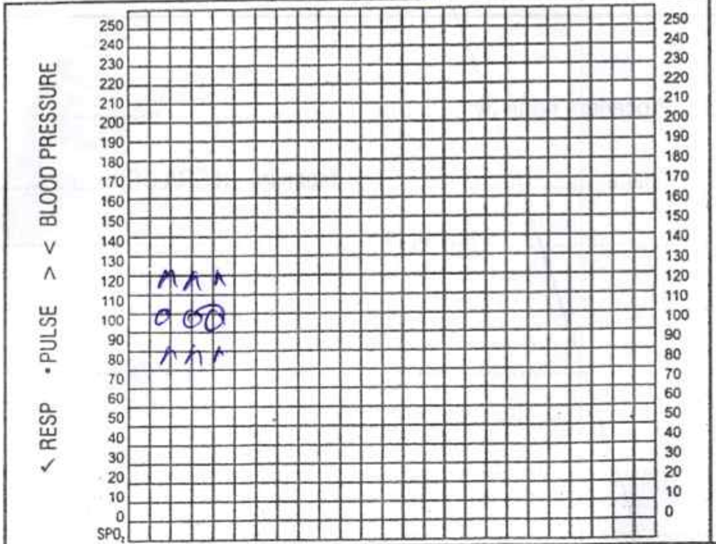
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeepa Time Received : 8.30 P Time Discharged : 8.30 P



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	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				1	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to 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	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
5/7		0/10	NPO till further orders	[signature] 1548

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

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

Anaesthesiologist Name : Dr Priyadarshini

Anaesthesiologist Signature: [signature] 1548

Date & Time: 5/7/26 8.30pm

PACU Nurse Name : Pradeepa.

PACU Nurse Signature: [signature]

Date & Time: 5/7/26 at 8.30

Transferred to Unit by (PACU): [signature]

Date & Time: 5/7/26 8.30pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00088585 IP18-00036331
Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 7pm Time Seen by Nurse: 7pm

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: 98F Pulse: 80 b/m RR: 20/m SpO2: 99% BP: 100/70 Weight: 60 kg

4) **Gestational Criteria:**

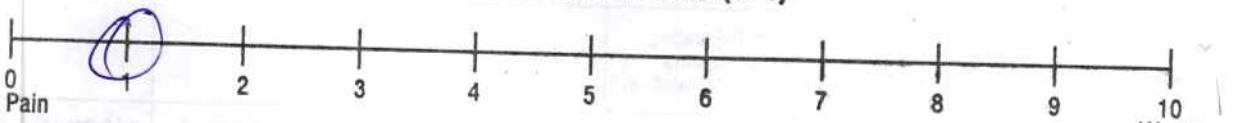
Gravida:	G 1	P —	L —	A —

LMP: 12/10/25 EDD: 25/7/26 Gestational Age: 37+1d

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset since today	Time 4pm	Frequency: on & off
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)



- Location: Lower Abdomen
- Duration: Since today (applicable) Days / Weeks/ Months (Strike out which is not
- Character: Mild tightening
- Frequency: on & off
- Interventions: Comfortable position

6) **Past History:**

a) Surgeries: Granglion Removed

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: 7PM

Nurse Name : S/N. Tamilselvi 16776 Nurse Signature: .....

Date: 5/7/26 Time: 7PM

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 5/7/26

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 Husband

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

If yes , identify

Chief Complaints: patient came complaints of pubic pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Akshitha

Time Notified: 7pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	Ganglion Removal	NIL

Blood Group: O+ve LMP: 13/10/25 EDD: 25/7/26 Gestational age during admission: 37+1day

Contractions: Yes Vaginal Discharge: NIL

Obstetric History: G 1 P – L – A – Previous LSCS NIL

Height: 151cm Weight: 60kg BMI:

Temp: 98F HR: 80bt/m RR: 20bt/m BP: 110/70 SpO_2 99%

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 ..... Mother - T2DM, Father - SHTN .....

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

Fall Assessment: ☐ Yes ☑ No Score ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... 26 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... family .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Kiran Mahi' .....

Orientation not given Reason: .....

Nurse Signature: ..... S/N. [signature] 01/6/20 .....

Nurse Name: ..... S/N. Kamal Soli' .....

Date & Time: ..... 5/6/20 at 7pm .....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 5/7/26

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	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	2	
Signature of the Nurse	S/N Tandsoli 01/07/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

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GUC-00088585 IP18-00036331 Mrs KIRAN MAHI LOKESHAPPA 06-06-1997 29 Y 0 M 30 D (F) Dr. MATHANGI RAJAGOPALAN Dr. Mathangi	Date & Time of Admission 5/7/26 at 7pm	Date & Time of Transfer Order 5/7/26 at
	Transfer Ordered by Dr. Akshitha	Reason for Transfer Shifted to OT
From Unit LDR	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File IP Files	Number of Imaging Films CTG (3)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Nivetha	Dr. Akshitha

Patient & Clinical Records Received by : [signature] Padmaja / Prasanthi

Date & Time of Patient Received : 5/7/26. at 7.20 pm

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

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

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

PATIENT TRANSFER FORM

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Mrs KIRAN MAHI LOKESHAPPA
06-06-1997 29 Y 0 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 9pm	6/7/26 at 1 AM
Dr. Mathangi	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: Shifted to ward for further care
From Unit: MICU	To Unit: 7th Floor	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: IP Files	Number of Imaging Films: CT (3)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T-Pacy 1g	8
2.	C. Pan D 40mg	10
3.	Inj. Supacef 1.5g	2
4.	10ml syringe	2
5.	Dwacter	2

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Fausiyah 01bu	Dr. Akshitha

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

PRE - OPERATIVE CHECK LIST

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Patient's Name : Mrs. Kiran Mali Lokeshappa Date: 5/7/26

Blood Group : ..... UHID : 88585 Age : 29 yr Gender : ☐ M ☑ F

Planned Surgery : Emergency LSCS Surgeon : Dr. Nathanga

Anesthetist : DR. Priya Date & Time of Operation : 5/7/26 at 7.30 pm

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

SNo	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 : .....

Billing Executive Signature : .....

Date & Time : 05/07/26

Nurse In-Charge Name : S. Shalini

Signature of Nurse In-Charge : Shalini

Date & Time : 5/7/26 at 7.30 pm

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 06/07/2026 Time: 12:10PM

Origin: — Height: 151cm Weight: 60 kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Mother

Signature: Lakshmi

Name: Lakshmidevi. C

Date & Time: 06/07/26 @ 12:10PM.

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Ferheen.

Date & Time: 06/07/26 @ 12:10PM.

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
06/07/26.	8:10AM.	EM – LSCS ⇒ done @ 11:30 PM.	A. (018336)
		– Patient is on Liquid Diet. – Patient is stable. Oral intake is Better. Advised to take plenty of Oral fluids like Water, tender-Coconut water, fruit Juices, Buttermilk (etc) Fluids – 2.5 l – 3 l/d.	
	12PM.	– Patient is on Soft Diet. – Flatus Passed. Oral is Better. – Advised to take Easy-digest foods. – Include protein – Iron rich foods. – Consume Small – frequent meals. – Consume galactogogues foods for milk secretion – garlic, fennel and Oats (etc) RDA – values – Energy – 1600 Kcl Protein – 47 – 19 g/d.	(018336)
7/7/26.	8:30 AM.	– Patient is on Soft Diet. – Patient is Stable. Oral is good. – Stools passed. – Include Protein-Iron rich foods. Continue the same Soft diet	(018336)

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SURGERY DETAILS

Date : 05/07/2020

Patient Name: Mrs Kiran mahi Lokeshappa Date of Birth: 06/06/1997. Age: 29 yrs

Gender: female Ward : OT UHID No.: 88585/36331

Date of Surgery: 05/07/2020 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time In : 7.20 pm. Time Out : 8.30 pm.

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi / Dr. Lucetta	
2. Anaesthetist	: Dr. Priyadharshini	
3. Assistant Surgeon	: Dr. Akshitha	
4. OT Technician	: Mr. Sudharsan	
5. Circulating Nurse	: Pradeeparoorayan	
6. Assistant Nurse	: Lasikumar.	

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

Signature of the Surgeon

Signature of Circulating Nurse

Record finalase done by Cyclo

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

Patient Sticker

Emergency Lscs

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CONSUMABLES OF OT

Circulating staff :........................ Technician : Mr. Sudharsan Date : .... 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 pack		01	Inj Vit.K		1
LMA			Sutures Y.2347		02	Cord Clamp		1
ECG leads : (A) / P / N		3	Y.1326		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6Fr		1
Syringes : 10 cc		3	7/12 S/C		01	Vacuum Suction Set		
05 cc		2	Gloves 6½ PF		3	Surgical Gloves 6½ PF		1
02 cc		2	7/2 PF		01	Gauze Pack		01
01 cc			7P P.F		01	Syringe 1ml / 2ml		0
Cautery plate (A) / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		4	Cautery pencil		1	Nasal Canula (N)		1
NS : 10ml / (100ml) / 500ml / 1000ml		01	Koochies			[illegible]		[illegible]
			Ointments			Bupisigesic		1
			Suction Catheter			Spinal needle 26G		1
Fentanyl			Cap, Mask			Needle 26G / ½		1
Morphine			Gauze Pack 8/10		02/2	Biotamic		2
Ketamine			Mop Pack		2	Oxitocin		5
Propofol			Steristrip			Mizolam		1
Rocuronium			Underpad		01	Postopan		01
Glycopyrolate			Draw sheet			Table sheet		01
Myopyrolate			Abgel			SMC BM2010		1
Ondansetron		1	Foleys catheter			O2 Mask (A)		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm 8591		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / (100mg)		01	Plastic Bed Sheet apron		02			
Tab. Misoprost : 200mg Gay		01	Betadine Solution		02			
			Microshield					
			Cotton Balls					
			Latex Gloves		1 pair			
			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	IP18-00036331	**Ward**	8F-OT COMPLEX
Patient Name	Mrs KIRAN MAHI LOKESHAPPA	**Bed Name**	MICU 801
Age/Sex	29 Y 0 M 30 D / Female	**Order No**	18-0001722443
Date	06/07/2026 00:59	**Prescription No**	PRIP18-0625147
Payor	SELFPAY	**Dispensed Date**	06/07/2026 01:05
UHID	GUC-00088585		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	2	18.74	37.48
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	2	949.00	1,898.00
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	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
16	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
17	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
20	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	2	951.00	1,902.00
						Total :	**10,105.96**	**12,945.70**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 06-07-2026 01:05

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	IP18-00036331	**Ward**	8F-OT COMPLEX
Patient Name	Mrs KIRAN MAHI LOKESHAPPA	**Bed Name**	MICU 801
Age/Sex	29 Y 0 M 30 D / Female	**Order No**	18-0001722442
Date	06/07/2026 00:59	**Prescription No**	PRIP18-0625145
Payor	SELFPAY	**Dispensed Date**	06/07/2026 01:04
UHID	GUC-00088585		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
8	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	1	18.90	18.90
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	4	18.90	75.60
10	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
11	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
12	NEEDLE 26 1 2 INCH	Dispovan	GENERAL	16612R	03/31	1	2.66	2.66
13	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
14	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
15	OXYGEN NASEL CANNULA (ADULT)	Polymed	GENERAL	G25B040731	01/30	1	252.00	252.00
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 25 G WITACARE(120MM)	VYGON		250725AI	07/30	1	1,427.00	1,427.00
						Total :	**4,172.43**	**4,651.68**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036334	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O KIRAN MAHI LOKESHAPPA	**Bed Name**	CRDL-SUITE711-2
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	18-0001722446
Date	06/07/2026 01:03	**Prescription No**	PRIP18-0625146
Payor	SELFPAY	**Dispensed Date**	06/07/2026 01:05
UHID	GUC-00093482		

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
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**517.00**	**517.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 06-07-2026 01:05

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	IP18-00036334	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O KIRAN MAHI LOKESHAPPA	**Bed Name**	CRDL-SUITE711-2
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	18-0001722445
Date	06/07/2026 01:03	**Prescription No**	PRIP18-0625144
Payor	SELFPAY	**Dispensed Date**	06/07/2026 01:03
UHID	GUC-00093482		

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

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 06-07-2026 01:03