Rainbow Children's Hospital

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	17/7/18 @	6am					
Activity Sheet update by Pharmacy							

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

ACTIVITY RECORD FOR BILLING

Name: Mrs. Swathi 30y/f

UHID No: ..... IP No: ..... Consultant: Dr. Pushpha Dept: OBG

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	3pm	LDR	OT	
15/7/26	4pm	OT	MICU	
15/7/26.	9.50pm	LDR	7th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	15/7/26	1727829	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7/22	CBC	86022703	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	CTG - ①			009500	
	CTG - ②			009501	
	CTG - ③			009519	
	CTG - ④			009519	
	CTG - ⑤			009519	
	CTG - ⑥			009556	
	CTG - ⑦			009556	
15/7/26	Infusion pump	4.30pm	16/7/26 12am	1727985	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	IV placement	(1)	17 27203	(N)
15/7/26	catheterization	(1)	1727830	(Rw)
16/7/26	Diet counselling	(1)	1728165	A.D (01833L)
16/7/26	Physiotherapy	(1)	1728394	[illegible]

ANY OTHER INFORMATION:

15/7/26 Procedure : Emergency lscs
Surgeon : Dr. Pushpa Balasubramanyam
Assist. Surgeon : Dr. Lucette, Dr. Sridevi
Anesthetist : Dr. Ashwini
In time : 3 pm
exit time : 4 pm.

Date: 15/7/26 Time: 6 pm Prepared By: [signature]

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

GUC-00069128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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

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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 15/7/26

Patient Name: Mrs. Swathi Date of Birth: 3/5/1996 Age: 30y

Gender: F Ward : OT UHID No.: 69128 / 36475

Date of Surgery: 15/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time In : 3:00 pm Time Out : 4:00pm

	NAME	AMOUNT
1. Surgeon	: Dr. Pushpa Balasubrahmanyam	
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	: Dr. Lucetta, Dr. Sridevi	
4. OT Technician	: mr. Prashanth, mr. Sudhakar	
5. Circulating Nurse	: c/n Russ	
6. Assistant Nurse	: S/n Guns	

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

Signature of the Surgeon

607421
Signature of Circulating Nurse

Record finalized done by
020207.

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

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

Emergency Lscs

Patient Sticker

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

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Rune Technician : Prasanth/Sridevi Date : 15-12-16 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ LSCS		1	Inj Vit.K	1	1
LMA			Sutures 2347		2	Cord Clamp	1	1
ECG leads : A / P / N		3	1326		1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6F	1	1
Syringes : 10 cc		1				Vaccum Suction Set		
05 cc		3	Gloves 6.5 SL		1	Surgical Gloves 5 1/2	1	1
02 cc		1	~~6.5 PF~~		3	Gauze Pack		1
01 cc		1	7 PF		1	Syringe 1ml / 2ml		1
Cautery plate : A / P / N		1	Surgical blade 22		2	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL			Cautery pencil			Atropine		01
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			EFI Moss		01
			Ointments			Evatocin		05
			Suction Catheter			Emoredle 5ml		01
Fentanyl			Cap, Mask			26x 1 1/2 Needle		01
Morphine			Gauze Pack 1 RO		1/3	8P needle 25G 90mm		01
Ketamine			Mop Pack		1	Diluster 10ml		01
Propofol			Steristrip			Analwin (IM)		01
Rocuronium			Underpad		1	Bupregesic		01
Glycopyrolate			Draw sheet			Lox 2%		01
Myopyrolate			Abgel			Bioxamic		2
Ondansetron			Foleys catheter			Quick OT tablish		1
Pencan 25g/ Spinal Needle 22			Urobag			photo gown		1
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm 8					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic ~~Bed Sheet~~ Apron		3			
Tab. Misoprost : 200mg		3	Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		10p			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036475	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SWATHI V	**Bed Name**	MICU 804
Age/Sex	30 Y 2 M 12 D / Female	**Order No**	18-0001727939
Date	15/07/2026 17:31	**Prescription No**	PRIP18-0627310
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:35
UHID	GUC-00089128		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	1	28.13	28.13
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	1	2.58	2.58
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1816	01/28	1	34.58	34.58
15	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
18	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**2,626.22**	**2,882.85**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:35

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	IP18-00036486	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SWATHI V	**Bed Name**	CRDL-SUITE712-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001727941
Date	15/07/2026 17:33	**Prescription No**	PRIP18-0627309
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:34
UHID	GUC-00093923		

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	G26E010069	04/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**120.92**	**120.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
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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	IP18-00036475	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SWATHI V	**Bed Name**	MICU 804
Age/Sex	30 Y 2 M 12 D / Female	**Order No**	18-0001727940
Date	15/07/2026 17:31	**Prescription No**	PRIP18-0627307
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:34
UHID	GUC-00089128		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300831T	03/29	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:34

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	IP18-00036475	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SWATHI V	**Bed Name**	MICU 804
Age/Sex	30 Y 2 M 12 D / Female	**Order No**	18-0001727938
Date	15/07/2026 17:31	**Prescription No**	PRIP18-0627306
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:34
UHID	GUC-00089128		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	3	120.00	360.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	3	123.00	369.00
4	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
5	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0470	01/27	3	20.26	60.78
6	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
7	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
9	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		2B26O326	01/30	1	21.01	21.01
10	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
11	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
12	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
13	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
14	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
15	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
16	UNDERPADS CARE 60 X 90 (FRIENDS)			25062026	12/30	1	205.00	205.00
17	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
18	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**7,806.61**	**9,862.13**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 15-07-2026 17:34

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	IP18-00036486	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SWATHI V	**Bed Name**	CRDL-SUITE712-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001727942
Date	15/07/2026 17:33	**Prescription No**	PRIP18-0627304
Payor	SELFPAY	**Dispensed Date**	15/07/2026 17:33
UHID	GUC-00093923		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
3	SGLOVE 5.5 SIGNATURE			250905391T	09/28	1	117.00	117.00
						Total :	**259.00**	**259.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11.15 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.25 AM	P Kaur 60926		
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-00089128
Mrs SWATHI V IP18-00036475
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SIDE CHECK LIST FOR NURSES

Date:	16/7	17/7							
Doctor's Orders	yes	yes							
Carried out or not	Yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	ok							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	[illegible]	P.Lo							
Signature :	[illegible]	P.Lo							
Date & Time:	16/7/26 @8AM	17/7/26 @8AM							
Hand Over Taken By Name :	PDT								
Signature :	[illegible]								
Date & Time:	16/7								

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 : IP18-00036475 **Admit Date** : 15-Jul-2026 **Admit Time** : 04:38 AM **UHID** : GUC-00089128

Patient Details :

Patient Name	: Mrs SWATHI V	**Age**	: 30 Y 2 M 12 D
Guardian	: Mr VENKAT NARAYANAN	**DOB**	: 03-05-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: O NO 16, N NO 25, LAKE VIEW ROAD, WEST MAMBALAM West Mambalam Chennai Tamil Nadu INDIA 600033	**Phone No**	: 8056112745
		E-mail	: NULL@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 804 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 804 **Admission Type** : First Visit

Contact Details :

Name : Mr VENKAT NARAYANAN **Relationship** : Husband

Contact Address : O NO 16, N NO 25, LAKE VIEW ROAD, WEST MAMBALAM West Mambalam Chennai Tamil Nadu INDIA 600033 **Phone No** : 8056112745

Signature

Doctor Details :

Doctor Name : Dr. PUSHPA BALASUBRAHMANYAM **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr PUSHPA BALASUBRAHMANYAM **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SWATHI V**	**Age :**	**30 Y 2 M 12 D**
IP No:	**IP18-00036475**	**Sex:**	**Female**
Consultant:	**Dr. PUSHPA BALASUBRAHMANYAM**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 804**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:>

Name: > Venkat Narayanan.
Relationship: > Husband.
Date: 15-07-2026 Time: 04:38
Witness Name: Aswin
Witness Signature:

Patient Address:

O NO 16, N NO 25, LAKE VIEW ROAD,
WEST MAMBALAM West Mambalam
Chennai Tamil Nadu INDIA 600033

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : SWATHI . V	UHID Number : 89128
Self/Attendant Name : Venkat Narayanan .	Relation : Husband .
Self/ Attendant Signature : Venkat Phone Number : 8056112745 .	Name & Signature of Financial Counselor

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

30y/f

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o leaking P/v since 30 mins (3:20am 15/7/26)

LMP: 20/10/25 EDD: 27/7/26
Corrected EDD: GA: 38w2d

Obstetric Formula:
Primi

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination Marital H: 2½ yrs; NCM

Obstetric Hostory:
G1: PP; Spontaneous conception

Fundal Height:

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

Liquor: ☐ Adequate ☑ Oligo ☐ Poly.

Present Pregnancy Record:
21/1/26 NT: 1.5mm; Uterus: Posterior wall intramural fibroid 2x1.8cm (supracervical)
FTS: low risk
28/3/26 - Anomalies Nil; Ut: Posterior wall fibroid 2.7x2cm (intramural)
Fetal ECHO normal

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Per Speculum Examination

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1.0cm

Membranes: ☑ Present ☐ Absent flat over vertex

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 168 cm
Weight: 105 kg
Allergies: .....
Breast: ☐ Normal ☐ Abnormal
General Examination:

Consciousness:	Pallor:
Icterus:	Edema:
Temp:	PR: 92/min
BP: 120/80	DTR:
CVS:	RS
Liver/Spleen:	Urine Output:

DIAGNOSIS

Primi | 38w2d | Mild oligohydramnios | PROM

(P.T.O)

Patient Sticker

Family History:
Father & Mother - DM.

Surgical History:
Nil

Medical History:
Nil

Medication History:
T. Shelcal 500mg 1-0-0
T. Softeron Gold 0-0-1
T. Astymin Forte 1-1-1
L-Arginine sachet x2 weeks

Plan of Care:
- Admission
- Parts preparation
- IV line
- Inj. Supacef 1.5g IV after test dose followed by 1-0-1
- Inj. Xylocaine 0.1ml ID (Test dose)

Investigations:
CTG
CBC

Doctor Name: Dr. Vinitha
Signature: [signature] 12.11.3
Date & Time: 15/7/26

Consultant Name: Dr Pushpa
Signature: [signature] 12.11.3
Date & Time: 15/7/26

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RESULT SHEET

Date	8/5/26	15/7/26				
Time				22/11		
Hb	10.0	10.5		Blood grp : B positive		
PCV		31				
RBC		3.78				
WBC	8240			HbA1C : 5.2		
N/L		76/20				
Platelets	176	1.78		TSH : 4.46		
CRP						
ESR						
PCT				HIV, HbsAg, RPR] Non reactive		
RBS						
Na						
K						
Cl						
Ca/Mg				8/5 : TSH : 3		
Phosphate						
Urea				FBS : 98		
Creatinine				PPBS 2hr : 133		
ALP						
SGPT						
SGOT						
T.Bil/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	12/11/3	8/22/7				

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 29/6/26 Cephalic ;

X-Ray : Placenta - left lateral wall extends anterior & posteriorly

ECHO : AFI : 8.1 (Oligohydramnios mild)

CT : EFW : 2481 g

MRI Doppler - Normal

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 7:45am	S/B Dr. Pushpa	
	Pt reviewed; No Yo	
	P/V: Cx soft; 25% effaced; posterior	
	OS: 1 cm dilated	
	Vx: -3 station	
	Memb absent	
	PGE2 gel kept intracervically	
		Adv:
		• CTG at 8:45 am
		• W/F contractions
		• Inform SOS
12113		
15/07/2026 8:30Am	C/S/B Dr. Panitana / Dr. Shreedevi	
	Pt reviewed.	
	O/E Pt ac/fair afebrile P/Pa	Advice - Post gel CTG at 8:45Am - W/F contractions
CTG-Reactive	CVS / RS / NAD	
	P/A - Ut term mildly acting 1C/15'/10" cephalic FHS good.	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2026.	C/S/B Dr. Pavithra	
11:30AM	Pt reviewed	
	O/e P/A - Ut firm	
	mildly active 2c/15'/10"	
	cephalic	
CTG - Reactive	FHS good	
USG	P/V - Cx 1.5cm long, soft, posterior	
ROP to ROT.	Os 2 cm dilated	
	memb (+)	
	Vx @ -2 station.	
		Advice
		- CTG 4th hourly monitoring.
		- W/f contractions.
		- FHR Hourly monitoring.
	[signature] 14/602	

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03-05-1996
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/2026	C/S/B Dr. Pushpa	
2:50pm		
	Pt reviewed	
	pt c/o lower Abdominal Pain	Advice
	CTG- Showed Early decelerations — O/E pt GC fair, Afebrile	- Emergency LSCS
	P/A - ut term	in view of Non Progress
	mildly Acting (2c/20''/10')	of Labour / fetal distress
	Bed side USG — Cephalic	- NPO
	- ROP — FHS - good	- pre-op medications
	- Single loop of cord — P/v - Cx - 1.5cm long, soft	- catheterisation
	around the neck — OS - 2cm dilated	- Inform OT / NICU
	Membranes Absent	- Inform (SOS)
	Vertex @ -3	- Shift to OT
	[signature] 182217	
15/07/2026	Patient received in MICU	
4:10pm	C/S/B Dr. Akshitha / Dr. Shreedevi	
	Dos — Pt reviewed, Nil c/o	Advice
	T-(N) — O/E pt GC fair, Afebrile	- NPO x 6 hours
	PR- 70/min — P°/PE°	- vitals Monitoring
	BP- 110/63mmHg — CVS	- Follow drug chart
	UO- 15ml, clear — RS NAD	- IVF 1 ORL @ 125ml/hr
	Baby - M/S — P/A- ut well contracted	- W/F ↑Bleeding PV
	B/L - Breast soft — soft	- CBD / Clexane 40mg s/c
	Dressing ⊕ & Dry	- I/O charting
	LE - BWNL	- Check bowel sounds
	[signature] 182217 — CBD insitu, clear urine draining	before starting liquids
		- Inform (SOS)

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/22 8:30pm	S/B Dr. Mohana / Dr. Divyalakshmi pt. reviewed NAD c/o	
POD-0		Advice
T-(N)	O/E: pt GC fair afebrile	- NPO till 10pm
PR-74	P° / PE°	- IVF @ 125ml/hr
BP 104/74	CVS RS / NAD	- monitor vitals
SpO2 99% @RA		- follow daily chart
		- Clear liquids tonight
U/o-250ml	P/A: soft, BS+ sluggish	- kanji if flatus pass
	ut. kontracted well	- I/o charting
	dressing dry	- Sedation HS
Baby m/s		- CBD/Clexane 6am
	P/G: NO undue bleeding pv	- Inform SOS
	CBD insitu	- Shift to ward.
	16/7-22	- Kanji 6am tmr
		- soft diet 8am tmr

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9:15 AM	Pt reviewed, Nil c/o	Advice
	O/E pt GC fair, Afebrile	- Soft diet @ 9 AM
POD-1	P° / PE°	- Vitals monitoring
	CVS /	- Follow drug chart
T-(N)	RS / NAD	- Measure & Inform
PR- 78/min	P/A - ut well contracted	next void
BP- 116/72 mmHg	Soft, BS (+)	- Ambulation
Baby - M/s	Dressing (+) & Dry	- Inform (SOS)
B/L - Breast soft	L/E - No undue bleeding PV	- Plenty of oral fluids
Flatus passed		
Minimally voided.	(signature) 182247	
	S/B Dr. Pushpa.	
16/7/26. 4 pm	S/B Dr. [illegible]	
	pt reviewed	passed flatus
POD#1	c/o pain abdomen pain while voiding (+)	
B(+)	O/E afebrile	
	inj. supacef D2 / inj. clexane D2 GC fair	Plan:
BP 103/88 mmHg	P° / PE°	- monitor vitals
PR 80 bpm	P/A wells wc	- soft solid diet
SPO2 99% @ RA	soft	- hydrate
Temp (N)	BS (+)	- ambulate
B/L breast soft	dressing dry	- w/f ↑ bleeding PV
secretion (+)	L/E blood	- bath & dressing tomorrow
Baby m/s		(signature) - Dulcolax supp. if not
DRF		128435 passed stools tonight.

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B Dr. Vinitha	
8:55pm	Pt reviewed; NO C/O	
	O/E: GC fair; Afebrile	
BP: 106/86	P° / PE°	
PR: 80/min	P/A: Ut well contracted	
SpO2: 99% RA	Soft; BS(+)	Adv:
	Dressing dry	· Soft diet; Plenty of fluids
	C/E: BWNL	· Ambulation
		· W/F ↑ Bleeding P/V
		· Follow drug chart
17/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9AM		
POD-2	Pt reviewed, Nil C/O	
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P° / PE°	- Soft diet
PR- 84/min	CVS /	- Plenty of oral fluids
BP- 112/70mmHg	RS / NAD	- Vitals monitoring
	P/A - ut well contracted	- Follow drug chart
Baby - M/s	Soft, BS(+)	- Ambulation
B/L - Breast soft	Dressing (+) & Dry	- Bath & dressing today
Voiding freely	L/E - BWNL	- Process discharge
Passed stools		
	B2217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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:

Postnatal Ear / advice / 7.13

Signature:

Findings and Recommendations :

S/B physiotherapist Miss Dr. Mohanapriya.S (PT)
Obg and gynec.

Do's and Don'ts Advised

- Avoid lifting weights
- Lying down posture
- Sitting posture advised.
- Breast feeding posture
- Coughing and sneezing technique.
- Bilateral leg raise should be avoided.

Consultant :

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

BE

Ankle mobilisation

Knee mobilisation.

Pelvic Bridging

~~Angels~~.

post. pelvic tilt.

Review after 2 weeks.

for Abdominal/Pelvic floor Exs.

16/07/26.

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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: IDR ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Sheleal	500mg	P/o	OD	14/7/26 @9am	☒C ☑DC
2	T. Softeron Gold	1 tab	P/o	OD	14/7/26 @8pm	☐C ☑DC
3	Astymin Forte	1 sachet	P/o	TDS	14/7/26 @8pm	☐C ☑DC
4	L. Arginine sachet	1 sachet	P/o	OD	14/7/26 @8pm	☐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 : 12111'3 Dr. Vinitha.

Date & Time : 15/7/2026

Nurse Name & Signature: S. Pooja

Date & Time : 15/7/26 at

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

Patien

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	BD		☑C ☐DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD		☑C ☐DC
3	INJ. PARACETAMOL	1g	IV	TDS		☑C ☐DC
4	INJ. CLEXANE	60mg	SC	OD		☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 82217

Date & Time : 15/07/2024

Nurse Name & Signature: D. Sobhana

Date & Time : 15/7/2026 at 9pm

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

Patient Sticker

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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DRUG CHART

Date of Admission: 15/7/24 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ. KETOROLAC				Date / Time
Dose	Route	Frequency	Start Date	
30mg	Im	SOS	15/7/24	
Doctor's Signature		Valid Period	Pharm.	
RS2217				
Additional Instructions:				

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

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

Signature .....

VERIFIED BY : Name .....

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Mrs. SWATHI V 30 Y 2 M 12 D (F)
03-05-1996
Dr. PUSHPA BALASUBRAHMANYAM

REGULAR PRESCRIPTIONS

Weight. 105 Ward. GM

DRUG : INJ. SUPACEF	Dose	Route	Frequency	Start Date
	1.5g	IV	1-0-1	15/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7
3AM	SS / AP	AP / SS
2pm	SM / KH	
	LD1	D2

DRUG : INJ. PANTOPRAZOLE	Dose	Route	Frequency	Start Date
	40mg	IV	1-0-1	16/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
7AM	/	AP / SS	
7pm	/	SM / KH	

DRUG : INJ. PARACETAMOL	Dose	Route	Frequency	Start Date
	1g	IV	1-1-1	15/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
8AM	/	ES / PH	
2pm	/	SM / KH	
10pm	SS / AP	AP / SS	

DRUG : INJ. CLEXANE	Dose	Route	Frequency	Start Date
	60mg	SC	1-0-0	16/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7
6AM	AP / SS	SS / AP
	D1	D2

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Weight. 105 Ward. GR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/7	11.30AM	INJ SUPACEF	0.1 ml	ID	121113	SP DS
15/7	5AM	INJ SUPACEF	1.5 g	IV	121113	SP DS
15/7	5.10AM	INJ. XYLOCAINE	0.1 ml	ID	121113	SP DS
15/7	7:45am	PGE_2 gel	0.5 mg	INTRA CERVICAL	121113	SP SN
15/7	1.30pm	T. MISOPROSTOL	50 mcg	Po	TS2217	SP SN
15/7	2.50pm	INJ. PERINOM	2cc	IV	TS2217	SP SN
15/7	2.50pm	INJ. EMESET	4mg	IV	TS2217	SP SN
15/7	2.50pm	INJ. PANTOPRAZOLE	40mg	IV	TS2217	SP SN
15/7	2.55pm	INJ. SUPACEF	1.5g	IV	TS2217	SP SN

Patient Sticker

I.V. FLUIDS CHART

Weight. 105 Ward. 2DR

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
15/7/26	4:30AM	IVF 1 RL	IV	100 ml/hr	B2217	SP / DS	15/7/26	16/7/26	TJ / SP
15/7/26	3PM	RL-1	iv	Rushed	S. Ashi 101348 GN	RJ	15/7/26	S. Ashi 101348	RJ
15/7/26	3:13PM	RL-1 C Inj: Syntocin 20U	iv	100 ml/hr	S. Ashi 101348 GN	RJ	15/7/26	S. Ashi 101348	RJ
15/7/26	3:45 pm	RL-1 iv		Rushed	S. Ashi 101348 GN	RJ	15/7/26	S. Ashi 101348	RJ / GN
15/7	09pm	IVF RL 1	IV	125 ml/hr	16/7/26	SP	16/7/26	6AM	AA / SS

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

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : TAB CEFTUM.

Dose	Route	Frequency	Start Dt.
500 mg	P/o	1-0-1	17/7/26

Name & Signature of the Doctor starting the Drugs: 12735

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7																	
Time																		
8AM	8.5 K.H																	
8PM.																		

DRUG : TAB ZERODOL P

Dose	Route	Frequency	Start Dt.
1	P/o	1-0-1	17/7/26

Name & Signature of the Doctor starting the Drugs: 12735

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7																	
Time																		
8AM	8.5 K.H																	
2PM																		
10PM.																		

DRUG : TAB LACTARE

Dose	Route	Frequency	Start Dt.
2	P/o	2-2-2	17/7/26

Name & Signature of the Doctor starting the Drugs: 12735

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	16/7	17/7																
Time																		
8AM	8.5 K.H																	
2PM																		
10PM	DBS	10PM																

DRUG : TAB URISPAS.

Dose	Route	Frequency	Start Dt.
200 mg	P/o	1-0-1	16/7/26

Name & Signature of the Doctor starting the Drugs: 12735

Additional Instructions:

2 days.

Daily Doctor's Endorsement by a Sign.

Date	16/7	17/7																
Time																		
8AM	8.5 K.H																	
8PM	SM K.H																	
16PM																		

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 14 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : C-PAN-D

Dose	Route	Frequency	Start Dt.
40mg	P/o	1-0-1	17/7

Name & Signature of the Doctor starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7																
Time																	
7am	CS PD																
7pm																	

DRUG : GALACT GRANULES

Dose	Route	Frequency	Start Dt.
1tsp	PO	1-0-1	17/7/23

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions: in 1 glass of milk

Daily Doctor's Endorsement by a Sign.

Date	17/7																
Time																	
8AM																	
8pm																	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																	
Time																	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																	
Time																	

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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STAT / ONCE ONLY DRUGS

Name: Mrs. Swathi

Weight: 105kg kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/26	3:13PM	INJ. SYNTOCIN	5U	iv	[signature] 101348	Bs	GD
15/7/26	3:50PM	INJ. TRANEXAMIC ACID	1g	iv	[signature] 101348	Bs	GD
15/7/26	3:50PM	INJ. EMESET	4mg	iv	[signature] 101348	Bs	GD
15/7/26	3:55PM	T. MISOPROSTOL	600 mcg	PR	[signature] 122217	Bs	GD
15/7/26	3:55PM	JUSTIN SUPPOSITORY	100mcg	PR	[signature] 122217	Bs	GD
15/7	11:40 pm	I: PETHIDINE	50 mg	IM	[signature] 164128	AA	SS
15/7	11:40 pm	I: PHENERGAN	25mg	IM	[signature] 164128	AA	SS
16/7	10PM	DULCOLAX SUPPOSITORY	2 tab	P/R	[signature] 121113	AA	SS

Docu. No. : RCH /FRM / CLINICAL / 136

Mr. Bhatti:

DATE	TIME	
12/3/25	3:15pm	Instructions sy
12/3/25	3:30pm	Init. Temperature 19
12/3/25	3:35pm	Init. Emeter temp
12/3		

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

MEDICATION CHART AUDIT CHECKLIST - IP	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME	I.V. Supacef	I.V. Pantoprazole	I.V. paracip	I.V. clexane			
FREQUENCY	BD.	BD	TDS	OD			
DOCTORS							
1 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES	✓	✓	✓	✓			
11. NON-USAGE OF GENERIC NAMES	✗	✗	✓	✗			
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

	MEDICATION CHART AUDIT CHECKLIST - IP						
DRUG NAME	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
FREQUENCY							
DOCTORS							
1. INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (if yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

GUC-00089128
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM
IP18-00036475

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

Early Warning Observation Score Chart - Obstetrics

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

		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																						18		18	
	21 - 30																									
	11 - 20																						100		100	
	0 - 10																									
Saturations	94 - 100 %																						100		100	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °C	40																									
	39																									
	38																						98.6		98.6	
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																						92		86	
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																						122		120	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																						80		78	
	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	
TOTAL ORANGE SCORES																							0		0	
Nurse Initial																										

On admission

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

(2)

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Early Warning Observation Score Chart - Obstetrics

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

15/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20		20		20		20	20	18	20	16	18	19	20			20				22			
	0 - 10																									
Saturations	94 - 100 %		99		100		99		100	100	99	99	99	99	99	99			98%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA		RA		RA	RA	RA	RA	RA	RA	RA	RA			RA				RA			
Temp °c	40																									
	39																									
	38		98F		98F		98F		98F	98F	98F	98F	98F	98F	98F	98F			98F				98F			
	37		⊙		⊙		⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙			⊙				⊙			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		80		78		76		70	72	70	68	68	70	80	80			76				78			
	80		⊙		⊙		⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙			⊙				⊙			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110		100		100		102	126	110	112	110	114	120				110				116			
	110		↓		↓		↓		↓	↑	↓	↓	↓	↓	↓				↓				↓			
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70		70		70		60	60	70	68	70	70	65				72				72			
	60		↓		↓		↓		↓	↓	↓	↓	↓	↓	↓				↓				↓			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓			✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓			✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		-		-		-		-	✓	✓	✓	✓	✓	✓	✓			✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		✓		✓		✓		✓	-	-	-	-	-	-	-			✓				✓			
	Green																									
TOTAL YELLOW SCORES			0		0		0		0	0	0	0	0	0	0	0			0				0			
TOTAL ORANGE SCORES			0		0		0		0	0	0	0	0	0	0	0			0				0			
Nurse Initial																										

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

DATE	TIME	FHR
15/7/26	11·30am	150bpm
15/7/26	12·30pm	138 bpm
15/7/26	1·30pm	140 bpm

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
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ng Observation Score Chart - Obstetrics

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

16/7/26

		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				22				22				22				18				20			
	0 - 10																									
Saturations	94 - 100 %		99				99				99				99				98				98			
	< 94 %																									
Administered O_2 (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98.8F				98.6F								98.6F				98F				98.6F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		80bpm				80bpm				88bpm				79				88				92bpm			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110				103				106				109				106				112			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70				88				86				78				85				70			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓				✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓				✓				✓				✓				—				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓				✓				✓				✓				—				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		—				—				—				—				—				—			
	Green																									
TOTAL YELLOW SCORES			0				0				0				0				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial																										

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	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											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am			On admission								
15/7/26	04:00 am	H2O	200							200	0	
	05:00 am			RL							0	
	06:00 am	H2O	100	500						200	0	
	07:00 am										0	
Total Intake :		800ml				**Total Output :**				400ml		

Total 24 hrs. Intake	800ml	Total 24 hrs. Output	400ml

GUC-00089128 IP18-00036475
Mrs SWATHI V
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BirthRight™ BY RAINBOW HOSPITALS
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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.

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
15/7/26												
	08:00 am	H20	150ml							100ml	0	
	09:00 am	H20	100ml							150ml	0	
	10:00 am	Juice	150ml							100ml	0	
	11:00 am	H20	100ml							150ml	0	
	12:00 pm	H20	100ml								0	
	01:00 pm	H20	100ml							150ml	0	
Total Intake :		650ml				Total Output :				650ml		
15/7/26	02:00 pm	H20	100ml	RL						100ml	0	
	03:00 pm	H20	150ml	RL 500ml							0	
	04:00 pm	NPO		RL 1300ml	100					250	0	
	05:00 pm	NPO		125	100					100	0	
	06:00 pm	NPO		125	100					150	0	
	07:00 pm	NPO		125	100					100	0	
Total Intake :		2775ml	RL			Total Output :				700ml		
	08:00 pm	NPO		125ml						250	0	
	09:00 pm	NPO		125ml						150	0	
	10:00 pm	H20	50	D5ml						75		
	11:00 pm	TC	200ml	D5ml						100	0	
	12:00 am			D5ml						150		
	01:00 am	TC	200ml	D5ml						100ml	0	
Total Intake :		250ml +	750			Total Output :				825		
	02:00 am			125						150		
	03:00 am	H20	200ml	125						190	0	
	04:00 am			125						200		
	05:00 am	H20	200ml	125						150	0	
	06:00 am	TC	200ml	125				CB demanded		100		
	07:00 am			125							0	
Total Intake :		500ml +	750			Total Output :				950ml		

Total 24 hrs. Intake	5,675ml.	Total 24 hrs. Output	3,125ml.

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Rainbow Children's Hospital
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FLUID CHART

Sheet No. : 3

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

16/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	100ml								0	
	09:00 am	Juice	200ml								0	
	10:00 am	Tea	200ml								0	V.A
	11:00 am	Sago	200ml						2nd vomit	400ml	0	V.A
	12:00 pm	H2o	100ml								0	V.A
	01:00 pm										0	V.A
Total Intake : 800ml						Total Output : 400ml of urine						
	02:00 pm										6	Suf
	03:00 pm	H2O	200								0	Suf
	04:00 pm									300	0	Suf
	05:00 pm	H2O	200								0	Suf
	06:00 pm	H2O	100								0	Suf
	07:00 pm	H2O	200							350	0	Suf
Total Intake : 700ml						Total Output : 650ml						
	08:00 pm										0	AA
	09:00 pm	H2O	150ml							250ml	0	AA
	10:00 pm	Milk	100ml								0	AA
	11:00 pm	H2O	200							150ml	0	AA
	12:00 am	H2O	150ml								0	AA
	01:00 am									250ml	0	AA
Total Intake : 600ml						Total Output : 650ml						
	02:00 am	H2O	150ml								0	AA
	03:00 am										0	AA
	04:00 am	H2O	150ml							250ml	0	AA
	05:00 am										0	AA
	06:00 am	Milk	100ml								0	AA
	07:00 am	H2O	100ml							300ml	0	AA
Total Intake : 500ml						Total Output : 550ml						

Total 24 hrs. Intake	2,600ml

Total 24 hrs. Output	2,250ml

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30 Y 2 M 12 D (F)

NURSING CARE RECORD

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

Date: 15/7/26

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	6PM	Achieve acceptable pain control & comfort		-Assess the level of pain by using pain scale. provide distraction therapy	Reduced pain	Reassessment is done	Poojashree

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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

Date: 15/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable pain control & comfort.	8.30 am	Assess pain using pain scale regularly. Position patient comfortably	Patient feel better	patient pain level reduced	
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	Assess pain using pain scale regularly position patient comfortably.	Patient feel better	Patient pain level reduced	
Night	8pm	Achieve acceptable pain control & Comfort.	8.30 pm	- Assess pain using pain scale. -> reg wisely. position patient comfortable.	patient Feel bett	patient Reassessment done	

GUC-00089128 IP18-00036475
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NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
15/4/16	4.AM	pt mrs. Swathi 30y/F. she is primi/38w+2d/ mild oligohydramnios/PROM pt came c/o leaking pv at 3.30AM. pt was got admitted under Dr. Pushpa. vital signs checked & recorded. CTG connected FHR ⊕. Informed to Dr. Vinitha soon the pt history collected. Did PV examination cx 2cm long, os 2 finger loose membrane present vx-3. Advice to give Inj. supacef i.r lov test dose. send CBC, connect IVF RL order carried out. parts preparation done.	S/N [illegible]
	4.30AM	IV placement done c 18G venflon back flow ⊕. sample collected for CBC, Inj. supacef 0.1ml test dose ID given sample send to lab as per doctor order. IVF RL IV connected as per doctor order.	S/N [illegible]
	5AM	pt have no c/o allergy, itching Inj. supacef 1.5gm IV given as per doctor order.	S/N [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	5:10AM	Rx 10x 2% o.lud first dose IP given as per doctor order. provide left lateral position to the pt.	[illegible]
	6AM	pt vital signs checked recorded. provide comfortable bed position. maintain I/O chart. IV line patent.	[illegible]
	7AM	CTG disconnected as per doctor order. provide comfortable bed position. maintain I/O chart	[illegible]
	7.30AM	pt care hand over given to morning duty staff	[illegible]
15/7/26	7.40am	Morning duty notes: patient details handed over taken from Night duty staff. patient conscious & oriented. vitals are checked & recorded. Dr. pushpa saw the patient checked PV cx soft, 25% effaced, os 1cm dilated ↓SAP, PGE_2 gel kept Intracervically.	S/N paramesh 016808
	8am	contraction checked 1 contraction 15 sec in 10min. IV line pattern.	

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		Patient had normal diet.	S/N paramedical 016808
	8.30 am	Dr. Pavithra gave the patient checked contraction advised to post gel CTG @ 8.45am.	S/N paramedical 016808
	8.45am	patient voided. post gel CTG connected.	
	9.10am	CTG disconnected as per doctor advice. patient maintain self voiding.	S/N paramedical 016808
	10 am	Orals encouraged. patient squatting well. Mild 2 contraction 15sec in 10min.	S/N paramedical 016808
	11.30am	Dr. pavithra gave the patient checked PV cx 1.5cm long, os 2cm dilated advised to 4th hrly CTG. hourly FHR.	S/N paramedical 016808
	12.30pm	patient general condition fair. Vitals are checked & recorded IV line patten. FHR hourly monitor.	S/N paramedical 016808
	1 pm	patient had normal diet patient voided. CTG connected FHR good.	S/N paramedical 016808
	1.30pm	Dr. pavithra gave the patient checked CTG early deceleration present advised to T. Misoprostol 50mcg p/v stat. Doctors order	

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

☐ No Known Drug Allergies (ticked)
☐ Drug Allergies ....

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		carried out.	
	2pm	Dr. Lucetta saw the patient checked CTG advised to continue CTG monitoring.	
	2.30pm	Dr. Pavithra / Dr. Akshitha saw the patient checked CTG advised to left lateral position, IVF RL 500ml.	S/n paramesh 016808
	2.40pm	Dr. Pushpa saw the patient checked CTG advised to continue CTG, watch for contractions. Dr. Pushpa / Dr. Mathangi checked bedside scan, early deceleration present, advised to plan for Emergency LSCS. Pre op orders received.	S/n parama 016808
	2.50pm	Inj: pan, Inj: Emeset, Inj: perinorm, Inj: Supacef IV given. Dr. Ashwini (Anesthetist) saw the patient, Anesthesia fitness given. Dr. Lucetta / SAP patient catheterized. pre op checklist uptained. Surgery consent, Anesthesia consent uptained.	S/n paramesh 016808
	3pm	patient shifted to OT. patient details, files handed over given to	S/n paramesh 016808

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT staff.	Sp. paran 0/6808
		OT shifting Note	
15/7/18	3:00 pm	Patient received from ODR to OT-I. patient is conscious & oriented. vital signs are stable. IV line and foley's catheter present. consent signature done.	[signature] 607721
	3:05 pm	SA given. IV fluid on flow. positioning done. painting & draping done	[signature] 607721
	3:10 pm	Skin incision done. no excessive bleeding is present. vital signs are stable IV fluid on flow	
	3:13 pm	A single alive baby girl delivered @ 3:13 pm with birth weight of 2.627 kg. Baby cried immediately after delivery. delayed cord clamping done. Baby shifted for routine care	[signature] 607721 / [signature] 607721
	3:45 pm	Skin suturing done. No bleeding from the surgical site. Surgical dressing is intact.	
	4:00 pm	Patient shifted to MICU. Hand over given to MICU staff	[signature] 607721

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	4.10pm	Receiving Notes Patient Received from OT to MICU. Patient Case Handing Over taken from OT Staff. Monitored. Vitals and Recorded. Maintained I/O. PV Bleeding Minimal. IVF RL 80ml/hr on connected.	
	5pm	Maintained I/O. Monitored Vitals and Recorded. Patient General Condition Fair. PV Bleeding Minimal B - Breast is Soft, Nipple Engorgement U - Uterus Contracted B - Bladder CBD present 100ml at 5pm B - Bowel movement present L - Lochia Rubra No Foul Smelling E - REEDA Assesment Not applicable H - Homan Sign Negative. E - Emotional	
	6pm	Monitored vitals and Recorded Maintained I/O. IVF RL 80ml/hr on connected. PV Bleeding Minimal	
	7pm	Maintained I/O. Monitored Vitals and Recorded. PV Bleeding Minimal. No other	

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		Complaints	[signature] 01/6/20
	7.30pm	patient care Handing over given to Night duty staff	[signature] 01/6/20
		Night duty (15/7/2026)	
15/7/26	7.30 pm	patient handing over taken by evening duty patient consious and oriented normal condition p/v bleeding minimal patient No complaints	[signature] 01/7/26
	8pm	patient checked vital are stable. patient out put 250ml Inform to Dr. Divyalatha admin patient shifted to ward	[signature] 01/7/26
	9pm	B - Breast is soft. No encourgement U - uterus contracted B - Bowel movement present B - patient was CBD L - Lochia: Rubra No foul smelling H - Homan's sign Negative E - Emotion good	[signature]

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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
15/7/26	9.40 pm	S/B DR. pushpa mam advice to patient shifted to ward order rose out patient p/v bleeding minimal patient conscious and oriented	[signature]
	9.50 pm	patient handing over given 7th Floor after Nurse patient after oral fluid infusion to DR. divyalakshmi advice after bowel movement check oral start	[signature]
		Receiving Notes.	
	10pm	Handover received from BDR. Staff. Pt PS active and oriented. IVF present IVF - RL - 125ml/hr NPO till 10.15pm CAD present. Removed plan at 6am bam. Administered due medication as per chart.	[signature]
16/7/26	6am	Administered due medication as per chart and recorded. Checked vital sign and recorded.	[signature]

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/96	11:45 pm	Inj - pethedine 50mg and	
		Inj - Phenergan 25mg given.	
		as per drug chart orderly	
16/7/96	2am	patient sleeping	[illegible]
		[illegible] [illegible] has no	
		other complaints -	
	4am	checked vital sig	
		and Recorded.	
	6am	CBD Removed. advised to	
		mobilise 1st void [illegible]	[illegible]
		Advised stool due	
		medication as per	
		chart	[illegible]
	7.30 am	Handover given to	
		morning duty staff	
		Morning duty on 16/7/21	
	8.00 Am	Patient details handing over	
		taken from Night duty staff	
		patient conscious and Oriented	
		patient urine passed. patient is	[illegible]
		on soft diet.	
	8am	vital signs checked and	
		Recorded	[illegible]
		B - Breast soft. no Engorgement	
		U - Uterus contracted. Involution present	
		B - Bowel movement present flatus pass	
		B - Urine voided freely	

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/20		L - Lochia Rubra present	
		A - foul smelling	
		E - REEDA is not applicable	
		H - Homans' sign Negative	
		E - Emotional status good →	[signature]
	8pm.	Inj. paracetamol 1gm given to	
		Oral route →	[signature]
	9.15pm	Dr [illegible] seen the patient	
		advised by soft diet @ 8pm.	
		vitals monitoring, follow drug chart,	
		Measure & Inform next void,	
		Ambulation, Inform (if s), Plenty of	
		oral fluids →	[signature]
	10³⁰pm.	pv bleeding is Normal.	
		Urine voided freely →	[signature]
	12pm	Maintain	
		Evening Duty	
16/7/20	1:30pm	pt's details Handover taken from	
		morning duty staff. pt's vitals	
		are stable. pt's have soft	
		diet, tomorrow Bath & Dressing	
		tomorrow. →	[signature] 60735.
	2pm	pt's vital signs checked and	
		recorded. vitals are stable.	
		maintained I/O chart. →	[signature]
	4pm	pt's vitals are stable. No c/o pain	60735.
		pv bleeding is (N) →	[signature] 60735

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. PUSHPA	Date of Delivery: 15/07/2024
Assistant Surgeon: Dr. LUCETTA, Dr. SHREEDEVI	Time of Delivery: 3:13 PM
Anaesthetist's Name: Dr. ASHWINI	Gender of Baby: Girl
Type of Anaesthesia: SPINAL	Weight of Baby: 2.627 kg
Neonatologist: Dr. SRILAKSHMI	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N GUNA	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: PRIMI | 38 WEEKS + 2 DAYS | OLIGOHYDRAMNIOS | PROM

☐ Elective ☑ Emergency Indication: NON-PROGRESS OF LABOUR / FETAL DISTRESS

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: 3min

CTG Description: Early decelerations (+)

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

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis: P1L1 | POST LSCS | POD - 0

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

(P.T.O)

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....

5th Palpable: 4/5

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Cervical Dilatation: ..... cm

Fetal Position: .....

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

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

Appearance of placenta: Normal ..... Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers ..... 1-VICRYL ..... Suture

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

Sheath Closure: 1-VICRYL ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

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

Vagineal Evacuated Drain: ☑ Yes ☐ No

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

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Remove in c/m 6AM days ☐ Await instructions

Intra-Operative Antibiotics Cover: ☐ Yes ☐ No ☐ Post-op Antibiotics ☐ Yes ☐ No

Post-Operative Notes: - NPO x 6 hours ☐ Thromboprophylaxis ☐ Yes ☐ No

- Ryles charting
- vitals Monitoring
- Sedation hs
- IVF 1 ORL @125ml/hr
- INJ. SUPACEF 1.5g IV 1-0-1
- INJ. PANTOPRAZOLE 40mg IV 1-0-1
- INJ. PARACETAMOL 1g IV 1-1-1
- INJ. KETOROLAC 30mg IM(SOS)
- INJ. CLEXANE 60mg SC c/m 6AM
- CBD removal c/m 6AM.

Doctor Name: Dr. Pushpa

Doctor Signature: for Dr 82217

Date & Time: 15/07/2024

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Pushpa Balasubra...
Asst. Surgeon Dr. ...
Anaesthetist : Dr. Ashwini
Scrub Nurse : Sr. ...

GUC-00089128 IP18-00036475
Mrs SWATHI V 30 Y 2 M 12 D (F)
03-05-1996
Dr. PUSHPA BALASUBRAHMANYAM

Age : .... Gender : ....
...ry Name : Em-lscs
Date : 15/7/16 In-time : 3:00pm Out-time : 4:00pm

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 3:05pm

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

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

Signature : S. Ashwini W01348

Name : DR. ASHWINI L S

Before Skin Incision ➢ ➢

TIME OUT Time: 3:07pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☐ Yes ☐ No
- Correct Site ☐ Yes ☐ No
- Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No

Signature : for ... 11428

Name : Dr Pushpa

Before Patient Leaves Operating Room

SIGN OUT Time: 3:55pm

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 : Risna ...

Name : Risna

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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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: ..... O.T ..... Shifted to: ..... L.D.R .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SYNTOCIN	5U	iv	stat	15/7/26 2:13 PM	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	15/7/26 3:50 PM	☐C ☑DC
3	INJ. EMESET	4mg	iv	stat	15/7/26 3:50PM	☐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. ASHWINI-S S. Ashwini 10:34:8.

Date & Time : ..... 15/7/26 3:10PM .....

Nurse Name & Signature: ..... Roja 60721 .....

Date & Time : ..... 15/7/26 3:10pm .....

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

PATIENT TRANSFER FORM

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GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 @ 4:38 Am	15/7/26 @ 4:00 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Pushpa Balasubrahmanyam	Dr. Ashwini	For further management

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 607721	Dr. Ashwini

Patient & Clinical Records Received by : S/N. Fauilseh 01-07-26

Date & Time of Patient Received : 15/7/26 at 4.10pm

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

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

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 15/7/26 @ 4:00 pm OT TRANSFERRED TO : MCU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	N/A	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	N/A	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:	607?	
	Receiving Nurse : S/N parameswari/016808		
	Signature of Incharge:		

For R... 60771

RCH/GDY/FRM/CLINICAL/598

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

..... Gender: ☐ Male ☐ Female Age : .....

Date : .....

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

INDICATION: NON PROGRESS OF LABOUR/upon Mrs. SWATHI V.

FETAL DISTRESS (Name of the Patient)

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

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

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

Bleeding, Infection, Blood transfusion, Bowel & Bladder Injury,
MICU Stay, NICU stay, Cautery burns

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 : Swathi V

Name : SWATHI V

Date & Time : 15/07/2026 @ 2.50pm

Patient Attendant :

Signature : .....

Name : Mr. Venkat narayanan

Relationship with Patient: Husband

Date & Time : 15/7/26 @ 2.50pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreedevi

Date & Time : 15/07/2026 @ 2.50pm

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

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MA

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Patient Name : Mrs. Swathi Age : 30 yrs
Gender : M ☐ F ☑ - IP No : 35475 Consultant : Dr. Pushpa
Ward / Bed No. : Anaesthesiologist : Dr. Sehwini
Operative procedure planned : Emergency Lower Segment Caesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA
☐ Incapacitating COPD ☐ Others : HYPOTENSION/BRADYCARDIA/PONV/PPH.

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Swathi the above mentioned operation I Diagnostic I Therapeutic procedures Emergency Lower Segment Caesarean Section

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

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

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

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

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

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

Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Srujathi V

Name : SRUJATHI. V

Relationship with Patient: Patient

Date & Time : 15/07/2026 @ 2:50pm

Witness :

Signature : Venkat TIC

Name : MR. Venkatnagaiyar

Date & Time : 15/7/26 @ 2:50pm

Doctor (who is taking the consent) :

Signature : Dr. Ashwin 101548

Name : DR. ASHWINLAL

Date & Time : 15/7/26 2. PM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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Name: Mrs. Swathi Age: 30 yrs Sex: female UHID.No : 35475

Date: 15/7/20 Time: 3 PM Proposed Operation: Emergency LSCS

Diagnosis: primigravida / failed induction c fetal distress

B.P / CRT: 120/80 mmHg H.R: 90/min Weight: 105 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5 E

Laboratory Data:

Hgb: 10 g%	Glucose: 98/133	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 8240	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.76L	Na:	Dir. Bill:	Blood group: B +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	HbA1C = 5.2%
INR:	Mg++:	Amylase:	TSH 3	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : primigravida / Mild oligohydramnios Diabetes: NIL

CNS :

Renal :

Hepatic / GE : Physical Activity: (N) exercise tolerance

Others :

Past Anaesthetic History: NO H/O previous Sx

Physical Exam: obese

Airway: MP 1 2 (3) 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: move (N) Teeth: No loose teeth/ dentures

Lungs : B/L NVBS (+), clear

Heart: S1 S2 (+), NO murmurs

CNS: NFND

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. Ca, Fe.	

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: S. Ashwini 10/7/20 Name: DR. ASHWINI.S

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: >8 hrs

Physical Status: II E ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

Last Feed: 12 PM

H.R: 103/min | B.P / CRT: 132/74 mmHg | SpO_2: 99–100% | R.R: 16/min

Pre-OP Diagnosis: primi / fetal distress | Operation: Emergency LSCS | Date 15/7/26

Surgeon: Dr. Pushpa / Dr. Lucetta | Anaesthesiologist: Dr. Ashwini | Technician: Mr. Prashanth

TIME: 3PM — 4PM

N_2O /AIR /O_2 LPM

HALO /ISO /SEVO

Drugs:
Inj: Syntocin 5U iv
Inj: phenylephrine 100 µg slow iv

Antibiotic

Suppository

Blood Loss

FIO_2 / SaO_2: ← 100% — 100% →

$ETCO_2$

ECG: ← NSR, sinus tachycardia →

Temperature

Urine Output

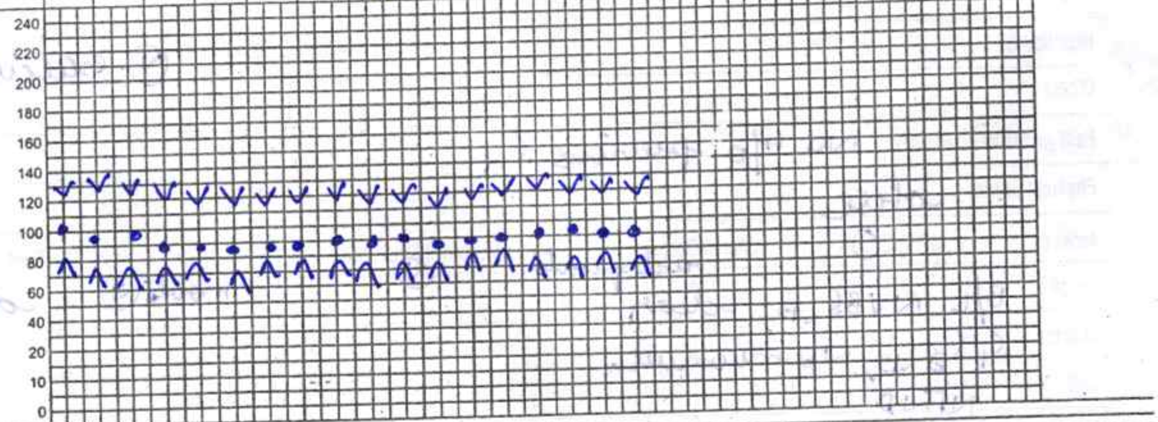
NOTES

Fluids / Blood: RL — 2 ⊙ iv rushed f/b 100 ml/hr

B.P: V Systolic, A Diastolic, X Mean, • Heart Rate

Tourniquet on Time / Tourniquet off Time

Throat Pack In / Throat Pack Out



LAB Values: ABG | GRBS | Others

Checks: ☑ Equipment Checked and Functional; ☑ BP; Cuff Site: Left Arm (Above); ☐ 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; ☐ Cling Film; ☑ Hugger's; ☐ Other; ☐ Fluid Warmer; ☐ OH Warmer; ☐ Cotton Wool

Times:
Anaes Start: 3 PM
OP Start:
OP End:
Leave OR: 4 PM

Anaesthesia: ☐ GA; ☐ Monitored Anaesthesia Care; ☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☑ IV: 18G (R) hand
☐ IV:

Induction (struck through): ☐ 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: 25G Quincke
Parasthesia ☐ Yes ☑ No
Catheter at skin: NIL cm
Drug Name & Conc: 2.4 ml of 0.5% bupivacaine (heavy) + 60 µg
Bolus:
Infusion: fentanyl after free flow of CSF.
Block Level: T6
Comments:
Transportation to: ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed: ☐ Yes ☐ No ☑ NA

Name of the Doctor: DR. ASHWINI S

Signature of the Doctor: A. Ashwini 10134 8

Patient Sticker

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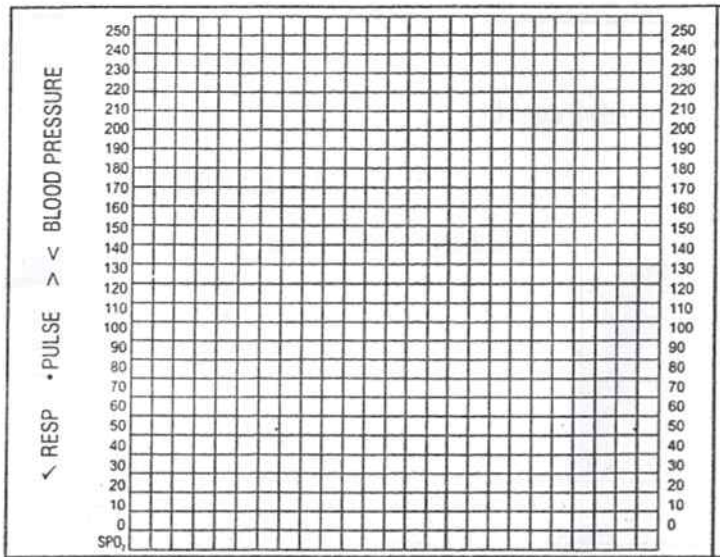
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Rsm Time Received : 4:00 pm Time Discharged : 4:00 pm



IV Cannula Site : .....

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

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7/26	4:30pm	0/10	NPO till further orders iv fluids @ 100ml/hr. iv antibiotics as advised	S. Ashwin 10348
			Inj: paracip 1g iv tds	
			Inj: tramadol 50mg iv (SOS)	
			Inj: emeset 4mg iv (SOS) before Inj: tramadol TED stocking / SCD pump.	

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

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

Anaesthesiologist Name : DR. ASHWIN.S
Anaesthesiologist Signature: S. Ashwin
Date & Time: 15/7/26 10348 4:30PM

PACU Nurse Name : Rsm
PACU Nurse Signature: RSM 607721
Date & Time: 15/7/26 4:10pm

Transferred to Unit by (PACU): Mew
Date & Time: 15/7/26 @ 4:10pm

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-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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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

P.T.O

6. Was the position explained:

☑ a. Yes

☐ b. No

7. For Caesarian mothers: NA

☐ a. Mother is required sit and feed from the 4th feed

☐ b. Please explain football hold

8. NICU admission: N/A

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

9. Additional notes: ....

Continuity of Care:

Date: 15/07/2026

	17/7/26
L – 2	L – 2
A – 2	A – 2
T – 2	T – 2
C – 2	C – 1
H – 1	H – 1
9	8

Handover given by D. Sobelecconl

Signature D. Sobel

Date & Time: 15/07/2026 at 7pm.

Handover taken by [signature]

Signature 014559

Date & Time: 15/7/26 @ 8 pm

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 15/7/26@3 pm 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	NO	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	NO	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NO	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	NO	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NO	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	NO	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: S/N. Tamilselvi 016720		
	Receiving Nurse :		
	Signature of Incharge: S/N - Anusya		

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Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Patient Sticker

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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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Mrs SWATHI V (F)
03-05-1996 30 Y 2 M 12 D
Dr. PUSHPA BALASUBRAHMANYAM

Patient S

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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: ..OT........

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....

Date & Time : ....15/7/2026 @ 3PM....

Nurse Name & Signature: ....S/o Parameswari [signature]....

Date & Time : ....15/7/2026 @ 3pm....

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

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Mrs SWATHI V
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URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion: 15/7/2026 Date of Removal: 16/7/26 @ 6am

Parameters	Date / Shift Time: 15/7/26 Evening	15/7/26 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	Srinparan 016808	Shobhu					
Signature of the Nurse	[signature]	[signature] 01717					

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

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00089128 IP18-00036475
Mrs SWATHI V
Patient I 03-05-1996 30 Y 2 M 12 D (F) ..... UHID No : .....
Dr. PUSHPA BALASUBRAHMANYAM
Gender: Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: .....

Consentee :
Signature : Swathi V
Name : SWATHI. V
Date & Time : 15/07/2026 @ 7AM

Patient Attendant :
Signature : Venkat N
Name : Venkat Narayanan
Relationship with Patient: Husband
Date & Time : 15/7/2026 @ 7 AM

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

Doctor (who is taking the consent) :
Signature : 12113
Name : Dr. Vinitha
Date & Time : 15/7/26 @ 7am

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03-05-1996 30 Y 2 M 12 D (F)
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INDUCTION OF LABOR CONSENT

Name: ..... Age: ..... Gender: Male Female

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

You are scheduled for an induction of labor on ..... (date) at ..... (weeks of gestation).

The reason for your induction is .....

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: Swathi V
Name: SWATHI V
Date & Time: 15/07/2026 @ 7am

Patient Attendant:
Signature: Venkat N
Name: Venkat Narayanan
Relationship with Patient: Husband
Date & Time: 15/07/2026 @ 7am

Doctor:
Signature: 12113
Name: Dr. Vinitha
Date & Time: 15/7/26 @ 7am

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

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Mrs SWATHI V
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 15/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to –

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

If yes, identify

Chief Complaints: Pt came c clo leaking PV

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Vinitha

Time Notified: 4:10 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Blood Group: B+ve LMP: 20/10/25 EDD: 27/7/26 Gestational age during admission: 38w4d

Contractions: Nil Vaginal Discharge:

Obstetric History: G 1 P L A Previous LSCS

Height: 162 Weight: 105 BMI: 40

Temp: 98°F HR: 92 RR: 18 BP: 122/80 SpO_2 100%

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

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

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Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..17.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

Name of Person Orientation was given to: ..Mrs. Swaleha..

Orientation not given Reason: ..—..

Nurse Signature: .....

Nurse Name: ..S. Pooja..

Date & Time: ..15/7/26 at 4:30Pm..

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(1)

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 15/7/26 Time of Arrival: 4 AM Time Seen by Nurse: 4.30 AM

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: 92 RR: 18 SpO_2 100 BP: 122/80 Weight: 105

4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 20/10/25 EDD: 27/7/26 Gestational Age: 39 wk 2d

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☑ Yes	☐ No	☐ NA	Onset 15/7/26	Time 3.20AM	Fluid Color: clear
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: ..... Nil .....

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: ..... 11.10AM .....

Nurse Name : ..... Joyce ..... Nurse Signature: .....

Date: 15/12/16 ..... Time: 4:30AM

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 15/2/26

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
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	01	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

(1)

					Date : 15/7	15/7	15/7	15/7
					Time : 11am	8am	2pm	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.	3	3	3	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	22
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ 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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BRADEN 'Q' SCALE (2)

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

	1.	2.	3.	4.	Date :	E 16/7	N 16/7	M 17/7	
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	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-exdstent. 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	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		1	1	1	
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					TOTAL SCORE	27	27	27	
					Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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BRADEN 'Q' SCALE

				Date :				
				Time :				
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				TOTAL SCORE				
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	● Regular Turning Schedule ● Enable as much activity as possible ● Protect the heels ● Use pressure redistribution surfaces ● Manage moisture, friction and shear ● Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	● Use the Same Protocol as for **"At Risk"** Patients ● Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	15/7/26 4AM	15/7/26 8am	15/7/26 2PM
		Score		30	30
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
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Mrs SWATHI V
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03-05-1996
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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	15/1/2026 M	16/1/26 E	16/1 N
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		Signature		609915	

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	17/7/26		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			0		
		Signature	P. [illegible]		

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.

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

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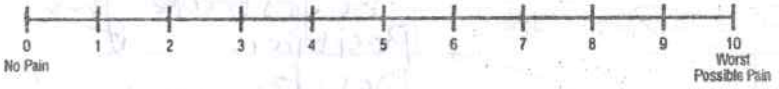
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	4am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	S/N
15/7/26	8am	1/10	lower abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	
15/7/26	12pm	2/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable Position	
15/7/26	2pm	2/10	lower Abdominal Pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable Position	
15/7/26	7pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	
15/7/26	9pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
16/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	nil	
16/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
17/7	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position.	
17/7/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	

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

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BirthRight™ BY RAINBOW HOSPITALS
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Patient's Name: GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

MRD NO: ....

Age :..... Sex: ☐ M ☐ F

Consultant :..........

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 15/7/16 Time: 4.30pm

Location : (R) metacarpal

Size : 18G

Cannula inserted by : S/N poojo[?]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
15/7	5Am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
15/7	9am	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	1pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obsey	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obsey	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obsey	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	OD	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	OD	[illegible]
16/7/16	2pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obsevel	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obsvel	[illegible]
17/7	12Am	☐Yes ☑No	☐Yes ☑No	obsvel	[illegible]
	4Am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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 : ❋ Tobe 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

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PATIENT TRANSFER FORM

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 @ 4.38am	15/7/2026 @3pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. pushpa	Dr. Akshitha	Further mgt
From Unit	**To Unit**	**Information to Attendant**
HDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
casesheet	CTG	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 paramesh 016808	Dr. Akshetha

Patient & Clinical Records Received by : S/n Reshma

Date & Time of Patient Received : 15/7/26 @3pm

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

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PATIENT TRANSFER FORM

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 12 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

	Date & Time of Admission: 15/7/2026 at 4.38pm	Date & Time of Transfer Order: 15/7/2026 at 9.50pm
Treating Consultant Name: DR. pushpa	Transfer Ordered by: DR. monisha	Reason for Transfer: Fetal monitoring
From Unit: CDR	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical 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.	Inj : pan – ×(3)	Inj : fenta – ×(1)
2.	Inj : para – ×(1)	condom cat – ×(2)
3.	Inj : Sleepon – ×(1)	Ale Fu – ×(1)
4.	Desy 10 ml – ×(1)	Mon pad – ×(1)
5.	Dsy 2 ml – ×(1)	

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

Name & Signature of Person who is Transferring: S/N Sobelwan	Name of Person Ordered Transfer: DR. monisha
Patient & Clinical Records Received by : Sonia	
Date & Time of Patient Received : 10:15 @10pm	

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

RAINBOW CHILDREN'S MEDICARE LIMITED
157 - 160, Anna Salai, Guindy, Chennai - 600 015.

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Sl.No. 2609

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name : MRS. SWATHI V		Age: 30	Gender: F
UHID No: GUC - 89128	IP No: 36475	Date: 15/7/26	Date: 15/7/26
Diagnosis: P1L1 / CM. LSCS / POD - 0			Time: 8:40 pm

PRESCRIPTION DETAILS (Tick only one of the following)

S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)	-	-
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Morphine Inj 10 MG / ML	-	-
4.	Pethidine 50 MG / 1ML	50mg / 1	STAT DOSE

Doctor Name: Dr DIVYALAKSHMI. S.R

Doctors Medical Council Registration No. 114288

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed

IP Registration No: 36475

Date: 15/7/26

Aadhaar No. of the patient(optional):

		Remarks
1.	Name	
2.	Complete postal address (with contact number, if any)	WEST MAMBALAM, CHENNAI - 600033.
3.	Brief description of the illness	P1L1 / CM. LSCS / POD - 0
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	-
5.	Details of essential narcotic drugs dispensed	-

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
15/7/26	Inj. PETHIDINE 50mg	1	Swathy V	STAT DOSE

Dispensed by (Name & ID No.): R. Seetharaman / 01643

Signature:

Received by (Name & ID No.): Soumya. 01459

Signature:

Time: 11.40 pm

Docu. No: RCHBH /FRM / CLINICAL / 133

Sl.No. 2609

Patient Name: Mrs Swathi UHID No: _____ Bed Category: 713

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

C. Vasanthi 16/7/26
Signature of patient/ patient Attendance

C.
Signature of the Introducer

GUC-00089128 IP18-00036475
Mrs SWATHI V
03-05-1996 30 Y 2 M 13 D (F)
Dr. PUSHPA BALASUBRAHMANYAM

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 16/07/2026 Time: 12:50PM.

Origin: — Height: 168 Cm Weight: 105 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	Dietician's
Signature: Swathi.V	Signature: A. [signature] (018336)
Name: SWATHI. V	Name: A. Sadiqa Ferheen
Date & Time: 16/07/26 (1) 12:50PM.	Date & Time: 16/07/2026 (1), 12:50PM.

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
15/07/26.	2:50PM.	EM-LSCS - plan.	A.M (018336)
	4:10PM. DOS.	NPO x 6 hours.	A.M (018336)
16/07/26.	8:40AM.	-Patient tolerated liquid Diet. - Patient had rice kanji. - EM-LSCS done. - Patient is on Soft Diet Now. - Patient is Stable. Oral intake is Better. - Advised to take easy-digest foods. Consume Small-frequent meals. Include galactogogues foods for milk secretion such as garlic, fennel & Oats. (etc) R.D.A. Values - Energy - + 600 Kcal. Protein - + 17-19 g/d.	A.M (018336)
17/7/26	8:35AM	- Patient is on Soft Diet - Patient is Stable. Oral intake is Better. Advised to take easy-digest foods. - Include protein-Iron rich foods.	A.M (018336)