Rainbow Children's Hospital

Mrs SUDESHNA S
19-06-1996 30 Y 0 M 20 D (F)
Dr. PADMASHRI PARIMALAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00085315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Sudeshna

UHID No: 86315 IP No: 36353 Consultant: DR. Padmashri Dept: LDR

Date of Admission: 06/7/2026 Time: 04.06 pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	5.45 AM	LDR	OT	S/N 07/7/26
7/7/26	10 am	OT	MICU	
7/7/26	12.20 pm	MICU	6th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	7/7/26	1723173	07/7
2.	Dr. Rekha (Lactation)	8/7/26	To be raised	08/7
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/4/26	CBC	1325	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	CTH (1)			9086	Shalini 0140h
	CTH (2)			9089	Shalini 0140h
7/7/26	Infusion Pump	12AM	7/7/26 @ 10pm	172314	0160
	CTG (3)			009093	0160
	CTG (4)			009093	0160
	CTG (5)			009093	0160
	CTG (6)			009095	0160
	CTG (7)			009095	0160
	CTG (8)			009095	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	22948	Shalini 01407
7/7/26	Catheterization	1	1723172	01820
8/7/26	Diet Counselling	1	4271	A.N (d8336)
8/7/26	Physio	1	4270	[illegible]

ANY OTHER INFORMATION:

Patient Name Mrs. Sudarshna
Surgeon Name Dr. Padmashini
Anaesthetic Name . Dr. Chutri
Procedure : Emergency LSCS.
IN 6.50 am
OUT 7.0 am

[illegible signature]

Date: 9/7/26 Time: 6AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 0106			

GUC-00086315 IP18-00036353
Mrs SUDESHNA S (F)
19-06-1996 30 Y 0 M 17 D
Dr. PADMASHRI PARIMALAM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 07/07/2026.

Patient Name: Mrs. Sudeshna. Date of Birth: 19/6/1996 Age: 30Y.

Gender: Female. Ward : OT UHID No.: 86315/36353.

Date of Surgery: 07/07/2026 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time in : 5.50 am Time Out : 7.0 am.

		NAME	AMOUNT
1.	Surgeon	: Dr. padmashri parimalam.	
2.	Anaesthetist	: Dr. Chutti Subnan.	
3.	Assistant Surgeon	: Dr. Vinitha.	
4.	OT Technician	: Mr. Shyam.	
5.	Circulating Nurse	: Pradeepaveeraiyan.	
6.	Assistant Nurse	: Bal Lunadevi	

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

01/7/26

Record Finalized done, 02/02/27

Signature of the Surgeon Signature of Circulating Nurse

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

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

Patient Sticker

BME LSCS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : C/N pradeep Technician : Shyam Date : 7/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		1
LMA			Sutures 23477.		02	Cord Clamp		1
ECG leads : (A) / P / N		3	13264.		01	Suction Catheter 8FR		1
HME filter : A / P / N						Feeding Tube 6FR		
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc		2	Gloves 7 PF Gloves		2	Surgical Gloves 6 1/2 PF		01
02 cc		5	6 1/2 PF Gloves		02	Gauze Pack		1
01 cc			6 1/2 S. care		01	Syringe ~~1ml~~ / 2ml		1
Cautery plate : (A) / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		2	Cautery pencil		01	D.water 10ml		5
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			NS 100ml BAG		1
~~[illegible]~~			Ointments			Spinal Needle		
CARTEC 100mg		1	Suction Catheter			27G 90mm		1
Fentanyl			Cap, Mask			Gown		01
Morphine			Gauze Pack plain/R10		1/2			
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Bioxamp		2	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg			Plastic ~~Bed Sheet~~ apron		2			
Tab. Misoprost : 200mg			Betadine Solution		2			
ANAWIN Heavy		1	Microshield					
BUPRESS		1	Cotton Balls					
5ML EMEROID		1	Latex Gloves		10			
NEEDLE 26x11 1/2		1	Ramdione Scrub					
			~~Saral~~ Quick sheet		01			

Surgeon Dr. padmashree Anaesthesiologist Dr. Chitti Nurse Gunet 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	IP18-00036353	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SUDESHNA S	**Bed Name**	MICU 801
Age/Sex	30 Y 0 M 18 D / Female	**Order No**	18-0001723255
Date	07/07/2026 10:24	**Prescription No**	PRIP18-0625532
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	**Dispensed Date**	07/07/2026 10:29
UHID	GUC-00086315		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	260501801T	05/29	2	128.00	256.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
11	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
12	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
13	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	1	91.00	91.00
15	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
16	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
17	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**8,422.60**	**11,271.60**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:29

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	IP18-00036353	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SUDESHNA S	**Bed Name**	MICU 801
Age/Sex	30 Y 0 M 18 D / Female	**Order No**	18-0001723257
Date	07/07/2026 10:24	**Prescription No**	PRIP18-0625531
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	**Dispensed Date**	07/07/2026 10:28
UHID	GUC-00086315		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:29

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	IP18-00036359	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SUDESHNA S	**Bed Name**	CRDL-SUITE713-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001723260
Date	07/07/2026 10:27	**Prescription No**	PRIP18-0625530
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:28
UHID	GUC-00093542		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
2	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
						Total :	**167.00**	**167.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:28

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	IP18-00036353	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SUDESHNA S	**Bed Name**	MICU 801
Age/Sex	30 Y 0 M 18 D / Female	**Order No**	18-0001723256
Date	07/07/2026 10:24	**Prescription No**	PRIP18-0625529
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	**Dispensed Date**	07/07/2026 10:28
UHID	GUC-00086315		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
3	CARITEC INJ 100MG	Sun Pharmaceutical Industries Ltd		F702601G	01/29	1	467.81	467.81
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	5	11.25	56.25
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	5	2.58	12.90
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
11	NS IV 100 ML BAG -AQUA PULSE	Denis Chem Lab Ltd	H	9H250260B	07/28	1	44.93	44.93
12	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
14	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
						Total :	**2,646.76**	**2,883.38**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:28

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	IP18-00036359	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O SUDESHNA S	**Bed Name**	CRDL-SUITE713-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	**Order No**	18-0001723259
Date	07/07/2026 10:27	**Prescription No**	PRIP18-0625528
Payor	SELFPAY	**Dispensed Date**	07/07/2026 10:28
UHID	GUC-00093542		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
4	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
						Total :	**206.92**	**206.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 07-07-2026 10:28

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	IP18-00036262	**Ward**	6F-PRIVATE
Patient Name	Master THARUN KANTH S	**Bed Name**	PVT 617
Age/Sex	17 Y 1 M 3 D / Male	**Order No**	18-0001723218
Date	07/07/2026 09:03	**Prescription No**	PRIP18-0625515
Payor	SELFPAY	**Dispensed Date**	07/07/2026 09:08
UHID	GUC-00055334		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BLOOD SET WITH LUER LOCK	Bbraun Medical PvtLtd	GENERAL	G26A020001	12/30	2	192.00	384.00
2	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	5	2.58	12.90
3	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0716O326	02/28	5	40.00	200.00
4	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	20250105	01/28	1	421.88	421.875
5	JELCO NEEDLE 20 G	Polymed	GENERAL	6119339	05/30	1	112.50	112.50
6	NS IV 100 ML BAG -AQUA PULSE	Denis Chem Lab Ltd	H	9H250260B	07/28	1	44.93	44.93
7	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26A040056	12/30	1	336.00	336.00
8	SUCOL INJ 50 MG 10 ML	Neon Laboratories Ltd	H	SU248073	05/27	1	55.64	55.64
9	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
10	THREE WAY EXTENCTION 100 CM (B.D)	BECTON DICKINSON (BD)	GENERAL	5120835	03/28	1	317.81	317.81
11	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	3	7.30	21.90
12	VASOCON INJ 1MG1ML	NEON LABORATORIES LTD		KP85439	02/27	1	13.04	13.04
						Total :	**1,634.67**	**2,011.60**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00086315 IP184-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 20 D (F)
Dr. PADMASHRI PARIMALAM

UHID- _ FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary	9/4/26 at 12pm	10/4/26			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	7/7/26	8/7/26							
Doctor's Orders	Yes	Yes							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	✓	✓							
IV Site	✓	✓							
Central Lines	X	X							
Arterial Lines	X	X							
Feeding Catheter	X	X							
Urinary Catheter	X	✓							
Skin Care	✓	✓							
Eye Care	✓	✓							
Mouth Care	✓	✓							
Sterillum Bottle, Stethoscope	✓	✓							
Suction Bottle (Should be clean & empty)	✓	✓							
Intubation Tray	X	X							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X							
Ventilator Tubing,(Any Water, Blood)	X	X							
Humidification	✓	✓							
Check all Infusion (Labelling,Correct Preparation)	✓	✓							
Chest Physio & Neb	X	X							
Handed Over By Name :	Praveen	Sarita							
Signature :									
Date & Time:	7/7/26 (8pm)	8/7/26 8PM							
Hand Over Taken By Name :	Sarita								
Signature :									
Date & Time:	8/7/26 at 8PM								

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 : IP18-00036353 **Admit Date** : 06-Jul-2026 **Admit Time** : 04:06 PM **UHID** : GUC-00086315

Patient Details :

Patient Name : Mrs SUDESHNA S
Guardian : Mr KISHORE SHREYAS
Gender : Female
Occupation :
Address (H) : NO:1/53-1 SRIPURAM COLONY ST THOMAS MOUNT CH-16 Alandur Chennai Tamil Nadu INDIA 600016

Age : 30 Y 0 M 17 D
DOB : 19-06-1996
Religion :
Martial Status :
Phone No : 9940315384
E-mail : shreyaskishore23@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX
Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr KISHORE SHREYAS **Relationship** : Husband
Contact Address : NO:1/53-1 SRIPURAM COLONY ST THOMAS MOUNT CH-16 Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : / 9940315384

Signature

Doctor Details :

Doctor Name : Dr. PADMASHRI PARIMALAM **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
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 SUDESHNA**	**Age :**	**30 Y 0 M 17 D**
IP No:	**IP18-00036353**	**Sex:**	**Female**
Consultant:	**Dr. PADMASHRI PARIMALAM**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. kishore Shrayas
Relationship: Husband
Date: 06/07/2026 Time: 04:06 Pm
Wittness Name: A. Sivasankari
Wittness Signature:

Patient Address:
NO:1/53-1 SRIPURAM COLONY ST
THOMAS MOUNT CH-16 Alandur
Chennai Tamil Nadu INDIA 600016

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 Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Mrs.	UHID Number : CWC-00086315
Self/Attendant Name : Kishore Shreyas S	Relation : Husband
Self/ Attendant Signature : Phone Number : 9940315384	Name & Signature of Financial Counselor

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Patient was admitted for IOL
* Able to perceive fetal movements well
* No c/o lower Abdominal Pain, bleeding or leaking PV

LMP: 05/10/2025 EDD:
Corrected EDD: 23/07/2026 GA: 37 weeks + 4 days

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Formula: $G_2 A_1$

Obstetric History: OI conception
G_1 - Missed miscarriage, 8wks, MMA
G_2 - PP, Spontaneous Conception

Present Pregnancy Record:
Booked and Immunised
↳ Placenta - Posterior dips into lower segment
NT Scan - Normal, FTS - Low risk
Anomaly scan - Normal.
Trisomy 21 : 1 in 610
Trisomy 13/18 - 1 in 1100

RISK FACTORS:
Placenta - ~~Posterior~~ Not low lying.
Hypothyroid since conception

Obstetric Examination M/S - 5yrs, NCM

Fundal Height: Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5 fh

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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 os admits one finger

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 5.4ft cm
Weight: 92.9 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: ~~Bilateral~~ Grade I pe
Temp: Normal PR: 98/min
BP: 120/80 mm Hg DTR:
CVS: $S_1 S_2$ ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

DIAGNOSIS

$G_2 A_1$	LMP - 05/10/2025	GA - 37 weeks + 4 day
M/S - 5yrs	C.EDD - 23/07/2026	Hypothyroid
NCM	RMP	IOL
A+ve.		

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Mother - T2DM	Tonsillectomy in childhood
Medical History:	**Medication History:**
Hypothyroid since conception	T. THYROXINE 75mg od.
Plan of Care:	**Investigations:**
C/I / T Dr. Padmashri - Admission - Parts preparation - Secure IV line - Informed consent for IOL / NVD 5:50 pm ↓SAP, IOL done with 22F foley's inserted intracervically and bulb inflated with 80ml of distilled water. Further one dose of PGE_2 gel kept intracervically Advice - INJ. SUPACEF 1.5g IV BD (AID) - W/F Foley's expulsion - CTG @ 4th hourly - Post Foley's CTG @ 6:50pm - Shift to ward	CTG - Reactive

Doctor Name: Dr. Dhivyalakshmi / Dr. Shreedevi
Signature: [signature]
Date & Time: 06/07/2026

Consultant Name: Dr. Padmashri
Signature: For [signature]
Date & Time: 06/07/2026

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Mrs. Sudeshna

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Padmashri	Date of Delivery: 07/07/2026
Assistant Surgeon: Dr. Vinitha	Time of Delivery: 6:01 AM
Anaesthetist's Name: Dr Chithi	Gender of Baby: Boy
Type of Anaesthesia: SA	Weight of Baby: 2.68 kg
Neonatologist: Dr. Prasanna	AGPAR Score: 7/10, 9/10
Scrub Nurse: SIN Guna	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Maternal wish

Urgency

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

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

CTG Description: Reactive

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

Surgical Procedure: Emergency lower segment cesarean section ↓ SA

Post Operative Diagnosis: P1L1 POD #0

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination: -

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 3 cm cm

5th Palpable: ..... Fetal Position: .....

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

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

Bladder Catheterized : ☑ Yes ☐ No 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 ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:
- NPO X 2 hours
- Vitals monitoring
- IVF 1 @ RL @ 125ml/hr
- INJ. SUPACEF 1.5g IV 1-0-1 x (3) doses
- INJ. PANTOPRAZOLE 40mg IV 1-0-1
- INJ. PARACETAMOL 1g IV 1-1-1
- JUSTIN SUPPOSITORY 100mg PR 1-0-1
- CBD c/m 6 Am
- Ino chasting
- C. LACTARE (1 tab) 1-1-1

Doctor Name: Dr. Padmashree Doctor Signature: (FOR) 12/1/13

Date & Time: 7/7/16

GUC-00086315
Mrs SUDESHNA S IP18-00036353
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

ICATION RECONCILIATION FORM

Drug Allergies: Nil

☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj - SYNTOCIN	20 U in 500 ml NS	IV	STAT	6.01 am	☐C ☑DC
2	Inj. TRAPIC	1gm in 500 ml	IV	STAT	6.20 am	☐C ☑DC
3	Inj. EMESET	4mg	IV	STAT	6.00 am	☑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 : 7/7/26

Nurse Name & Signature: Pradeepnarayan / Prasanth.

Date & Time : 7/7/26 at 6.10am

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padmashri
Asst. Surgeon : -
Anaesthetist : Dr. Chetti
Scrub Nurse : Staff Nurse

GUC-00086315
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM
IP18-00036353

Age : 30Y Gender : F
Name : Emergency Case
Out-time : 7.0 am

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia

SIGN IN Time: 5.40 am

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

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : 89285
Name : Dr. Chetti Subhan

Before Skin Incision

TIME OUT Time: 5.50 am

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

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

Anticipated Critical Events

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

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

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

Signature : for 164285
Name : Dr. Padmashri

Before Patient Leaves Operating Room

SIGN OUT Time: 7.0 am

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 :
Name : Staff Nurse

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26	7/7/26 at 7.00 am
Treating Consultant Name: Dr. Padmashri	Transfer Ordered by: Dr. Chitra	Reason for Transfer: further management
From Unit: OT	To Unit: NICU.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: one file	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Staff Pradeepa / Nurse	Dr. Chitra

Patient & Clinical Records Received by : Devi 7/7/26

Date & Time of Patient Received : 7/7/26 at 7.10 am

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00086315 IP18-00036353

Patient Name: Mrs SUDESHNA S 19-06-1996 30 Y 0 M 17 D (F) ..... Gender: ☐ Male ☐ Female Age : .....

Dr. PADMASHRI PARIMALAM

UHID No : ....

Date : .....

Instruction:

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

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

.....

..... Emergency lower segment cesarean section .....

..... upon .....

(Name of the Patient) Mrs. Sudeshna .....

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

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

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

Bleeding, infection, blood transfusion, injury to surrounding structures (bowel, bladder, blood vessels, ureter), baby admission to NICU, respiratory distress.

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 : Sudeshna.S

Name : SUDESHNA.S

Date & Time : 7/7/26 at 8am

Patient Attendant :

Signature : [signature]

Name : Kishore

Relationship with Patient: Husband

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

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Vinitha

Date & Time : 7/7/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Patient Name : ....Mrs. SUDESHNA A..... Age : ....30/F.....

Gender : M ☑ F ☐ ..... Consultant : ....Dr. Padmashri Parimalam

Ward / Bed No. : ..... Anaesthesiologist : ....Dr. Chitti Subhan.....

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

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☑ Others : ....ASPIRATION / HYPOTENSION / BRADYCARDIA

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 ..... the above mentioned operation I Diagnostic I Therapeutic procedures .....

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 I 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 : Sudeshna.S

Name : SUDESHNA.S

Relationship with Patient: Self

Date & Time : 7/7/26 at 5AM

Witness :

Signature :

Name : Kishore

Date & Time : 7/7/26 at 5AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Vinitha Dr. Chitti Subhan

Date & Time : 7/7/26 7/7/2026

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

Name: Mrs. SUDESHNA A Age: 30 Sex: F UHID.No: 86315

Date: 7/7/2026 Time: 5 am Proposed Operation: Emergency LSCS

Diagnosis: G2 A1 / 37 w + 5 D / Hypothyroidism

B.P / CRT: 130/82 mm Hg H.R: 110/min Weight: 93 kgs - ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Height :- 5'4"

Laboratory Data:

Hgb: 12.6	Glucose:	Protein:	HIV:	X-Ray:	
PCV: 36	Urea:	Alb:	HBS Ag: NR	ECG: NSR	
WBC: 11,720	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 2.39 L	Na:	Dir. Bill:	Blood group: "A" POSITIVE	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 3.87		
	Cl-:	SGOT/SGPT:			

Medical History: CVS: –
RESP: –
CNS: –
Renal: –
Hepatic / GE: –
Others: K/c/o Hypothyroidism on Rx

Allergies: NKDA

Diabetes: –

Physical Activity: METS > 4.

Past Anaesthetic History: A/o Tonsillectomy ↓ GA - 25 yrs back.

Physical Exam: Pt. conscious, oriented, afebrile.

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

Lungs: BAE (+)

Heart: S1 S2 (+)

CNS: NAD

Pregnant: ☑Yes ☐No ☐NA

Venous Access Site: (L) 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

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:

Inj. PAN 40 mg IV } STAT
Inj. EMESET 4 mg IV }
IV antibiotics - as advised & pre-op orders

Signature: Name: Dr. Chitti Sriman
89365

Patient Sticker

ANAESTHESIA CHART

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

Pre Induction Assessment:

Fasting Status: Adequate > 8 hr!

Change in Patient Condition: ☐ Yes ☑ No

☑ Chart Reviewed

☑ Consent Present

Physical Status: Patient Identified

Last Feed: 10 pm

SpO₂: 99 % RA | R.R: 14/min | Date: 7/3/2026

H.R: | B.P / CRT:

Operation: Emergency LSCS | Technician:

Pre-OP Diagnosis: G2 A1 | 37w+5d

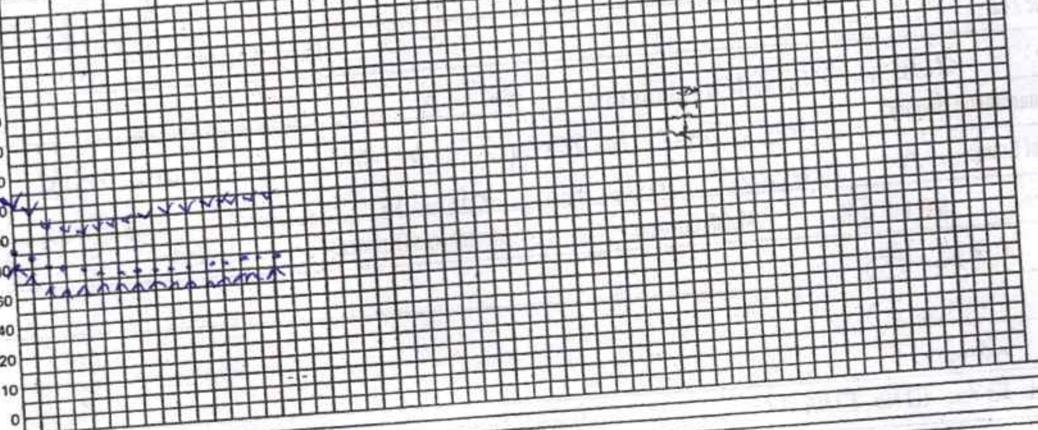
Anaesthesiologist: Dr. Chitti Subhan

Surgeon: Dr. Padmashri Parimalam

TIME	5.55	6 am	6.10	6.20	6.30	6.40	6.50
~~N₂O/AIR~~/O₂, LPM	← 4 L/min →						
~~HALO/ISO/SEVO~~							
Drugs:							
Inj. phenylephrine 50 mcg IV stat	⊗						
Inj. Syntocinon 20 U in 500 ml NS		⊗ →					
Inj. Emeset 4 mg IV stat		⊗					
Inj. Texapac 1 gm		in 500 ml					
FIO₂ / SaO₂	← 100% →						
~~EtCO₂~~							
ECG	← NSR →						
Temperature	← N →						
Urine Output	← 200 ml →						
Fluids / Blood: RL	← 500 ml + 500 ml + 500 ml → (R1000)						
NS							

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
~~Tourniquet on Time~~
~~Tourniquet off Time~~
~~Throat Pack In~~
~~Throat Pack Out~~

240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0



Date of Birth => 7/3/2026
Time of Delivery => 6.01 am
Male baby

Antibiotic

Suppository

Blood Loss

NOTES

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) Arm
☑ Art Site:
☑ EKG Lead
☑ Temp Site
☑ FIO₂ Monitor
☒ Agent Monitor
☑ Pulse Oximeter
☒ Capnograph
☑ Ventilator
☑ Nerve Stimulator

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 5.50 am
OP Start: 5.55 am
OP End: 6.35 am
Leave OR: 6.40 am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP
☐ ART
☑ IV: (R) Hand
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others: ↓ SAB
Position: Sitting
Site: L3-L4 Space
Needle Size: 27 G Depth: Whitacre Spine
Parasthesia ☑ Yes ☐ No
~~Catheter at skin .... cm~~
Drug Name & Conc: Inj. 0.5% Hyperbaric Bupivacaine + 20 mcl
Bolus:
Infusion: Inj. Buprenorphine 0.1
Block Level: Injected into subarachnoid
Comments: space after free flow of CSF - T4 adequate

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

Name of the Doctor: Dr. Chitti Subhan
Signature of the Doctor: [signature]

87365

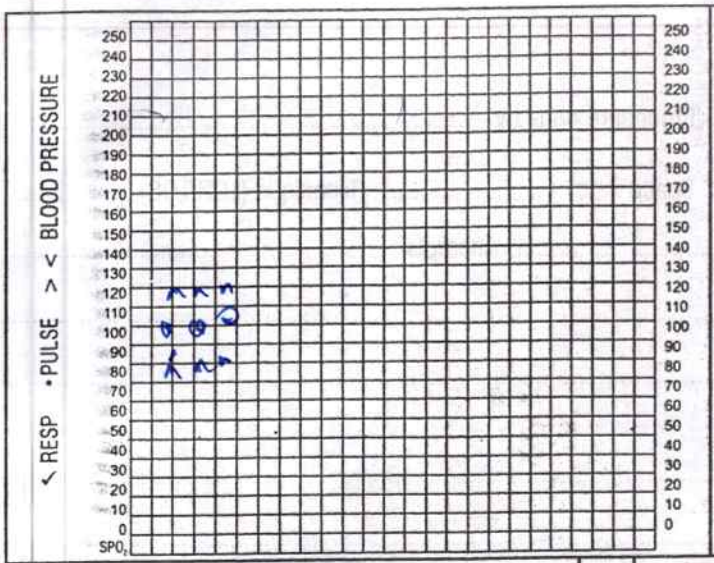
Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeep Time Received : 6.40 am Time Discharged : 7 am



IV Cannula Site : (L) Hand

☐ 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: 100 ml/hr (RL)
Oral Feeds: NPO x 6 hrs

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2					
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2					
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2					
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2					
		TOTAL	9/10					

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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. Chitti Sridhar
Anaesthesiologist Signature: [signature]
Date & Time: 7/7/2026

PACU Nurse Name : Pradeep
PACU Nurse Signature: [signature]
Date & Time: 7/7/26 at 7.10 am

Transferred to Unit by (PACU): [signature]
Date & Time: 7/7/26 at 7 am

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

PRE - OPERATIVE CHECK LIST

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name : MRS. SUDESHNA Age : 30Y Date: 7/7/26

Blood Group : A+VE UHID : 86315 Gender : ☐ M ☑ F

Planned Surgery : EMERGENCY LSCS Surgeon : DR. PAMASRI PARIMALAM

Anesthetist : DR. MOHAN Date & Time of Operation : 7/7/26 at 5AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : ..... Nurse In-Charge Name : Rakesh

Billing Executive Signature : ..... Signature of Nurse In-Charge : Rakesh

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 7/7/26 LDR **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	Yes	
	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	Yes	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	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**	NA	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: S/N. Tawakali 0620		
	Receiving Nurse :		
	Signature of Incharge:		

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

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

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Patient Name : ..... UHID No : .....

Gender: ☐ Male [ate : ..... 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: Dr. Padmashri

Consentee :

Signature : Sudeshna.S

Name : SUDESHNA S

Date & Time : 6/7/26 at 4:30 P.M.

Patient Attendant :

Signature : KS

Name : Kishore Shreyas

Relationship with Patient: Husband

Date & Time : 06/07/2026 at 4:30pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : 182217

Name : Dr. Shreedevi

Date & Time : 06/07/2026

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: Mrs GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Age: ..... Gender: Male ☐ Female ☐

UHID.No : .....

Date: .....

You are scheduled for an induction of labor on 06/07/2026 (date) at 37 weeks + 4 days (weeks of gestation).

The reason for your induction is Term

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: Sudeshna.S
Name: MRS: SUDESHNA.S
Date & Time: .....

Patient Attendant:
Signature: .....
Name: Kishore Shreyas
Relationship with Patient: Husband
Date & Time: 06/07/2026 at 4.30 pm

Doctor:
Signature: .....
Name: Dr. Shreedevi
Date & Time: 06/07/2026

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	26/6/26				24/11/25
Time					A-POSITIVE
Hb	12.6				
PCV	36				24/11/25
RBC	4.55				HIV I & II
WBC	11,720				Anti-HCV
N/L	68.7/25.8				VDRL } Negative
Platelets	2.39				HBsAg
CRP					
ESR					
PCT					24/11/25
RBS					HbA1c - 4.7
Na					
K					
Cl					
Ca/Mg					26/6
Phosphate					TSH - 3.87
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

18227

(P.T.O)

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 :

06/07/2024

USG : SLIUG MCA = 1.4

X-Ray : Cephalic AFI - 9.6cm

ECHO : FHS - Good 37w + 4 days

CT : EFW - 3098 grams

MRI CPR = 1

Others (ECG, Contrast Studies etc.,) : Umbilical Artery - High resistance

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 20 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 care and advice / Ms. Sudeshna (601).

Signature:

Findings and Recommendations :

S/B - Physiotherapy notes Dr. Mohanapriya. S (PT)
OBG & Gynec.

1) Do's and Don'ts advised
2) Bed mobilisation
3) out of bed mobilisation done.
4) Getting up technique.
5) Breathing Exs. / Abdomen breathing

Consultant :

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

6) Knee mobilisation

7) Ankle mobilisation.

8) Kegel exs

9) Post. pelvic tilt / abdomen tucking.

10) pelvic bridging

Review after 2 weeks.

28/1/26.

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 11 pm.	S/B Dr Vimitha	
	Pt reviewed: Foleys expelled C/o abdomen pain on & off.	
BP: 110/70 PR: 94/min SpO2: 98% RA	O/E: GC fair; Afebrile PA: Ut term; Cephalic 3/15-20"/10' FH good	
	P/V: Cx: 1.5cm long OS: 3cm dilated Vx: -3 to -2 station BOM (+)	
	↕	d/w Dr. Padmashree mam To do ARM
	ARM done, Clear liquor draining	
12/11/3		Adv: · CTG · W/F contractions = To start Inj Synto @ 2ml/hour at 12am.

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/2026	C/S/B Dr. Padmashri	
4 AM.		
	Pt reviewed	
	O/E	Advice
	Pt GC fair	- Plan - Emergency LSCS in
	afebrile	View of maternal Request.
	P/BP	- Catheterisation.
CTG - Reactive.	CVS,	- Inj Supacef 1.5g IV Stat
	RS NAD	- Inj Pantoprazole 40mg IV Stat
	P/A - Ut term	- Inj Emeset 4mg IV Stat.
	Acting	- Consent
	Cephalic	- Shift to OT.
	FHC good	
	P/V - Cx 1.5cm long	
	OS 3 cm dilated	
	memb ⊖	
	Vx @ -3 station	
	Shift to OT.	
		[signature]
		1146 B?

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/2026 7Am	Pt received in MICU	
DOS	C/S/B Dr. Vinitha	Advice - NPO x 2 hours
	Pt reviewed, Nil c/o	- Vitals Monitoring
T-(N)	O/E	- IVF 1 @ RL @ 125ml/hr
PR-80	Pt GC fair, Afebrile	- Follow drug chart
BP-100/60mmHg	P° / PE°	- CBD c/m 6Am
UO- 75ml, clear	CVS /	- I/o charting
Baby - M/S	RS / NAD	- Inform (SOS)
B/L-Breast soft	P/A - ut well contracted, soft	
	Dressing (+) & Dry	
	L/E - BWNL	
	Rs2217	
07/07/2026 12pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD-0	Pt reviewed, Nil c/o	Advice
	Pt tolerating liquids well	- Liquid diet
T-(N)	O/E Pt GC fair, Afebrile	- IVF 1@ RL @ 125ml/hr
PR- 88/min	P° / PE°	- Vitals Monitoring
BP 108/70mmHg	CVS /	- Follow drug chart
UO- 150ml, clear	RS / NAD	- CBD c/m 6Am
Baby - M/S	P/A - ut well contracted	- I/o Charting
B/L-Breast soft	Soft, BS (+)	- Inform (SOS)
	L/E - BWNL	- Kanji @ 1pm
		- Soft diet @ 2pm
Rs2217	Shift to ward	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr. Habitha	
3:50pm	pt reviewed.	
POD#0	passed flatus	
	O/E afebrile	
	GC fair	
BP 100/50mmHg	P° / PE°	
PR 82bpm	P/A uterus well	Plan
SpO2 99%@RA	soft	- monitor vitals
temp @	BS ⊕	- soft solid diet
	dressing dry	- in bed ambulate
B/L breast soft	L/E BWNL	~~[illegible]~~
secretions ⊕	foleys insitu	- CBD C/m 8AM
Baby m/s	clear urine	- I/O charting
DBF	UO 100ml	
		[signature] 129435
7/7/26	S/B Dr. Mohana / Dr. Divyalakshmi	
8:30pm	pt reviewed. Tolerating orals	
POD#0	O/E: pt GC fair, afebrile	Advice
	P° / PE°	- Continue same orders
T-N	P/A: soft, BS ⊕	- CBD C/m 6am
PR-90/min	ut. well contracted	- In bed ambulation
BP-111/64mmHg	- dressing dry	
U/O 200ml clear		
	L/E: BWNL	
Baby m/s	CBD insitu	[signature] 16427

X Flatus

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	S/B Dr. Ahalia /	Dr Shroodevi
8:50 AM		
POD#1	Pt reviewed	
	passed flatus	not yet voided
	o/e : afebrile	
	GC fair	Plan
BP 110/60mmHg	P° / PE°	soft solid diet
PR 92bpm.	P/A : uterus wc	hydrate
temp (N).	soft	ambulate
	BS (+)	encourage voiding
B/L breast soft	dressing dry	
secretions (+)	LE : BWNL.	[signature] 120835
Baby M/S		
DBF.		
8/7/26	S/B Dr Vinitha / Dr.	Shree Devi
2pM	Pt reviewed ;	Voided
	Passed flatus	
BP: 110/70	O/E: Afebrile ; GC	fair
PR: 86/min	P° / PE°	
SpO$_2$: 100% RA	P/A: Ut WC	
	soft ; BS (+)	
	Dressing intact	dry
B/L Breast soft	LE: BWNL	Adv:
Baby M/S		· Soft diet
DBF		· Follow drug chart
		· Ambulation
V. [signature] 121113		· Inform SOS

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	S/B - Dr - Taj	
10:30 pm	POD#1 LCCS :	
	Patient Reviewed	
	No new complaints	
	~~Vitals~~ stools not passed	
	Voiding freely.	
	Flatus passed	
	O/E : GC fair, afebrile	
Breast:	No pallor / No pedal	
Rt,	edema.	
(L) mild	vitals stable	
engorgement	P/A : Soft, dct involuting	
	dressing dry.	
	L/E : BUNL.	
	1	Advice :
		- Continue the same
		- Express extra milk out.
		- Plenty of fluids

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 20 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8:45AM		
POD-2	Pt reviewed.	Nil c/o Advise
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 98/min	CVS /	- Vitals Monitoring
BP- 110/76 mmHg.	RS / NAD	- Ambulation
	P/A-Ut well contracted	- Follow drug chart
Baby-M/s	Soft, BS(+)	- Bath & Dressing today
BL-Breast Soft	Dressing(I) & Dry	- Plan (D) today
voiding freely	LE-BWNL	- Inform(SOS)
Passed stools		

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU 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. THYROXINE	75mcg	PO	OD		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 06/07/2024

Nurse Name & Signature: S. Shalini 04072

Date & Time : 06/07/26 at 8 pm

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1995 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: 5th floor

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: S. Shalini 011072

Date & Time : 7/7/22 at 12pm

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

REGULAR PRESCRIPTIONS

Weight. 92-96kg (DR) Ward. .....

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
75mcg	PO	1-0-0	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	6/7	7/7	8/7
Time	6AM	SP	SP

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (3) doses

Daily Doctor's Endorsement by a Sign

Date	6/7	7/7	8/7
Time	6AM	SP	SP
	6pm	PS	STOP

DRUG : INJ. PANTOPRA 20 LE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	7/7	8/7
Time	7AM	SP
	7PM	PS

STOP

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1-1	7/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	7/7	8/7
Time	6AM	SP
	12pm	SP
	6pm	PS
	12AM	SP

STOP

GUC-00086315 IP18-00036353
Mrs SUDESHNA S 30 Y 0 M 17 D (F)
19-06-1996
Dr. PADMASHRI PARIMALAM

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

REGULAR PRESCRIPTIONS

Weight 92.9 kg Ward LDR

Sheet No: ....

DRUG: J. UCTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mcg	PR	1-0-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7	9/7
9Am	/	JR SP	JR BB
9pm	SP SS	SP B	

DRUG: C. LACTARE

Dose	Route	Frequency	Start Dt.
1 Tab	PO	1-1-1	7/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7	9/7
8Am		JR SP	JR BB
2pm	BS HM	[illegible] NM	
10pm	SP BL	SP SR	

DRUG: TAB CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	p/o	1-0-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 127435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7
8AM	/
7pm	/
8pm	

Time change

DRUG: TAB PAN

Dose	Route	Frequency	Start Dt.
40mg	p/o	1-0-1	8/7/26.

Name & Signature of the Doctor Starting the Drugs: 127435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7
7AM	/	SS SR
7PM	SP NM	

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : TAB ZARADOL P.

Dose	Route	Frequency	Start Dt.	Date/Time			
1gm	P/o	1-0-1	8/7/26	8/7	9/7		
				8AM	12pm		

Name & Signature of the Doctor Starting the Drugs: 129435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

8PM

DRUG : TAB. CEFTUM

Dose	Route	Frequency	Start Dt.	Date/Time		
500mg	PO	1-0-1	8/7/26	8/7	9/7	
				8AM		

Name & Signature of the Doctor Starting the Drugs: 122217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

8pm

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCH /FRM / CLINICAL / 108

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Weight. 92.9kg Ward. CPR

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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 : Na Signature

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	5.50 pm	PGE$_2$ gel	0.5mg	Intra cervically	182217	SN
6/7/26	6.15 pm	INJ. SUPACEF	0.1ml	Id	182217	SN
7/7/26	5.15 AM	INJ. PAN	40mg	IV	121113	TJ SP
7/7/26	5.15 AM	INJ. EMESET	4mg	IV	121113	TJ SP
7/7/26	6.01 am	Inj - SYNTOCIN	20 U in 500 ml NS	IV.		
7/7/26	6.20 am	Inj. TRADIC	1gm in 500 ml	IV		
7/7	6 am	Inj - EMESET	4mg	IV		

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7/26	6.0 am	RL - 30 NS 100ml	IV		8586		4/7/26		
4/7/26	4.00 pm	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	18247				

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1995 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

6/7/26.

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30										20				20				20				RB			RB
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %										98%				98%				99%				99%			99%
	< 94 %																									
Administered O_2 (L/min.)											RA				RA				RA				RA			RA
Temp°C	40																									
	39																									
	38																									
	37										98.6				98				98				98			98
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100										98				96				80				90			80
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140										130				110				120				122			100
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60										80				70				70				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
TOTAL ORANGE SCORES											0				0				0				0			0
Nurse Initial											SK				VB				PN				PN			PN

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	17/12																				
		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	18	20	20	20				20				20bpm				19bpm				18 bpm			
	0 - 10																									
Saturations	94 - 100 %		98	98%	99%	95%	99%				98%				97%				98%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA	RA	RA	RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98°F	98.4°F	98°F	98.6°F	98°F				98.2°F				98.4°F				98°F				98.2°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		98bpm	93bpm	94bpm	88bpm	88bpm				90bpm				88bpm				90bpm				92bpm			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		104	106	104	103	101				111				119				117				109			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50										(74)				(80)				(71)				(61)			
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		66	70	74	70	68				64				70				60				58			
	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			
TOTAL ORANGE SCORES			0	0	0	0	0				0				0				0				0			
Nurse Initial			SK	SK	SK	SK	SK				SK				SK				SK				SK			

GUC-00086315 IP18-00036353
Mrs SUDESHNA S 30 Y 0 M 17 D (F)
19-06-1996
Dr. PADMASHRI PARIMALAM

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

Early Warning Observation Score Chart - Obstetrics

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

8/7/20	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30													20b/m				20b/m				20b/m			
	11 - 20	18b/m				18b/m				18/m															
	0 - 10																								
Saturations	94 - 100 %	98%				100%				100%				99%				98%				99%			
	< 94 %													RA				RA				RA			
Administered O_2 (L/min.)		RA				RA				RA															
Temp °c	40																								
	39																								
	38																								
	37	98.4°F				98.2°F				97.4°F				98.7°F				98.4°F				97.8°F			
	36																								
	35																								
	< 35																								
Heart Rate	170–100																								
	90													90b/m				90b/m				88b/m			
	80	88b/m				86b/m				82b/m															
	70–40																								
Systolic Blood Pressure ↑	190–50	119				110				114				116				110				113			
	(MAP)	(82)				(64)				(78)												(88)			
Diastolic Blood Pressure ↓	130–40	72				70				60				71				60				76			
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		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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
6/7/26												
	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		← Admission from 6/7/26									
	04:00 pm	Water	100ml							100ml		SF
	05:00 pm											SF
	06:00 pm	Water	100ml							150ml	0	SF
	07:00 pm	Water	100ml								0	
Total Intake :	300ml					Total Output :	250ml					
	08:00 pm	H2O	150							200	0	Balaji
	09:00 pm										0	Balaji
	10:00 pm	H2O	100							150	0	Jyo
	11:00 pm	H2O	100								0	Jyo
	12:00 am			RL 150ml	84ml					200	0	Jyo
	01:00 am	H2O	100	100ml	72ml						0	Jyo
Total Intake :	450ml + 296 = 746ml					Total Output :	550ml					
	02:00 am	H2O	150	100	72ml						0	Jyo
	03:00 am										0	Jyo
	04:00 am	H2O	100								0	Jyo
	05:00 am										0	Jyo
	06:00 am										0	Jyo
	07:00 am			RL 130ml						75ml	0	Jyo
Total Intake :	1752 ml					Total Output :						

Total 24 hrs. Intake	2696ml	Total 24 hrs. Output	870ml

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

7/7/26

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
			Mouth	I.V	N.G							
	08:00 am		N	DC 125ml						40ml.	0	
	09:00 am		PO	125ml						250ml	2	
	10:00 am	Water	30ml	125ml						250ml	0	
	11:00 am	TC water	200ml	125ml						200ml	0	
	12:00 pm			125ml						100ml	0	
	01:00 pm	H2O	100ml	125ml						150ml		
Total Intake : 320 ml + 750ml						Total Output : 990 ml						
	02:00 pm	H2O	100ml	125ml						100ml	0	
	03:00 pm	Glucose	100ml	125ml						250ml	0	
	04:00 pm			125ml						250ml	0	Nythik.
	05:00 pm	H2O	100ml	125ml						150ml	0	Nythik.
	06:00 pm	Juice	150ml	125ml						150ml	0	Nythik.
	07:00 pm	H2O	100ml	125ml						200ml	0	Nythik.
Total Intake : 550ml + 750ml.						Total Output : 1100 ml						
	08:00 pm	H2o	Juice	125ml						100ml	0	Rn/u
	09:00 pm			125ml						200ml		
	10:00 pm	Milk	200ml							50ml.	0	Rn/u
	11:00 pm									150ml		
	12:00 am	H2o	Juice							100ml	0	Rn/u
	01:00 am									100ml		
Total Intake : 500ml + 250ml						Total Output : 700ml.						
	02:00 am									200ml	0	Rn/u
	03:00 am	H2o	200ml							250ml.		
	04:00 am	H2o	100ml							200ml	0	Rn/u
	05:00 am									100ml		
	06:00 am	H2o	100ml								0	Rn/u
	07:00 am											
Total Intake : 400ml						Total Output : 800ml.						

Total 24 hrs. Intake	3,520ml.

Total 24 hrs. Output	3,590ml.

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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. : 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.

8/7/24		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	200ml								0	
	09:00 am								1st void			
	10:00 am	H2o	300ml							200ml	0	
	11:00 am											
	12:00 pm	H2o	200ml								0	
	01:00 pm	H2o	200ml									
Total Intake :		900ml				Total Output :				200ml		
	02:00 pm	H20	200ml									
	03:00 pm								2nd void	450ml	0	
	04:00 pm	H20	250ml									
	05:00 pm	H20	200ml								0	
	06:00 pm									✓		
	07:00 pm	H20	150ml							✓	0	
Total Intake :		800ml				Total Output :				450ml + 2 times		
	08:00 pm	H2o	150ml									nil
	09:00 pm									✓	0	nil
	10:00 pm	Milk	200ml									nil
	11:00 pm									✓	0	nil
	12:00 am	H2o	200ml							✓		nil
	01:00 am										0	nil
Total Intake :		550ml				Total Output :				3 times.		
	02:00 am											nil
	03:00 am	H2o	100ml							✓	0	nil
	04:00 am	Milk	200ml								0	nil
	05:00 am											nil
	06:00 am	H2o	150ml							✓	0	nil
	07:00 am											nil
Total Intake :		450ml				Total Output :				2 times.		

Total 24 hrs. Intake	2700ml.

Total 24 hrs. Output	7 times + 650ml

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Prevent Falls & injury	3pm	→ Keep bed in low position with rail up → Ensure call bell is within reach Assist during Ambulation	Ensure Safety	Reassessment was done	Shalini 21/07/26
Night	8pm	Maintain good nutritional status	9pm	Assess the Patients condition → To chart maintain Encourage oral feeds	Maintained good nutritional status	Reassessment done	Balaraj 21/06/26

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

NURSING CARE RECORD

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

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

Date: 9/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Prevent falls and injury	8:30 AM	→ Keep bed in low position & Side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reasonines / way done	Shalini ayoth
Afternoon	1:30 Pm	maintain fluid volume	2pm	Assess Pt condition Monitor vitals maintain I/o chart Encourage oral fluids	improving oral fluids	Reassessment Done	01/2/26
Night	2pm	Maintain personal Hygiene		→ Assess Patient condition → Vitals monitoring → Daily changed Cloths & bedsheet	Maintained personal Hygiene	Reassessment done	Jay

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(1)

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	3³⁰pm	Admission Notes:	
		A New patient got	
		admitts Mrs. Sudeshna 30y/Fe.	
		patient under DR. padmashri mam	
		patient, patient came for	
		G2 A1 37th wks Hypothyroid / IOL.	
		patient conscious & Oriented	
		vital signs Checked & Recorded	
		CTG connected FHR is good	
		patient No Allergy Reaction	Shalini 014072
		CTG Disconnected Order by Dr. Divya	
		Part Preparation done.	Shalini 01407_
		I/O chart maintain	
		vital signs are Stable.	
	4⁵⁰pm	S/B Dr. padmashri She pv	
		Examination done cervix 2cm long	
		OS admitts one finger	
		patient lithotomy position changed	
		part painted done. Dr. padmashri	
		VSAP with 22'F foleys inserted	
		intracervically and bulb inflated	
		with 50ml of Distilled water. insert	
		further one doses of PGE2 gel kept	
		in intracervically	Shalini 014072
		patient left lateral position changed	
	5pm	I/O chart maintain	

Steriltech — 6 Type ISO 11140 — STEAM — Man.: 2025-06 Exp.: 2030-06 Ref.: 106.303.0500 Lot.: 14176 — Green = Sterilized — SV: 121°C - 15 min. 134°C - 3,5 min.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BY RAINBOW
Your Right to a

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 6/7/26 →	
6/7/26	6:15 pm	New IV line inseet 18G Lt Hand	
		Cephallic. IV line pattent, No swelling	
		Inj Supacef 0.1ml ID given	Shalini 24107
		Patient general condition is fair.	
	7pm	post foley + post gel CTG Connected	
		FHR is good, Patient left	
		lateral position changed	
		Inj Supacef 0.1ml No Allergy Reaction	
		Inj Supacef 1.5gm IV full dose	
		IV given.	Shalini 24107
		CTG going FHR is good	
		Traction fully.	
	7:15 pm	The Chart Maintain	
	7:30 pm	patient handing Over given to	
		Night Duty staff	Shalini 24107
		Night duty notes	
6/7/26	7.30pm	The patient details handing	
		over taken from evening duty	
		Staff patient general condition is	
		fair. IV line present & pattency →	Balaji 1020685
	8pm.	Vital signs Checked & Recorded	
		Vitals are stable. Patient had	
		(N) diet. Patient Self voiding →	Balaji 1020685
	9pm	Dr. Vinitha mam Seen the patient	
		and Saw CTG. Advised to CTG	
		accordingly. watch for foley expulsion	Balaji 1020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(2)

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7	10pm	Dr. Vinitha mam seen the patient	
		PV checking. PV - 1.5day, 3cm →	Balaji/02085
	11pm	Dr. Vinitha done PV Examination	
		Cx 1.5cm long, os 3cm dilated	
		Vx -3 to -2 station, ARM Done	
		clear liquor draining. CTG	
		on connect. FHR monitoring.	
		Pain assessment Done.	[signature] 016020
7/7/26	12AM	Monitored vitals and Recorded.	
		Maintained I/O. CTG on	
		connected. FHR Monitored	
		Dr. Padmashri advised to start	
		Inj. synto 5unit @4ml/hr on	
		connected. Maintained I/O.	
		No any other complaints	[signature] 016020
	1AM	Inj. synto 72ml/hr on connected.	
		Pain assessment Done. watching	
		contraction. CTG on connect.	
		FHR Monitoring	[signature] 016020
	2AM	Dr. Padmashri mam advised	
		to stop Inj. synto. CTG on	
		connected. Pain assessment	
		Done. watching contractions.	
		No other complaints	[signature] 016020
	3AM	Maintained I/O. Monitored	
		vitals and Recorded. Pain	
		assessment Done. watching	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		Contractions. No any other complaints	[signature]
	4:30 AM	FHR Monitored. Maintained I/O. patient complaints of pain Informed to Dr. Padmashri patient General condition Fair patient complaints of pain assessment Done. patient asking for LSCS. Informed to Dr. Padmashri Counselling done by Dr. Vinitha Patient wants Maternal Request - Informed to Dr. Padmashri advised to prepare For LSCS	[signature]
	5 Am	Chlorhexidine bath given to patient - Surgery consent taken from patient and Family members. catheterization Done by Dr. Vinitha 16FR Foleys No leaking. No onset of fever	[signature]
	5.15 AM	Inj. Supacef 1.5g IV, Inj. Pan 40mg IV, Inj. Emeset 4mg IV given as per doctor order No any other complaints. CTG on Connected	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

3

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	5.45pm	Patient - care Handing over given to OT Staff. Patient Shifted from LDR to OT	
7/7/26	6.30 am	OT Notes Patient received from LDR patient conscious and oriented, patient vitals are Stable BP-100/80 mmHg HR - 72 bmt, SPO2 - 100 Patient Shifted to OT - II for Surgery under aseptic technique Spinal anaesthesia is given. Under Sr Emergency LSCS is done. Patient Shifted to ward Patient is handed over to the MICU Staff	
	7.0 am	Receiving Note 7/7/26	
	7 Am	Report Received From OT Staff to LDR Staff. patient Conscious & Oriented - IV line patent. CBD (+) wire drained well. vital sign Checked & Recorded vital sign are Stable patient is NPO - IVF RL 125ml/hr. Receiving Urine output 40ml	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Contineou 7/7/26	
7/7/26		pv Bleeding Minimal	
		B - Breast soft - No Encorgment	
		U - uterus Contracted well	
		B - Bowl Movement Present	
		B - Bladder CBD ⊕ urine	
		drained well	
		L - Lochea Rubra Present	
		R - Reeda Not Applicable	
		H - Homan's sign Negative	
		E - Patient Emotional status	
		good	
	10AM	vital sign Checked &	
		Recorded	
		Vital sign are stable	
	10³⁰AM	Patient oral start water-20ml	
		Patient tolerating well.	
		No vomiting.	
		Patient TC water/taking.	
		No vomiting	
		I/O chart Maintain	Shalini SWON
		Patient general condition	
		is fair	
		I/O chart Maintain	
	12pm	Patient vital sign Checked	
		& Recorded	
	12²⁰pm	Patient handing over given to 7th floor	Shalini SWON

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(9)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		Recieving Notes	
	1.30 Pm	The Patient details handing over taken from LDR Staff. Patient Recieved from LDR to 601. Patient is Conscious and oriented Patient is on room air. IV line Present. IV line Patency. CBJ (+)	Sai 012893
	2Pm	Vital Signs are checked and recorded vital Signs are Stable. No any other fresh complaints. Patient is Stable.	Sai 012893
	4Pm	Vital Signs are checked and recorded. vitals are stable B - Breast is Soft U - Uterus Contracted B - CBJ (+) urine drained well B - Bowel movement (+) L - Lochia rubra (+) F - Pressure Assessment N/A H - Homan Signs Negative E - Patient Emotional Status is good	Sai 012893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/21	6PM.	Due medications are given as per Doctor's order	
	7PM	I/O chart maintained	Ravi 012893
	7.30PM	Handing over given to night duty S/N.	
		Night duty notes:-	
	7.30pm	patient details Handing over taken from evening duty staff. patient consious & oriented. patient activity are good. IV site ⊕ no swelling & pain	Joel 6200
	8.00 pm	Vital signs checked & Recorded vitals are stable now Due medication are given as per drug chart order	
	10pm	B - Breast soft - no encorgement	
		U - uterus contracted.	
		B - Bowl movement present.	
		B - Bladder CBD ⊕ urine drained	
		L - Lochia Rubra ⊕	
		E - Roeda NA	
		H - Homan's sign (-)ve	
		E - patient emotional status good.	Joel 6200

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

(5)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	12am	vital signs checked & recorded	
		vitals are stable now	Jay
	2am	patient sleeping was good	
		no special complaints	
		I/O chart maintained	
	4Am	vital signs checked &	
		recorded vital are	
		stable now.	
	6Am	Due medication are given	
		as per drug chart order	
		I/O chart maintained	Jay
	7.30am	Handing over given to	
		morning duty SN	
		Morning Duty Notes	
8/7/26	7:30am	patient details hand over taken	
		from night duty staff patient	
		active and alert patient In live	
		healthy patient passed platus	
	8Am	vitals checked and recorded	
		Due drugs given as per order	
		In live healthy	
		Bleeding normal no complaints	
	10.30am	1st void urine 200ml Informed	
		to Dr. Sudesni	
		I/O chart maintained & Recorded	
	12pm	Due drugs given as per order	
	1:30pm	Hand over given to Evening duty	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		evening duty 8/7/26	
8/7/26	1.30pm	=> Patient handover taken	
		by morning duty S/N →	[signature]
		→ Patient clinically stable	017189
	2pm	=> administer medication	
		as per drug chart.	
		→ Provide health education.	
		=> Provide comfortable	
		bed position →	[signature]
	4pm	=> checked vital signs	017179
		=> Patient vitals is stable.	
	6pm	=> Monitor intake and	
		output chart.	
	7:30pm	=> Patient details are handing	
		over given to night duty staff →	[signature]
		→ Night duty ←	607784
9/7/26	7-30PM	Patient taken over from	
		evening duty staff	
		conscious & awake.	[signature]
	8pm	Vital signs checked &	
		recorded. No other	
		complaints.	[signature]
	9pm	due medication's are given as	
		per doctor's order.	
	10pm	patient taken oral. No	[signature]
		other complaints.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 16/7/26 Time of Arrival: 3.30 pm Time Seen by Nurse: 8/N. Shalini 04:40 PM

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: Induction of Labour.

3) **Vital Signs:** Temperature: 98°F Pulse: 98/mt RR: 20/mt SpO_2: 98% BP: 130/80 Weight: 92.9 kg

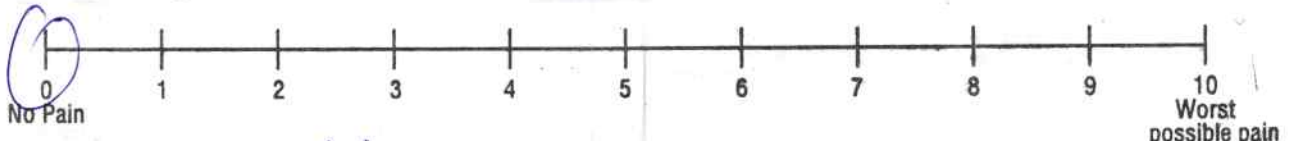
4) **Gestational Criteria:**

Gravida:	G 2	P —	L —	A 1

LMP: 05/10/2025 EDD: 23/07/2026 Gestational Age: 37 + 4 day

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

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



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

6) **Past History:**

a) Surgeries: Tonsillectomy in childhood

b) Medical: Hypothyroid since Conception

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Hypothyroid - Tab. Thyroxine 75mg od

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify Hypothyroid. Tab. Thyroxine 75mg. od

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: DR. Pavithra

Nurse Name : S. Shalini 0140722 Nurse Signature: Shalini 0140722

Date: 6/7/26 Time: 3.30 p.m.

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 6/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify

Chief Complaints: G2 A1 37+4 w/g

Hypothyroid Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Divya

Time Notified: 3.30 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	Tonsilectomy Childhood	Nil

Blood Group: A Positive LMP: 5/10/25 EDD: 23/7/26 Gestational age during admission: 37+4 day

Contractions: — Vaginal Discharge: —

Obstetric History: G 2 P — L — A 1 Previous LSCS —

Height: 5'4 ft Weight: 92.9 kg BMI:

Temp: 98.6°F HR: 98 bpm RR: 20/mt BP: 130/80 SpO_2 98%

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	Hypothyroid
☐ Anemia	☐ Obesity (BMI)	Tab. Thyroxin 75mcg od
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Mother T2DM .....

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..... 28 ..... (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: Sudeshna .....

Orientation not given Reason: ..... - .....

Nurse Signature: ..... S. Shalini .....

Nurse Name: ..... S. Shalini GNM .....

Date & Time: ..... 6/7/26 at 3:30 pm .....

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 6/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	1	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	1	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	Shalini 0140?
7/7/26	12AM	1/10	Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
7/7/26	4am	2/10	Back & Abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Breathing Exercise	[illegible]
7/7/26	8Am	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	Shalini 0140?
7/7/26	2pm	01/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	[illegible]
7/7/26	[illegible] pm	0/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
8/7/26	4am	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
8/7/26	10am	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
8/7/26	3pm	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	position changed	[illegible]
8/7/26	10pm	2/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Sup. position / lying [illegible]	[illegible]

Re-assessment Frequency:

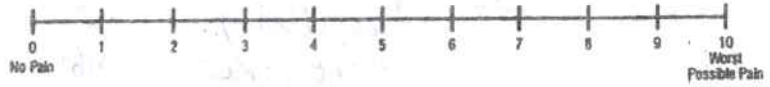
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 6/7	6/7	7/7	7/7
					Time : E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	1	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	28	28	23	27
				Evaluator's Name	Shal	Balaji	Shalini	

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

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

					Date : 9/7	8/7	9/7	10/7
					Time : 8	BAM	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	26	26
				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	⓭ Regular Turning Schedule ⓮ Enable as much activity as possible ⓯ Protect the heels ⓰ Use pressure redistribution surfaces ⓱ Manage moisture, friction and shear ⓲ 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	⓬ Use the Same Protocol as for **"At Risk"** Patients ⓫ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓫ Use same protocol as for **"High Risk"** Patients ⓱ 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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: ....
MRD NO: ....
GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM
Age :...... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 6/7/26 Time: 6¹⁵ pm
Location : Lt Hand cephalic
Size : 18G
Cannula inserted by : S/N Shalini

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
6/7/26	6 pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	10PM	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	12AM	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	4AM	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	8AM	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	10AM	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	2 P	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	observed	[signature]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
8/7	12am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
8/7	4am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	12AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	4AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 4.6pm	7/7/26 at 6.45AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmashri	Dr. Padmashri	shifted to OT for Em LSCS
From Unit	**To Unit**	**Information to Attendant**
MICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files	CTG - (8)	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. Fairsoh 01672	Dr. padmashri

Patient & Clinical Records Received by: Radeep

Date & Time of Patient Received : 7/7/26.

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

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 4.06 pm	7/7/26 at 12.20 pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr padmashri	Dr. Pavithra	Further treatment
From Unit	To Unit	Information to Attendant
MICU	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
OP file.	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. Shalini. 2140-72	Dr Pavithra

Patient & Clinical Records Received by : Sathya

Date & Time of Patient Received : 7/7/26 at 12.20 PM.

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

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

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

P.T.O

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

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

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

9. Additional notes: .....

Continuity of Care:

Date: 7/7/26

L - 2.
A - 2
T - 2
C - 2
H - 1
9

Handover given by ..... Shalini

Signature .....

Date & Time: 7/7/26 at 1 PM

Handover taken by ..... Sathya

Signature .....

Date & Time: 7/7/26 at 2 PM

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 17 D (F)
Dr. PADMASHRI PARIMALAM

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

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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7/7/26

Date of Removal: 8/7/26 @ 6:30 AM

Parameters / Date / Shift Time	7/7/26 5AM	7/7/26 M	7/7/26 E	7/7/26 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	Sri Lakshmi	Devi	B Athiya	Jothiga			
Signature of the Nurse	[signature] 51672	[signature] 51860	[signature]	[signature]			

Docu. No. : RCH /FRM /

6 Type STEAM Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 Green = SV: 121°C - 15 min. Sterintech™