GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. Harini Date of Birth: 16/5/1999 Age: 27y

Gender: Female Ward : OT UHID No.: 93049

Date of Surgery: 25/6/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 5:35 Am Time Out : 6:35 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Sharadha	
2. Anaesthetist	: Dr. Priyadharshini	
3. Assistant Surgeon	: Dr. mohana	
4. OT Technician	: mr. Sudharshan	
5. Circulating Nurse	: s/n Risna	
6. Assistant Nurse	: s/n Sasi	

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

Signature of the Surgeon

607721.
Signature of Circulating Nurse

Sword Reading done.

Order No: Order by:

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

Patient Sticker

LSCS   Dr. Sharadha

CONSUMABLES OF OT

Circulating staff : Reena   Technician : Mr. Sudhagar   Date : ....   Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ LSCS pack		01	~~Inj~~ Vit.K		1
LMA			Sutures Y. 1326		01	~~Cord~~ Clamp		1
~~ECG leads~~ : (A) / P / N		3	Y. 2347		01	Suction Catheter		
HME filter : A / P / N			W. 4259		01	Feeding Tube 6Fr		1
~~Syringes~~ : 10 cc		3	X 9352		01	~~Vaccum~~ Suction Set		1
~~05 cc~~		2	~~Gloves~~ 6½ (PF)		4	Surgical Gloves 6.5 P.F		01
~~02 cc~~		2	7½ S.C		01	~~Gauze~~ Pack		1
01 cc			7½ P.F		01	~~Syringe~~ 1~~ml~~ / 2ml		1
~~Cautery plate~~ : (A) P / N		1	Surgical blade 22			Surgical Blade # 20		
~~IV set~~		1	NG tube			Koochies (S)		
~~RL~~		4	Cautery pencil ✓		01			
NS : 10ml / (100ml) / 500ml / 1000ml		01	Koochies			Anawin heavy		1
			Ointments			Bupigesic		1
			Suction Catheter			Ephidrine		1
Fentanyl			Cap, Mask			Mem		1
Morphine			Gauze Pack ✓ R/O	02	03	Caboprost		1
Ketamine			Mop Pack ✓		01	Spinal needle 25g (Q)		1
Propofol			Steristrip			Needle 26x1½		1
Rocuronium			Underpad		1	5ml Emerald		1
Glycopyrolate			Draw sheet			Evatocin		5
Myopyrolate			Abgel ✓		01	Bloxamic		2
~~Ondansetron~~		1	Foleys catheter			Mezolam		1
Pencan 25g/ Spinal Needle 22			Urobag			Oxygen mask (A)		1
Bupivacaine 0.25%			Chest Drainage Catheter			New mom pad		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			New mom fixcha		1
Antibiotics			Bandage			Baby wipes		1
			Tegaderm			Baby diaper		1
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set ✓		01			
Justin : 12.5 mg / 25mg / (100mg)		01	Plastic Bed Sheet Apron		03			
Tab. Misoprost : 200mg 600mg		01	Betadine Solution ✓		02			
Photogram		01	Microshield					
table sheet		01	Cotton Balls					
			Latex Gloves ✓		100pc			
			Ramdione Scrub					
			Saral					

Surgeon   Anaesthesiologist   Nurse   OT Technician

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

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

∴ 50.7kg. Tamil

10.8kg.

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,F ›ad No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036176	**Ward**	8F-OT COMPLEX
Patient Name	Mrs HARINI	**Bed Name**	MICU 802
Age/Sex	27 Y 1 M 9 D / Female	**Order No**	18-0001716915
Date	25/06/2026 08:23	**Prescription No**	PRIP18-0622991
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:46
UHID	GUC-00093049		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R010126	01/29	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1O10526	04/29	3	120.00	360.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5119	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2542SF037	06/29	1	1,020.00	1,020.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
13	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5001	03/30	1	1,026.00	1,026.00
14	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
15	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	2	103.00	206.00
17	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260401261T	04/29	4	128.00	512.00
18	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
19	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A250166	01/30	1	281.25	281.25
22	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
24	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	1	951.00	951.00
						Total :	**10,942.71**	**12,490.71**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 25-06-2026 08:47

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy C ennai 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	IP18-00036176	**Ward**	8F-OT COMPLEX
Patient Name	Mrs HARINI	**Bed Name**	MICU 802
Age/Sex	27 Y 1 M 9 D / Female	**Order No**	18-0001716916
Date	25/06/2026 08:23	**Prescription No**	PRIP18-0622988
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:43
UHID	GUC-00093049		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
3	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
4	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
5	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010541	01/31	1	525.00	525.00
6	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
7	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
8	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
						Total :	**1,969.09**	**2,318.41**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 25-06-2026 08:43

Rainbow Children's Hospital

BirthRight by Rainbow

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	IP18-00036180	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O HARINI	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 3 H / Male	**Order No**	18-0001716923
Date	25/06/2026 08:42	**Prescription No**	PRIP18-0622992
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:48
UHID	GUC-00093052		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
3	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260401261T	04/29	1	128.00	128.00
4	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
						Total :	**1,006.00**	**1,006.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036178	**Ward**	8F-OT COMPLEX
Patient Name	Mrs HARINI	**Bed Name**	MICU 802
Age/Sex	27 Y 1 M 9 D / Female	**Order No**	18-0001716919
Date	25/06/2026 08:35	**Prescription No**	PRIP18-0622987
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:43
UHID	GUC-00093049		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
8	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
9	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
10	NEEDLE 26 1 2 INCH	Dispovan	GENERAL	16612R	03/31	1	2.66	2.66
11	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
12	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**1,365.71**	**1,514.54**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 25-06-2026 08:43

Rainbow Children's Hospital

BirthRight by Rainbow

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	IP18-00036176	**Ward**	8F-OT COMPLEX
Patient Name	Mrs HARINI	**Bed Name**	MICU 802
Age/Sex	27 Y 1 M 9 D / Female	**Order No**	18-0001716918
Date	25/06/2026 08:35	**Prescription No**	PRIP18-0622994
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:50
UHID	GUC-00093049		

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

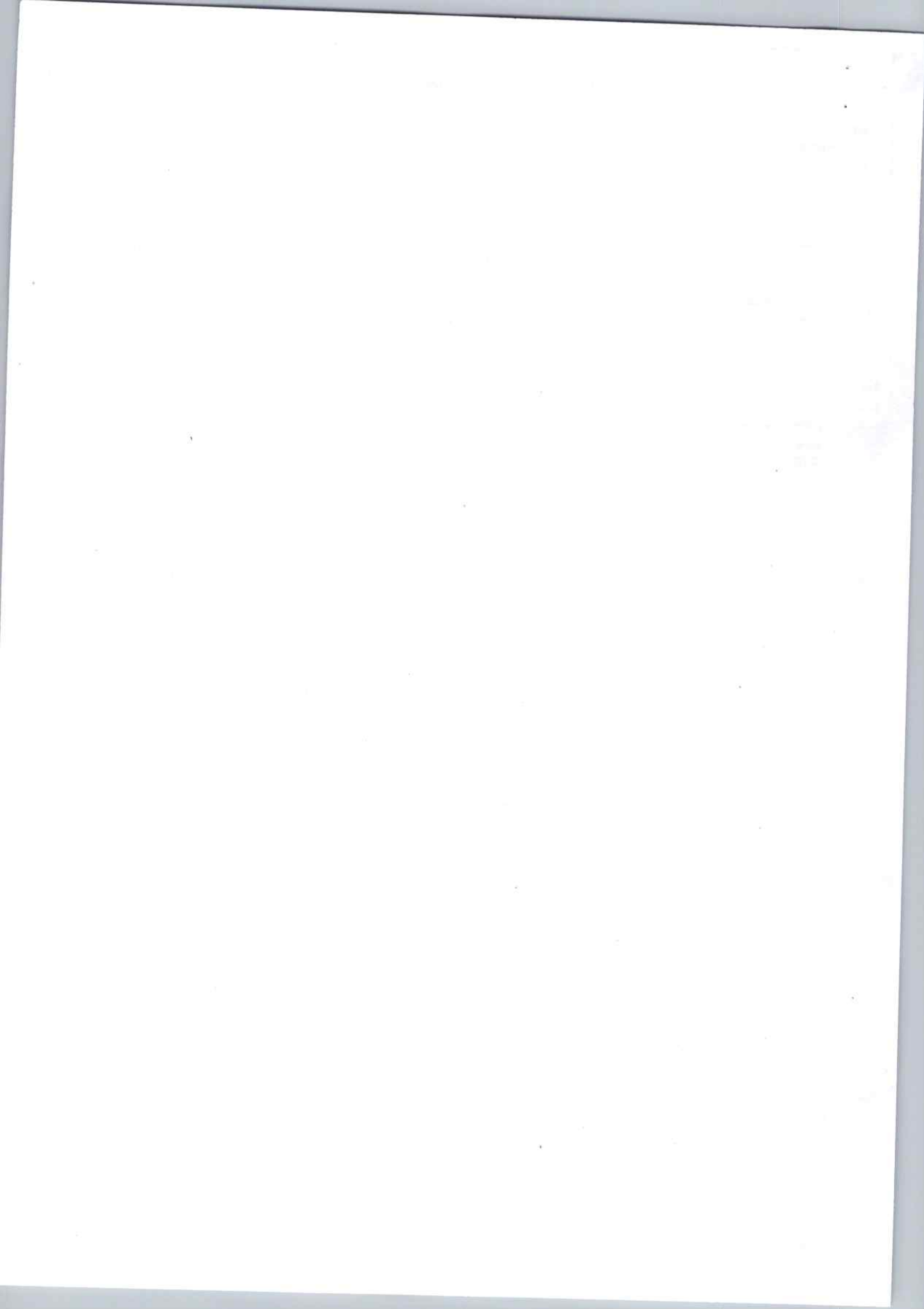
for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 25-06-2026 08:50



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	IP18-00036176	**Ward**	8F-OT COMPLEX
Patient Name	Mrs HARINI	**Bed Name**	MICU 802
Age/Sex	27 Y 1 M 9 D / Female	**Order No**	18-0001716917
Date	25/06/2026 08:35	**Prescription No**	PRIP18-0622993
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:49
UHID	GUC-00093049		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	10062026	12/30	1	255.00	255.00
2	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
3	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		130476	02/31	1	194.00	194.00
						Total :	**659.00**	**659.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital

BirthRight by Rainbow

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	IP18-00036180	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O HARINI	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001716922
Date	25/06/2026 08:42	**Prescription No**	PRIP18-0622986
Payor	SELFPAY	**Dispensed Date**	25/06/2026 08:42
UHID	GUC-00093052		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 27/6/2026

Name of the Patient: GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

UHID No: ....

Gender: ....

Ward: 7th Floor

Room No: 702

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: ....

Time: ....

Nurse Sign

Date: 27/6/2026

Time: 5.05AM

Pharmacy Sign

Date: 27/6/27

Time: ....

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

Insurance

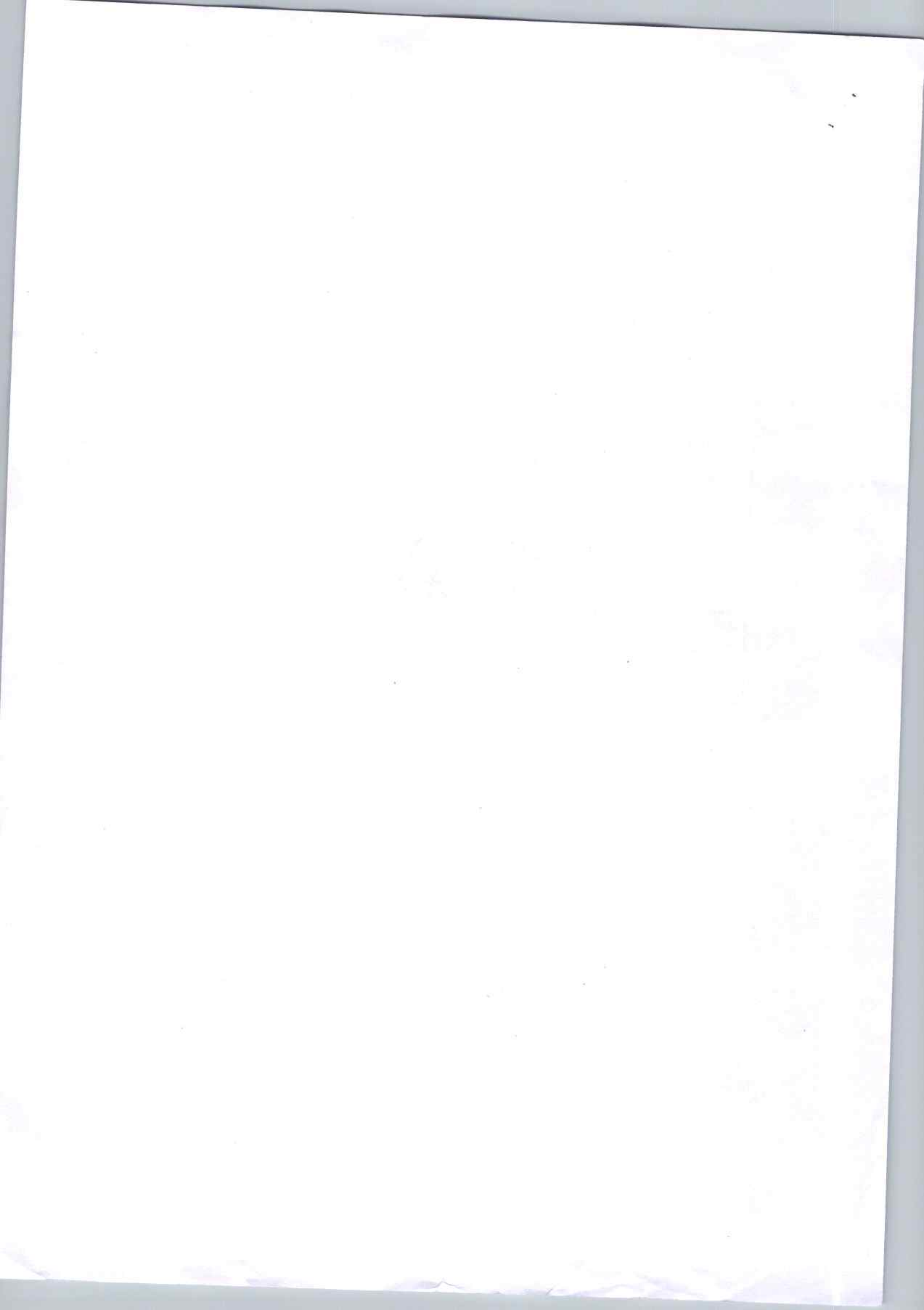
Rainbow Children's Hospital

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 11 D (F)
Dr. SHARADHA S O

HARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		27/6/2026 @ 6AM	[signature]				
Activity Sheet update by Pharmacy							



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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

ACTIVITY RE[illegible]

Name: Mrs.

UHID No: 93049 IP No: 36176 Consultant: Dr SHARADHA Dept: LDR

Date of Admission: 24/6/26 Time: 10:51 PM Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	5:30 AM	LDR	OT	[illegible] 011746
25/6/26	6:35 Am	OT	MICU	[illegible] 607221
25/6/26		MICU	FOD	[illegible]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	25/6/26	1716371.	[illegible] 011746
2.	DR. Rekha Sedhuram	26/6/26	1717578	[illegible]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/6/26	RBS		
25/6/26	RBS	26020083	[illegible]
		20208.	[illegible]
25/6/26	RBS	26020263	[illegible]
26/6/26	RBS	26020263	[illegible]
27/6/2026	CBC, FBS	26020363	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6	CTG – ①			0084247	[signature] 011746
24/6	CTG - ②			0084247	[signature] 011746
25/6	Infusion	12:30 PM	26/6/26 @ 7.00 AM	1716358	[signature] 011746
25/6	CTG - ③			0084249	[signature] 011746

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/6/26	Iv Placement	1	1716857	[illegible]
24/6/26	PRBC reservation	1	1716847	[illegible]/011796
25/6/26	Catheterization	1	1716872	[illegible]
25/6/26	Diet Counselling	1	1717570	[illegible] (01836)
26/6/26	Physio	1	1717792	[illegible]

ANY OTHER INFORMATION:

25/6/26 Procedure : Emergency LSCS

Dr. Sharadha - Surgeon

Dr. Mahesh - Assist. surgeon

Dr. Priyadharshini - Anesthetist

In time : 5:35 Am

out time : 6:35 Am

Date: 27/6/2026 Time: 5:05 AM Prepared By:

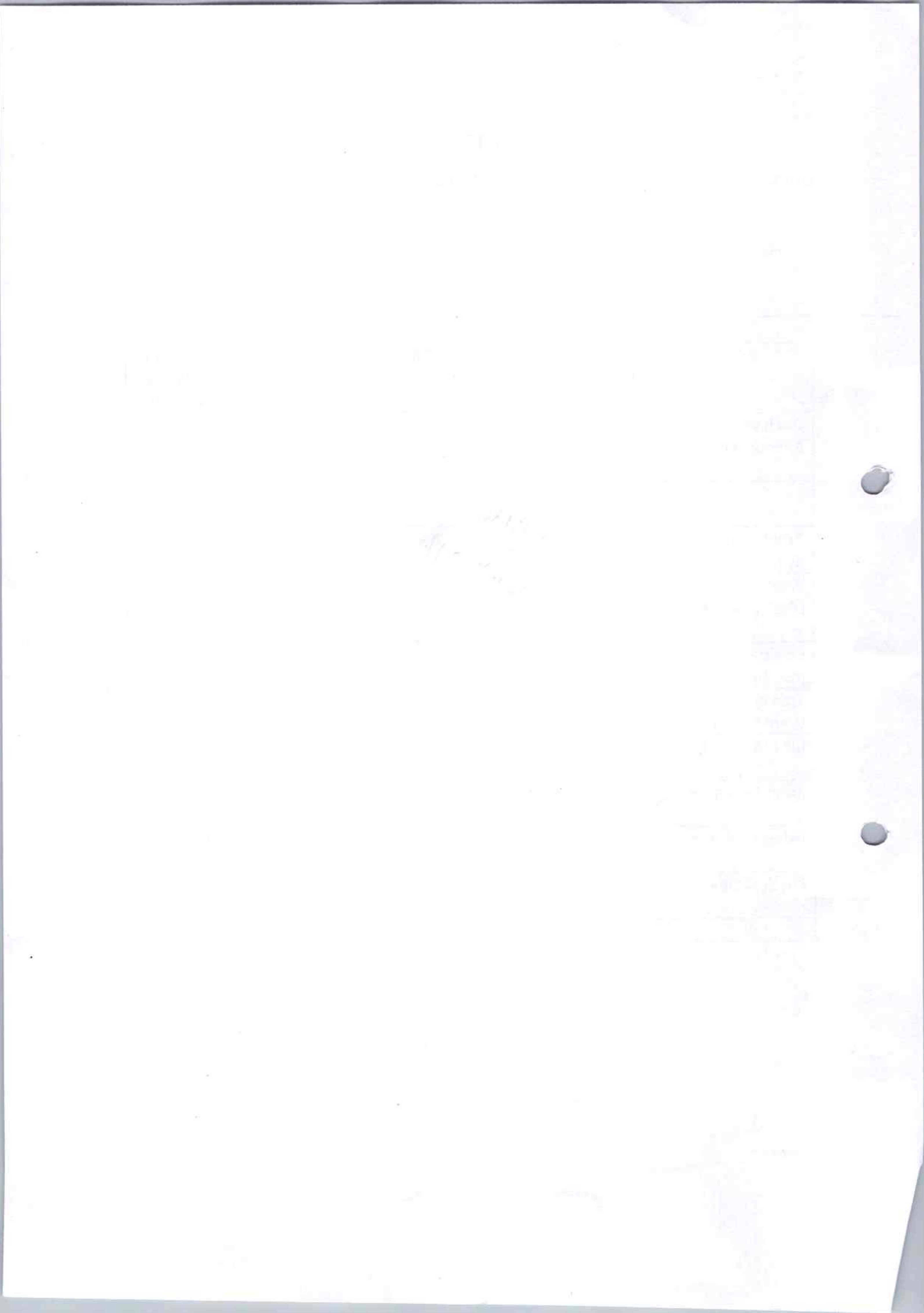
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S/N. [illegible]			

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		27/6/20 @ 10.30Am	[illegible]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

BED SIDE CHECK LIST FOR NURSES

Date:	25/6/20	26/6	27/6						
Doctor's Orders	yes	Yes	YES						
Carried out or not	yes	yes	YES						
Bed Side									
Structured Handover done	yes	yes	YES						
IV Site	yes	yes	YES						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	yes	yes	YES						
Skin Care	yes	yes	YES						
Eye Care	yes	yes	YES						
Mouth Care	yes	yes	YES						
Sterillum Bottle, Stethoscope	yes	yes	YES						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	yes	yes	YES						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	NA	NA	NA						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	[illegible]	26/6 1:30pm	[illegible]						
Hand Over Taken By Name :	25/6 8PM	[illegible]							
Signature :	Harini	[illegible] 26/6/20							
Date & Time:	26/6/20 8am	8PM							

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

Rainbow Children's Hospital
BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036176 **Admit Date** : 24-Jun-2026 **Admit Time** : 10:55 PM **UHID** : GUC-00093049

Patient Details :

Patient Name	: Mrs HARINI	**Age**	: 27 Y 1 M 8 D
Guardian	: DEEPAK	**DOB**	: 16-05-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:4/26,ABIRAMI FLATS,RAJARATHINAM,4TH STREET,ULLAGARAM Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 8807330462/ 9790795929
		E-mail	: no@gmail.com

Admission Details :

Bed Type	: MICU	**Bed No**	: MICU 802	**Ward Name**	: 8F-OT COMPLEX
Room No	: MICU 802	**Admission Type**	: First Visit		

Contact Details :

Name	: DEEPAK	**Relationship**	: Husband
Contact Address	: NO:4/26,ABIRAMI FLATS,RAJARATHINAM,4TH STREET,ULLAGARAM Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 8807330462

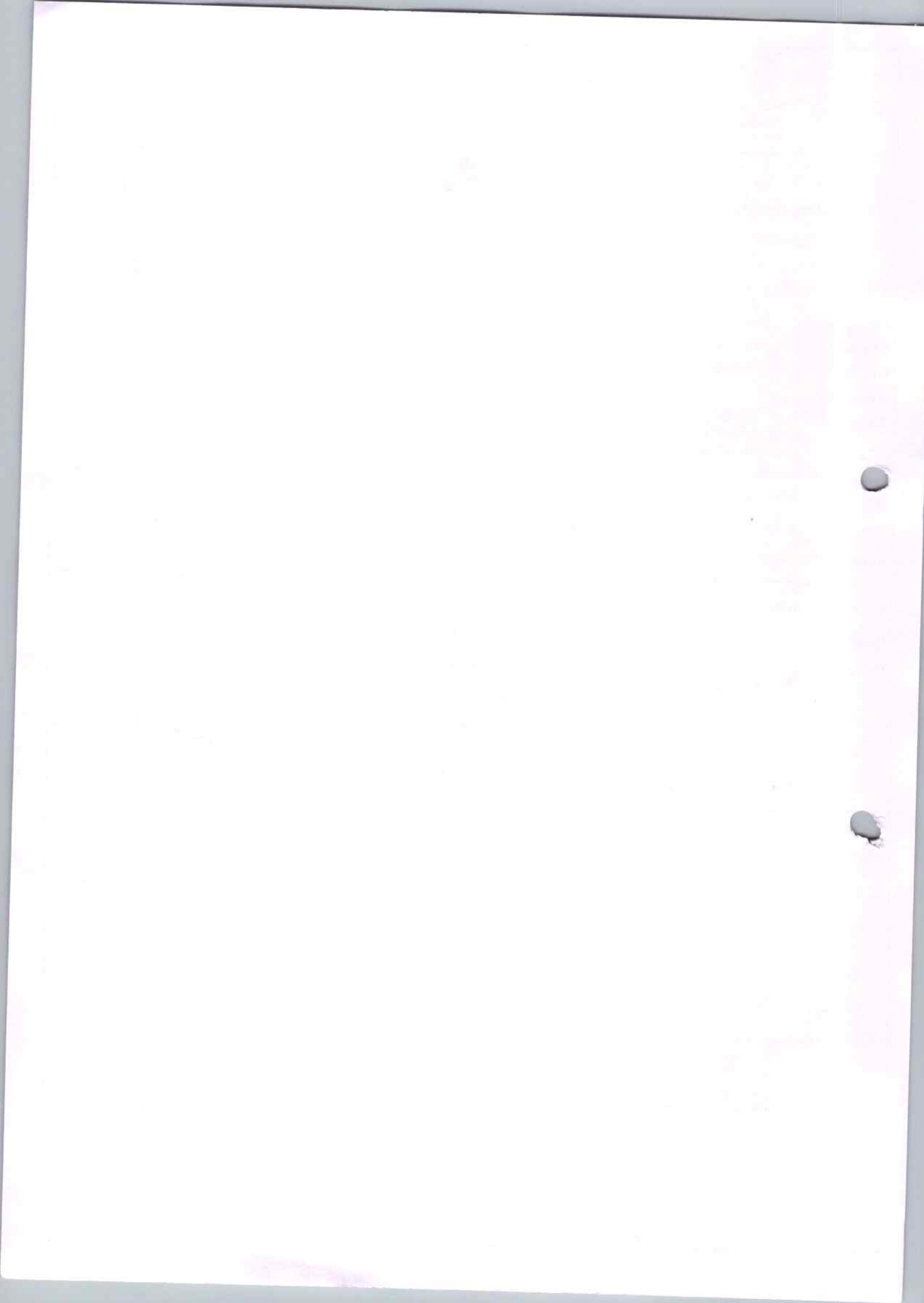
Signature

Doctor Details :

Doctor Name	: Dr. SHARADHA S O	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: DR SHARADHA S O	**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 HARINI**	**Age :**	**27 Y 1 M 8 D**
IP No:	**IP18-00036176**	**Sex:**	**Female**
Consultant:	**Dr. SHARADHA S O**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

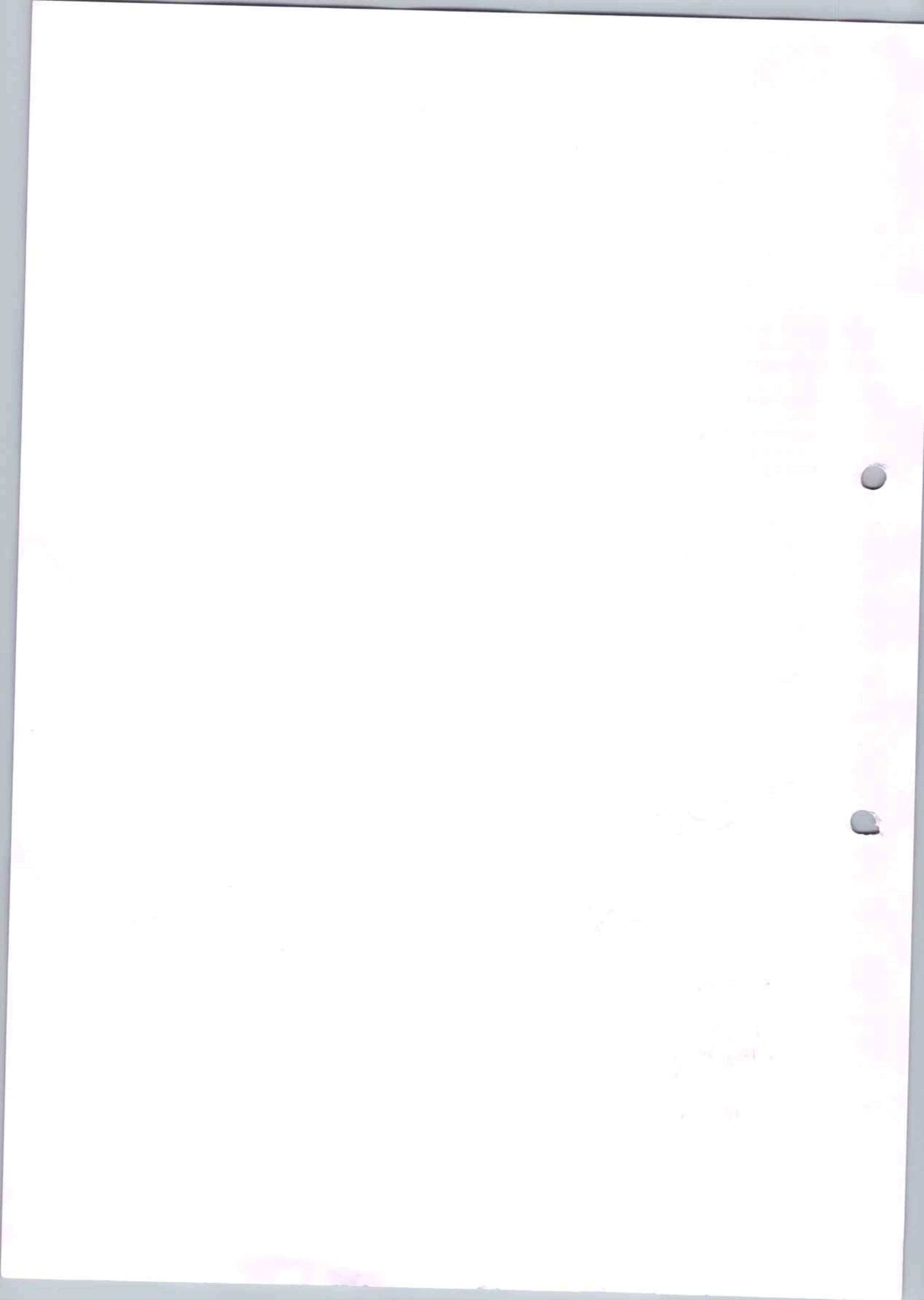
Relationship: HUSBAND

Date: 24/06/26 Time: 10:55 pm

Wittness Name: R Thamarai Selvam

Wittness Signature:

Patient Address:
NO:4/26,ABIRAMI FLATS,
RAJARATHINAM,4TH STREET,
ULLAGARAM Madipakkam Chennai
Tamil Nadu INDIA 600091



BILLING POLICY

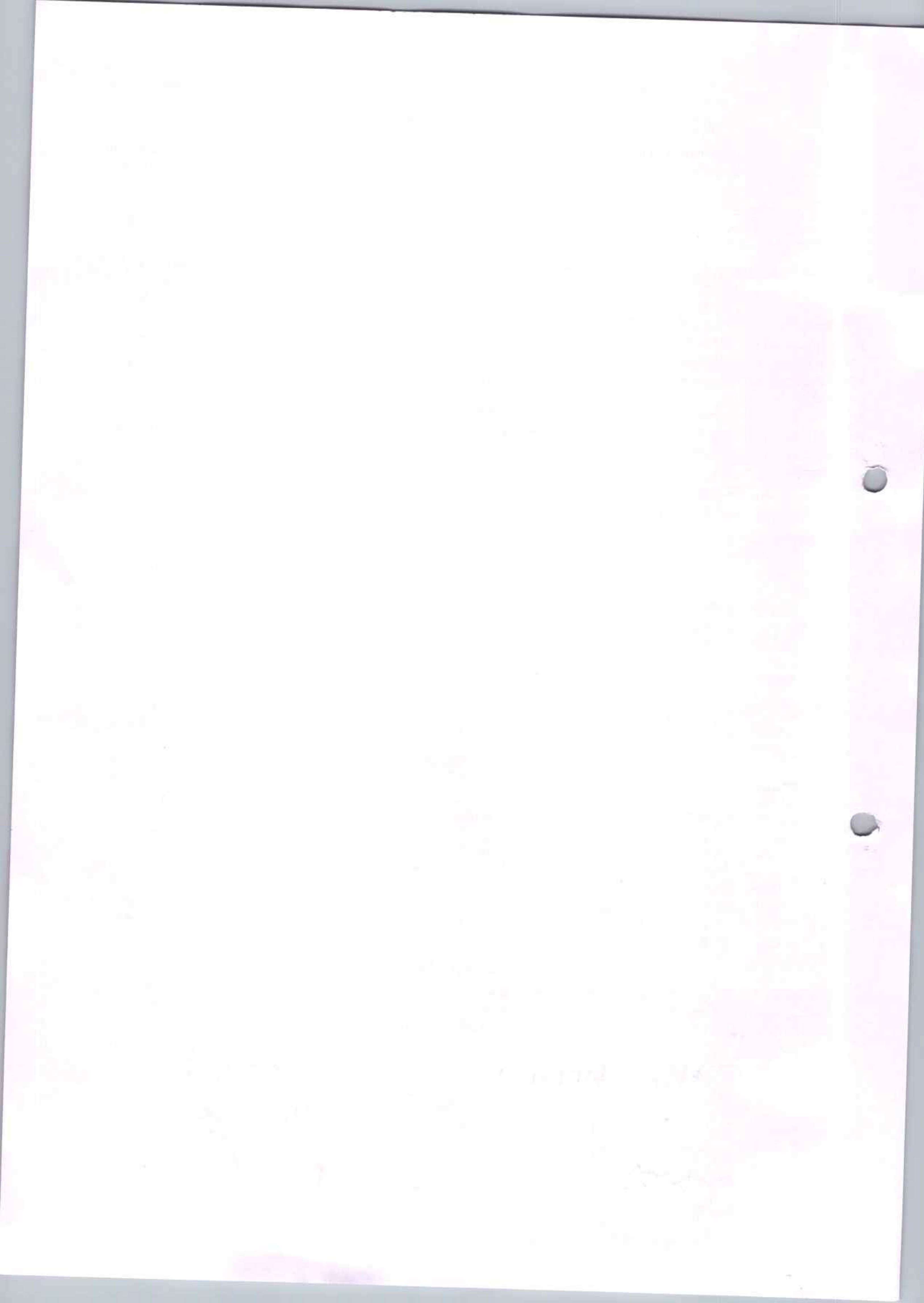
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation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

DECLARATION

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

Patient Name : Mrs. HARINI	UHID Number : 93049
Self/Attendant Name : DEEPAK	Relation : HUSBAND
Self/ Attendant Signature : [signature] Phone Number :	Name & Signature of Financial Counselor [signature]

RCH/GDY/FRM/CLINICAL/426



GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
24/6/26	11pm	108 mg/dl	Dr. Divya	[illegible]
24/6/26	7Am.	110 mg/dl.	Dr. Divya.	[illegible]
25/6/26	3pm	67 mg/dl	Dr. Divya	[illegible]
25/6/2026	9pm	84 mg/dl.	Dr. Akasitha	[illegible]
26/6/26	5AM	94 mg/dl (B/L Shop)	Dr. Akash	[illegible]

GUC-00093049 IP18-00036176
Mrs HARINI
15-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Patient Sticker

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to PFM well.
Admitted for LSCS – severe oligo

LMP: 24.09.2025 **EDD:** 01.07.2026

Corrected EDD:

GA: 39 weeks

Obstetric Formula: Primigravida

Menstrual History: Regular: ☑ Yes ☐ No
M/S: 2 1/2 years, NCM

Obstetric History:
I – PP, spontaneous conception

Obstetric Examination

Fundal Height: Term

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

Liquor: ☐ Adequate ☑ Oligo (severe) ☐ Poly

PP: ☐ Cephalic ☐ Breech Others ________

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
- Booked & immunized
- NT (N), FTS low risk
- Anomaly / Growth scan (N)

RISK FACTORS:
Severe Oligohydramnios.
GDM on MNT.
Short Cx @ 12 weeks.

Per Speculum Examination (–)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination (–)

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ________ Dilated ________

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 157 cm

Weight: 83 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: full Pallor: NO

Icterus: No Edema: NO

Temp: (N) PR: 88/min

BP: 110/72 mmHg DTR: (+)

CVS: $S_1 S_2$ (+) RS NAD

Liver/Spleen: soft Urine Output: adequate

DIAGNOSIS
Primigravida A positive | 39 weeks | Severe Oligohydramnios AFI - 2.03 cm | GDM on MNT

Emergency LSCS

Docu. No. : RCH /FRM / CLINICAL / 087

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Father - DM. mother - hypothyroid. on psychiatric meds.	Nil

Medical History:	Medication History:
GDM on MNT. No H/O early trimester spotting / bleeding	Nil

Plan of Care:	Investigations:
I/T Dr. Sharadha Advice - Admission - parts preparation. - IV line. Plan: LSCS at 5 to 6 am on 25/6/26. - Informed consent. - Inform OT NICU. - 1 (1) PRBC reservation - Bladder catheterization and premeds before shifting - CTG Q2H < 1AM, 3AM, 4:30 AM - NPO - IVF @ 125ml/hr	CTG CBG - 108 mg/dl.

Doctor Name: Dr. Mohana / Dr. Dmyalakshmi
Signature: [signature] 164288
Date & Time: 24/6/26.

Consultant Name: Dr. Sharadha. O
Signature: for [signature] 164288
Date & Time: 24/6/26

RESULT SHEET

Date	22/5/26				A	POSITIVE
Time						
Hb	11.2					
PCV						
RBC						
WBC					HIV	
N/L					HBsAg	NR
Platelets					VDRL	
CRP					Anti-HCV	
ESR						
PCT						
RBS	F-92				TSH -	1.51
Na	PP-170					
K						
Cl						
Ca/Mg					19/3 OGTT	
Phosphate					F -	88
Urea					1hr -	193
Creatinine					2hr -	185
ALP						
SGPT						
SGOT						
T.Bill/Conj					ECG	EF = 70%
T.Protein					Echo	Trivial mitral
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells	16428					
N/L						

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

Culture and Sensitivities : ....

Radiology : USG : 18/6/26 SLIUG 38+1 weeks.
cephalic

X-Ray : placenta - (N)

ECHO : EFW - 3149 ± 314.9 gms

CT : Dopplers - Normal

MRI AFI - 11.5

Fetal Echo not done

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

24/6/26 AFI - 2 to 3 cm.

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Docu. No

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

GUC-00093049 IP18-00036176
Mrs HARINI
Patient : 16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	c/s/B - Dr Mohana	
6:45 am		
	pt received in MICU	
	patient is comfortable & stable.	
BP - 110/80		
PR - 78/min	o/E: Hydration fair, Afebrile	
SpO2 - 97%	no pallor, no pedal edema	
output - 75ml (OT Balance)		
CBG - 102 mg/dl	S/E CVS, RS } NAD	
	P/A ut well contracted	
	dressing dry	
		Advice
	L/E BWNL	- W/f bleeding p/v
		- Monitor vitals
	[signature] 159802	- Inform SOS

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
9Am	Pt reviewed, Nil c/o	Advice
POD-0	O/E Pt G/C fair, Afebrile	- NPO till 10:45AM
T-(N)	P° / PE°	- vitals monitoring
PR-73	CVS	- IVF 1ØRL @ 25ml/hr
BP-111/75mmHg	RS NAD	- CBG 8th hourly
	P/A- Soft, BS(+)	- INJ. CLEXANE 40mg SC OD (After 24hrs) C/m 7Am
UO-60ml, clear.	Uterus well contracted	
Baby - m/s	Dressing (+) & Dry	- Sedation hs
B/L-Breast soft	L/E - BWNL	- Follow drug chart
		- CBD x 24 hours (c/m 7Am)
	82217	- Inform (SOS)
	Shift to ward	- Liquid till 4pm
25/06/2026		- Kanji @ 5pm
6pm	C/S/B Dr. Pavithra / Dr. Shreedevi	- Soft diet @ 7pm
POD-0	Pt reviewed, Nil c/o	Advice
	O/E Pt G/C fair, Afebrile	- Kanji @ 5pm
T-(N)	P° / PE°	- Soft diet @ 7pm
PR-86/min	CVS	- Plenty of oral fluids
BP-112/76mmHg	RS NAD	- vitals Monitoring
	P/A- Soft, BS(+)	- Follow drug chart
UO- 150ml, clear	Uterus well contracted	- CBD c/m 7Am
Baby-m/s	Dressing (+) & Dry	- Inform (SOS)
B/L-Breast soft	L/E-BWNL	- INJ. CLEXANE 40mg SC OD c/m 7Am
Flatus - Passed	182217	- CBG 8th hourly

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 10 D (F)
16-05-1999
Dr. SHARADHA S O

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 10:20pm.	S/B Dr. Abhilita	
	POD #0 / Em. LSCS / GDM MNT.	
	pt reviewed	
	no sp. complaints.	
BP 101/62mmHg	O/E: afebrile	Plan:
PR 78bpm.	GC fair	- monitor vitals
SpO2 99% @ RA	P° / PE°.	- soft solid diet
Temp (N)	P/A: uterus WC	- I/O chart
	soft	- RBD C/M 7 AM.
	BS ⊕	- CBG Q8H.
	dressing dry	- in bed ambulate
	L/E: RWNL	- inj. clexane 40mcg S/C
	foley's insitu.	C/M 7AM.
	clear urine	
	LHUO = 150ml.	[signature] 12:35'

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
9 AM		
POD - 1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T - (N)	P° / PE°	- Plenty of oral fluids
PR - 76/min	CVS /	- Ambulation
BP - 116/64 mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- vitals Monitoring
Baby - M/S	Soft, BS ⊕	- W/F ↑ Bleeding PV
B/L - Breast soft	Dressing ⊕ & Dry	- Inform (SOS)
Not Voided yet	L/E - BWNL	- Measure & Inform 1st void
Flatus Passed		
	[signature] 182217	
26/6/26	C/S. Dr. Shraddha G	
11:00 am		
I POD	No specific complaints	
Pt ambulating	mother Baby well.	• Inj. Kefonov 1 amp im SOS.
well	P/ afebrile	
CBD removed	not pale	• FBS/ PPBS/ CBC
urine voided	vitals (N)	tomorrow
	P/A - Soft. ut well contracted	• Tab. Augmentin
Tolerating	dressing clear	625mg 1-0-1 (10)
semisolid diet	L/E. No undue bleeding pv.	• Tab. Combiflam 1-0-1 (10)
		• Tab. Acton OR 0-1-0 (5)
		• Tab. Pan 40mg 1-0-1 (10)
		• Dressing change tomorrow

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 10 D (F)
16-05-1999
Dr. SHARADHA S O

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 3pm	S/B Dr. Punyalakshmi / Dr. Shreedevi	
	pt. reviewed. pt. asleep	(Nil c/o - attender informed)
POD-1	O/E: pt GC fair, afebrile p° / pt°	Advice
T - (N)		- Continue same orders
PR - 86/min	P/A: soft	- FBS / PPBS / CBC c/m 6am
BP - 102/64 mmHg	Ut - contracted well	- oral meds
voiding freely	L/E: BWNL	- Dressing tmrw
		- Inform SOS
passed flatus		[signature] 16428
26/6/26 7PM	C/S/B Dr. Pavithra	
POD-1.	Pt reviewed	
	O/E	Advice
T (A)	Pt GC fair	- (N) Diet (Soft solid diet)
BP - 102/64	afebrile	- Vitals monitoring
PR - 80/min.	P/P	- Follow drug chart.
Baby M/F.	CVS /	- CBC / FBS / PPBS c/m 6Am.
	RS / NAD	- Dressing change tomorrow
Passed flatus	P/A - Ut firm & contracted well	- Syrup Duphalac 15ml HS
Not passed stools.	Dressing Dry.	
	L/E - No undue Bleeding P/V -	[signature] 0246820

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	S/B Dr. Sharadha.S	
II POD		
7:15 am	Mother Baby well	
	Mother — mobilising well	
	Vitals (N) / Tolerating normal diet	
	Normal bladder habits	
	Passed flatus.	
	• Discharge today	
	• Tegaderm dressing	
	• continue oral medications	
	• R/Ex 4/7/26 at SRS clinic	
	• collect blood reports & inform	
	• Paediatrician advice reg. baby R/E	
(signature)		
	S/B Dr. Akshitha / Dr Divyalakshmi	
27/6/26	pt. reviewed	
9 Am	Nil C/O	
POD-2	O/E: pt G/C fair, afebrile	Advice
	PO/PE°	- collect FBS / PPBS / CBC
T-		- Bath & dressing today.
PR-	P/A: soft, BS ⊕	
BP-		- Discharge today.
	wt contracted	
not passed stools	dressing dry	
	YE: BWNL	(signature) 16428
	Baby m/s Breasts soft	

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

CROSS CONSULTATION FORM

Doctor Name : .... GUC-00093049 IP18-00036176 Mrs HARINI 16-05-1999 27 Y 1 M 11 D (F) Dr. SHARADHA S O .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

28/6/26 S/B Physiotherapist.

patient conscious, oriented & Afebrile.

Assessment:

Chest B/L symmetry
Type: ~~Thor~~ Abdominal Thoracic breathing

DVT: Autar scale: No risk

Functional Assessment:

FIM score: (7) independent.

Consultant : physiotherapist

Name : Sangavi T .... Signature : .... Date & Time : ....

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

Advice

- Deep breathing exercise
- pelvic bridging & Tilts
- Bed mobility ex's
- pelvic floor ex's
- posture
- walking.

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 164288 Dr. Divyalakshmi

Date & Time : 24/6/26 @ 11pm

Nurse Name & Signature: S. Nivetha. 011796

Date & Time : 24/6/26 @ 11PM

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

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ SYNTO	5U	IV	STAT	25/6 5.45am	☐C ☑DC
2	INJ TRAPIC	1g	IV	STAT	25/6 5.50am	☐C ☑DC
3	INJ METHERGINE	0.2mg	IV	STAT	25/6/26 5.55am	☐C ☑DC
4	INJ CARBOPROST	250mcg	IM	STAT	25/6/26 5.55am	☐C ☑DC
5	INJ EMESET	4mg	IV	STAT	25/6/26 5.45am	☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Priya

Date & Time : 25/6/26

Nurse Name & Signature: Rizna [signature]

Date & Time : 25/6/26

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

MEDICATION RECONCILIATION

Drug Allergies: [illegible]

Medication Reconciliation will be done at the [illegible]
(Example: at the time of admission [illegible])

Shifting from: [illegible]

S.no	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE	ROUTE	[illegible]	[illegible]	OR ADMISSION [illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6						
7						
8						
9						
10						

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [illegible]

Date & Time: [illegible]

Nurse Name & Signature: [illegible]

Date & Time: [illegible]

Patient St

SUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....

Date & Time : ....

Nurse Name & Signature: ....

Date & Time : ....

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : .... Age : ....

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 9 D (F)
16-05-1999
Dr. SHARADHA S O

Gender ☐ M ☐ F - Hc

Consultant : ....

Date of Admission : ......

DRUG ALLERGIES : Not known

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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication. **1)** Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Inj Tramadol

Dose	Route	Frequency	Start Dt.
50mg in 100ml NS	IV	SOS	25/6/26
Doctor's Signature		**Valid Period**	**Pharm.**
[signature] 154827			

Additional Instructions

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.
Doctor's Signature		**Valid Period**	**Pharm.**

Additional Instructions

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.
Doctor's Signature		**Valid Period**	**Pharm.**

Additional Instructions

Date ➤ / Time ▼

GUC-00093049
Mrs HARINI
16-05-1999
Dr. SHARADHA S O
IP18-00036176
27 Y 1 M 9 D (F)

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
			7 mfw	83kg

...R PRESCRIPTIONS

DRUG : Inj - SUPACEF

Dose	Route	Frequency	Start Dt.
1.5gm	IV	1-0-1	25/6

Name & Signature of the Doctor starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign. D1 D2

Date	25/6	26/6
Time	6AM	D.R / P.R
	6PM AA/SS	

DRUG : Inj. PAN

Dose	Route	Frequency	Start Dt.
40mg	IV	1-0-1	25/6/26

Name & Signature of the Doctor starting the Drugs: 154802

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/6	26/6
Time	6AM	D.R / P.R
	6PM AA/SS	

DRUG : Inj. Para

Dose	Route	Frequency	Start Dt.
1g	IV	1-1-1	25/6/26

Name & Signature of the Doctor starting the Drugs: 154802

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/6	26/6
Time	6AM	6AM D.R / P.R
	9AM	2PM
	5PM AA/SS	10PM

DRUG : Inj. Clexane (after 24 hours)

Dose	Route	Frequency	Start Dt.
0.4ml	S/c	od.	26/6/26

Name & Signature of the Doctor starting the Drugs: (3 doses) 154802

Additional Instructions:

Daily Doctor's Endorsement by a Sign. D1 D2

Date	26/6	27/6
Time	7AM D.R / P.R	D.S4

GUC-00093049 IP18-00036176
Mrs HARINI
.6-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Route	Start Date
Name & Signature of the Doctor	
Additional Instructions	

Date / Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.

VARIABLE DOSE

DRUG :

Route	Start Date
Name & Signature of the Doctor	
Additional Instructions	

Date / Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
	Dose	Dose	Dose	Dose
	Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
25/6	5AM	Inj. SUPACEF	0.1ml	ID	164281	SD / SS
25/6	5:30AM	Inj. SUPACEF	1.5g	IV	164281	SD / SA
25/6	5PM	Inj: PAN	40mg	IV	164281	SD / SS
25/6	5AM	Inj. EMESET	4mg	IV	164281	SD / SS
25/6	5.45am	INJ EMESET	4mg	IV	15462	Rs / SK
25/6	5.45am	INJ TRAPIC	1g	IV	15462	Rs / SK
25/6	5.55am	INJ CARBOPROST	250mcg	IM	15462	Rs / SK
25/6	5.55am	INJ METHERGINE	0.2mg	IV	15462	Rs / SK
25/6	5.45am	INJ SYNTO	5U	IV	15462	Rs / SK
25/6/26	6:30am	JUSTIN SUPPOSITORY	100mg	P/R	14802	Rs / SK

Patient Name : GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

I.P. No.	Sheet No.	Wards	Weight (kg)
			83kg

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. 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.
24/6	12:30 AM	IVF RL	IV	125 ml/hr	[signature] 16428	[illegible]	25/6	[signature]	[illegible]
25/6	5:30 AM	IVF RL 10	IV	IV	[signature]	Rs / Sk	25/6	[signature]	Rs / Sk
25/6	6:00 AM	IVF RL 10	IV		[signature]	Rs / Sk	25/6	[signature]	Rs / Sk
25/6	6:00 AM	IVF RL 10	IV		[signature]	Rs / Sk	25/6	[signature]	Rs / Sk
25/6	6:30 AM	IVF RL 10 c 20 U syntocinon	IV	over 4 hrs	[signature]	Rs / Sk	25/6	[signature]	[signature]

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

STAT / ONCE ONLY DRUGS

Name: ....

Weight: 83. kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/6/26	12.30 Am	Inj. PHETHIDINE	50mg	IM.	[signature]	P.le	D.R
26/6/26	12.30 Am	Inj. PHENERGAN	25mg	IM	[signature]	P.le	D.R
25/6/26	6:00 pm	T. MISOPROSTOL	600mcg	Intrauterine	[signature] 16478	Ds	S/c
26/6/26	10PM	Syrup Duphalac	15ml	HS	[signature]	D.R	P.le

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Patient S

REGULAR PRESCRIPTIONS

Weight ..83/kg... Ward ....

Sheet No: ....

DRUG : Tab. AUGMENTIN

Dose	Route	Frequency	Start Dt.
625mg	po	BD	26/6

Date / Time: 26/6, 27/6 — 9AM; 8PM

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign: D1, D2

DRUG : Tab. COMBIFLAM

Dose	Route	Frequency	Start Dt.
1 tab	po	1-0-1	26/6

Date / Time: 26/6, 27/6 — 9AM; 8PM

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. ACTONOR

Dose	Route	Frequency	Start Dt.
1gm	po	1-0-1	26/6

Date / Time: 26/6 — 11am; 10pm; 6pm

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. PAN

Dose	Route	Frequency	Start Dt.
40mg	po	1-0-1	26/6

Date / Time: 26/6, 27/6 — 7AM; 7PM

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

GUC-00093049 IP18-00036176
Mrs HARINI
18-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

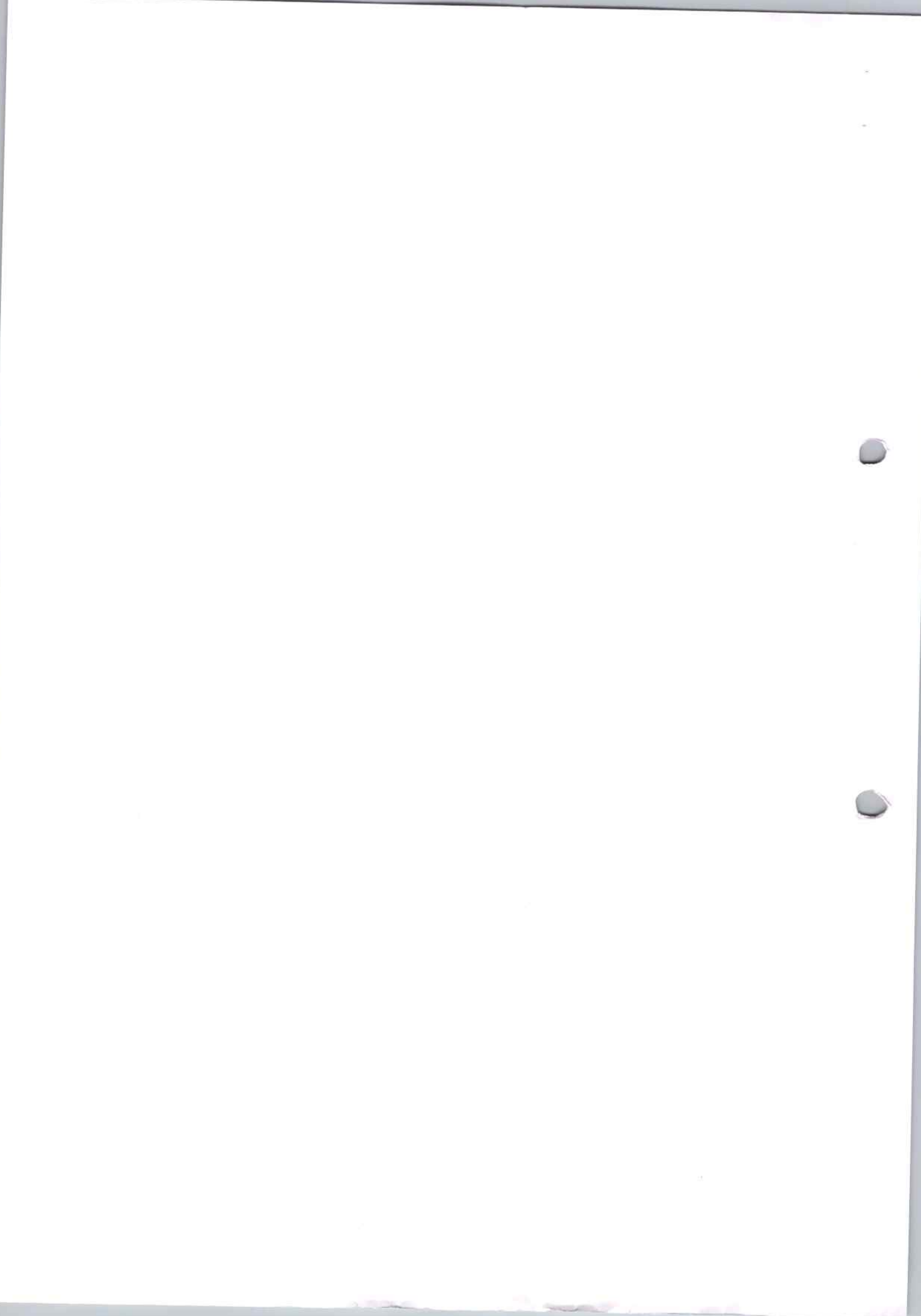
Patient S

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																								
24/6/26	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	(10)	11	(12)	1	(2)	3	(4)	5	(6)	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20															22		22		22		22		22	
	0 - 10																								
Saturations	94 - 100 %															99%		98%		99%		98%		98%	
	< 94 %																								
Administered O_2 (L/min.)																NA		NA		NA		NA		NA	
Temp°c	40																								
	39																								
	38																								
	37															98.4°F				98.4°F				98.4°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90															84/m		86/m		86/m		84		86	
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120															110		117		118		110		117	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80															70		74		80		70		74	
	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																[illegible]		[illegible]		[illegible]		[illegible]		[illegible]	

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



Patient Sticker

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

②

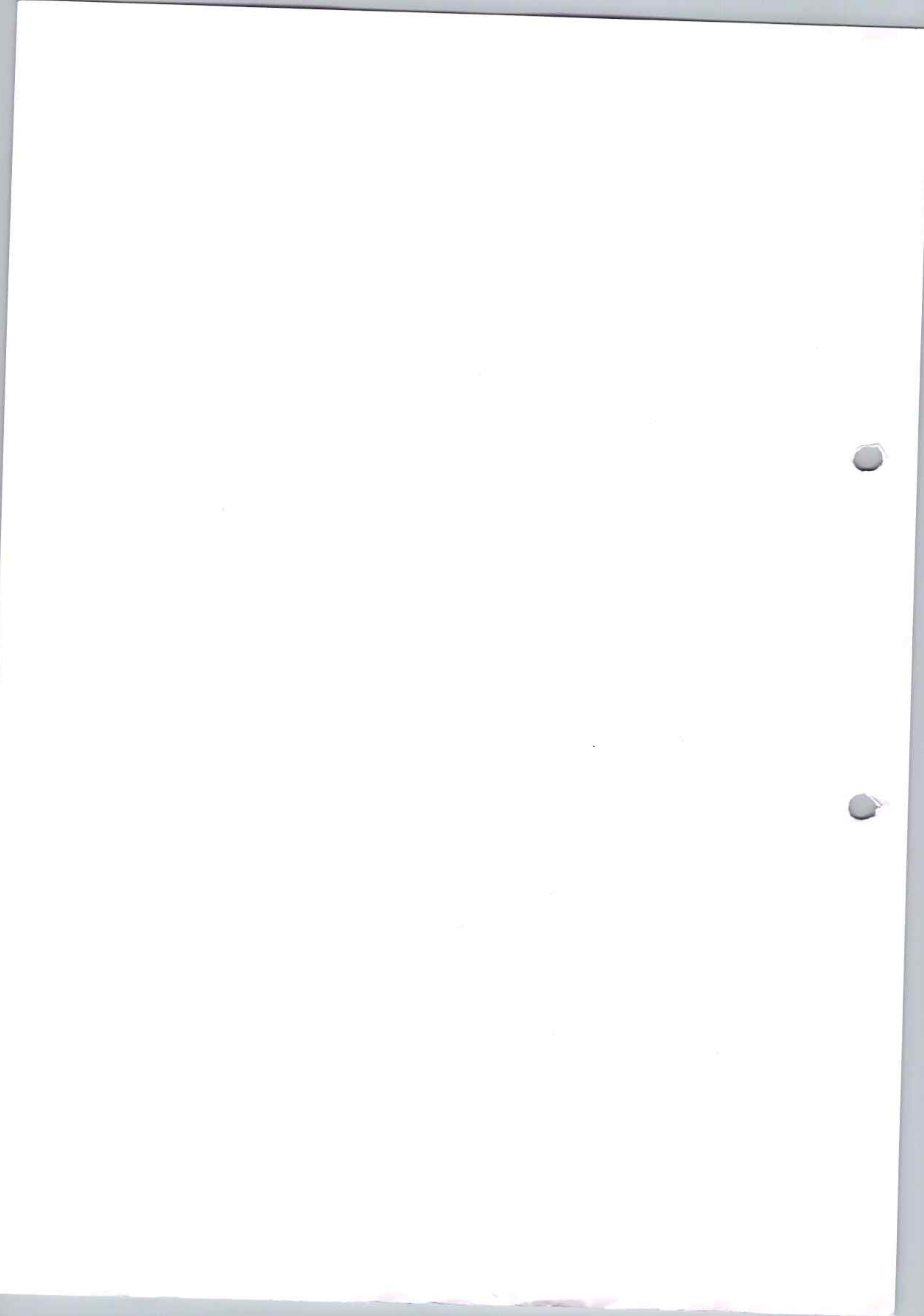
Early Warning Observation Score Chart - Obstetrics

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

Date: 25/6		8	9	10	11	12	1	2	3	4 (pm)	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	Rate	20	18	24		20				20				20				20				20			
Saturations	94 - 100 % / < 94 %	100%	100	99		99				99%				97%				96%				96%			
Administered O_2 (L/min.)		RA	RA	RA		RA				RA				RA				RA				RA			
Temp °c		98.2F	98F	98		97.8F				97.4F				98.2°F				98.0F				98.2°F			
Heart Rate		73	82	80		78				86 b/m				78 b/m				76 b/m				76 b/m			
Systolic Blood Pressure		111	112	110		112				112				101				110				116			
Diastolic Blood Pressure		75	70	70		63				76				62				68				64			
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			
TOTAL ORANGE SCORES		0	0	0		0				0				0				0				0			
Nurse Initial		[illegible]	[illegible]	[illegible]		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

(72)

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

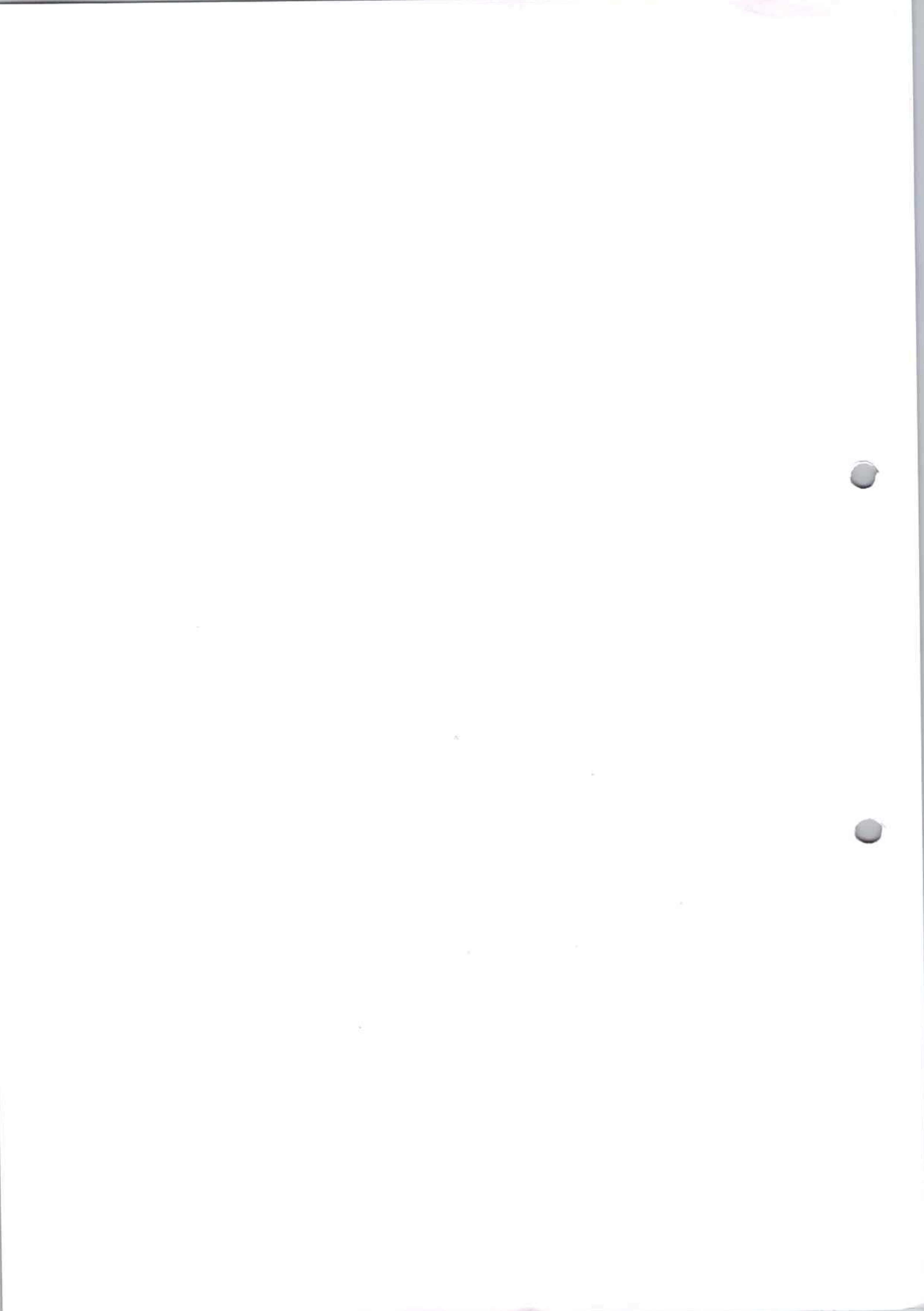


GUC-00093049
Mrs HARINI
18-05-1999
Dr. SHARADHA S O
IP18-00036176
27 Y 1 M 10 D (F)

Early Warning Observation Score Chart - Obstetrics

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

26/6/26	Date	am				pm				pm															
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20				20				18				18				20			
	0 - 10																								
Saturations	94 - 100 %	99%				99%				99%				97%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	98.2F				98.2F				98.3F															
	36																								
	35													98.2F				97.8F				98F			
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90									92bpm															
	80	82bpm				88bpm								84bpm											
	70																	80bpm				86bpm			
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130									124															
	120													90				100				106			
	110	107				109																			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130									82				65				72				70			
	120																								
	110																								
	100																								
	90																								
	80													50											
	70					60				63								60				58			
	60	56																							
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–				–				–				–				–				–			
	Heavy / Foul																								
Liquor	Clear / Pink	–				–				–				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0								0				0			
Nurse Initial		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			



GUC-00093049 IP18-00036176
Mrs HARINI
15-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

FLUID CHART

Sheet No. : 24/6/26

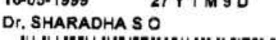
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

26/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm	→		on	Admission ←							
	11:00 pm	HW	100W								0	[illegible]
	12:00 am	N		125						300	0	[illegible]
	01:00 am	P		125.							0	[illegible]
Total Intake :		350ml.				Total Output :				300ml,		
	02:00 am	NO		125							0	[illegible]
	03:00 am	P		125						300	0	[illegible]
	04:00 am	O		125						–	0	[illegible]
	05:00 am			125.						–	0	[illegible]
	06:00 am		→	R/L 500ml		Σ—				75ml	0	[illegible]
	07:00 am			125.						50.	0	[illegible]
Total Intake :		1,125ml				Total Output :				425.		

Total 24 hrs. Intake	1,475ml

Total 24 hrs. Output	725.

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O



FLUID CHART

Sheet No. : 25/6/26.

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/6/26	08:00 am	NPO		125						50	0	
	09:00 am	NPO		125						60	0	
	10:00 am	NPO		125						60	0	
	11:00 am			DC						100ml	0	
	12:00 pm	H2O	100ml	125ml						60ml	0	
	01:00 pm	H2O	150ml	125						100ml	0	
Total Intake :	250ml + 625 = 875ml								Total Output :	430ml		
	02:00 pm	H2O	100ml	125						100ml	0	AA
	03:00 pm	H2O	100ml	125						100ml	0	AA
	04:00 pm	Juice	100ml	125						60ml	0	AA
	05:00 pm	H2O	150ml	125						60ml	0	AA
	06:00 pm			125						100ml	0	AA
	07:00 pm	H2O	150ml	125						150ml	0	AA
Total Intake :	600ml + 750ml								Total Output :	570ml.		
	08:00 pm	Kanji	100	125						100	0	
	09:00 pm	H2O	200	125						250	0	
	10:00 pm			125						250	0	PC
	11:00 pm			125						200	0	PC
	12:00 am	H2O	200	125						100	0	PC
	01:00 am			125						250	0	PC
Total Intake :	500ml + 750ml = 1250ml								Total Output :	1150ml		
	02:00 am			125						200	0	PC
	03:00 am	H2O	200	125						250	0	PC
	04:00 am			125						100	0	PC
	05:00 am			125						200	0	PC
	06:00 am	Milk	150	125						250	0	PC
	07:00 am			125					CBD removed.	200	0	PC
Total Intake :	350ml + 750ml = 1100ml								Total Output :	1250ml		

Total 24 hrs. Intake	4475ml	Total 24 hrs. Output	3400ml

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

FLUID CHART

Sheet No. : 26/6/26 (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.

Date	Time	Nature of Fluid	Route (Mouth)	Route (I.V)	Route (N.G)	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/6/26												VA
	08:00 am									200ml	0	VA
	09:00 am	H2O	200ml								0	VA
	10:00 am	Soup	100ml							100ml	0	VA
	11:00 am										0	VA
	12:00 pm	H2O	200ml							250ml	0	VA
	01:00 pm										0	VA
Total Intake : 500ml						Total Output : 550 ml						
	02:00 pm	H2O	200ml							200ml	0	AA
	03:00 pm	H2O	150ml								0	AA
	04:00 pm	H2O	100ml							150ml	0	AA
	05:00 pm	Soup	100ml							150ml	0	AA
	06:00 pm	H2O	150ml								0	AA
	07:00 pm	Tc Water	100ml							250ml	0	AA
Total Intake : 800ml						Total Output : 750ml						
	08:00 pm										NBO	[illegible]
	09:00 pm	H2O	200								0	[illegible]
	10:00 pm	Milk	150							300ml	NO	[illegible]
	11:00 pm											[illegible]
	12:00 am										[illegible]	[illegible]
	01:00 am	H2O	100								0	[illegible]
Total Intake : 450ml						Total Output : 300ml						
	02:00 am									200ml	NOG	[illegible]
	03:00 am	H2O	200								0	[illegible]
	04:00 am										NV	[illegible]
	05:00 am											[illegible]
	06:00 am	Milk	150ml							200ml	[illegible]	[illegible]
	07:00 am										0	[illegible]
Total Intake : 350ml						Total Output : 400ml						

Total 24 hrs. Intake	2100ml	Total 24 hrs. Output	2000ml

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

NURSING CARE RECORD

Date: 24/6/26

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				I			
Afternoon				I			
Night	11pm	Reduce risk of hospital acquired and prevention infection	11pm	=> maintain strict hand hygiene. => using aseptic during procedure. => Administer antibiotic	Patient vital signs stable.	Reassessment done	[illegible]

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

NURSING CARE RECORD

Date: 25/6/26

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	7.30am	To Achieve acceptable pain & comforte	8am	- monitor vital signs - Assess the level of pain (pain scal - provide diversional therapy	Reduced pain	Reassessment is done	[illegible]
Afternoon	2pm	To achieve acceptable. pain and comfort	2.30 pm	to achieved acceptable. pain and comfort	Reduced pain.	Reassessment done	[illegible]
Night	8pm	Assess the patient condition monitor vitals maintain I/O	8Am	Assessed the patient condition monitored vitals maintained I/O	Reduce pain	patient vitals stable	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

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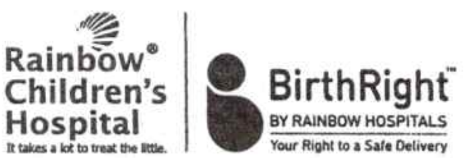


NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
24/6/26.	11pm	=> ADMISSION NOTES <=
		Mrs: Harini 27yrs Female under
		Dr. Sharadha S.O, She is Primi 39wks
		Severe oligohydramnios : While receiving
		the Patient Conscious & Oriented
		afebrile taking orally & tolerating
		well. Voided freely. Patient vital
		Signs stable. General condition fair.
		=> CTG connected reactive
		FHR good, Foetal movement good.
25/6/26	12AM	=> Patient vital signs stable.
		General condition fair. [signature]
	1:30AM	=> CTG disconnected reactive.
		FHR good. SB Dr Mohana mam.
		Advice to 2nd half CTG Orders carryout
	2AM	=> Inf RL 125ml/hr on flow
		CBD were cleaned clear & adequate.
	3AM	=> under aseptic technique.
		Part's preparation was done patient
		Co-operated well. [signature]
	3:30AM	=> CTG connected reactive
		FHR good, Foetal movement good.
		General condition fair [signature]
	4AM	=> CTG reactive FHR good
		Foetal movement good [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

(USE BALL POINT PEN ONLY)

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)
contd	5AM	⇒ Inj Pan 40mg IV, Inj Emeset 4mg IV, ~~Inj Emeset 4mg IV~~, Inj Supacef 0.1cc ID given as per doctors order ⇒ [signature]
	5:30 AM	⇒ Inj Supacef 1.5gm IV full dose given no allergic reaction. Patient shift to OT hand over to OT staff ⇒ [signature]
		OT shifting note
25/10/16	5:35 AM	Patient received into OT-III. Patient is conscious and oriented. IV line, Foley's catheter is placed. patient vital signs are stable. [signature] 60721
	5:40	SA given. positioning done. IV fluid on flow. [signature] 60773
	5:40 A	Painting & draping done. Skin incision done. No excessive bleeding ⇒ [signature] 60721
	5:44 Am	Baby boy delivered @ 5:44am with birth weight of 3.384 kg. Baby cried immediately after birth. Baby is alive and vital signs are stable. Baby shifted to NICU. ⇒ [signature] 60721
	6:20 Am	Procedure done no excessive bleeding is present. dressing done. No oozing from

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093049
Mrs HARINI
16-05-1999
Dr. SHARADHA S O
IP18-00036176
27 Y 1 M 9 D (F)

Patient St

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
cont		the surgical site. urine out put: 75 ml. → [illegible]
	6:35 Am	Patient shifted to mw. Hand over given to mw staff → [illegible]
		⇒ Receiving note ⇐
25/6/[illegible]	6:30AM	Receiving the Patient from OT c̄ IP & OP case sheet. while receiving the patient - conscious & oriented, afebrile. NPO: [illegible] , CBD urine drained clear of colour. → [illegible]
	7AM	⇒ B: Breast soft no engorgement. U: uterus firm contracted. B: Bladder in CBD. B: Bowel movement Present. L: Lochia [illegible] present no evidence of foul smell. A: [illegible] assessed not applicable. H: Homans sign negative. E: Patient emotional stay good.
	7:30 Am	⇒ Patient report hand over to morning duty staff → [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		morning duty
25/6/26	7:30AM	pt care hand over taken from night duty staff. pt conscious & oriented. IV line ⊕ C4 pattern. PV bleeding is minimal. she is on NPO. 500ml RL 125ml/hr going on infusion. Breast soft. milk secretion ⊕. pt have no c/o pain. ~~[illegible]~~
	8AM	pt vital signs checked & recorded. Encourage to mobilize. maintain IVF RL 125ml on flow. pt general condition is good — [signature]
	9.00 am.	patient vital cunnel & recamed due medication given as per doctors ord, cunmart pt clean pt prom for shiftng to ward. — [signature]
	10.35 am	Patient transfered to 7th floor patient handing over to 7th floor staff. to be followed doctors ord. — [signature]
		Receiving notes on 23/6/26
	10.35 Am	Patient Received from LDR to 7th floor. patient details handing are taken from S/N Devi. patient conscious and oriented. patient is on CBD ⊕. patient urine drained clearly. patient. IV line

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

(9)

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26		pattern. patient flatus passed.	[signature]
		patient is on clear liquid diet	
		patient IVF 100ml/hr on flow of the	[signature] 20/6/26
		patient →	
		B - Breast soft. No Engorgement	
		O - Uterus contracted. Involution	
		present	
		B - Bowel movement present. flatus	
		passed	
		B - Patient is on CBD. Urine	
		drained clear	
		L - Lochia rubra present. No foul	
		smell	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	
		E - Emotional status good	
	12pm	maintain Intake and Output	[signature]
		Chart. vital sign checked and	
		Recorded →	
	1.30pm	patient details handed over	[signature]
		on Evening duty staff →	
		Evening Duty Notes.	
	1.30pm	Handover received from	
		Morning duty staff. patient	[signature]
		is alive and oriented	[signature]
		IV line present. clear liquid.	
		CBD present.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	2pm.	IVF - RL - 125ml/hr on flow.	Sonya 0191
	4pm.	Checked vital sign and recorded.	
	5pm	Administered due medication as per chart. 6pm soft diet.	
	7:30pm	Handover given to night duty [illegible].	Sonya 0191
		Night duty.	
25/6/26	7:30pm	patient details handover taken over from morning to Night. patient is CBD, IV line ⊕, CBD (1m) [illegible] @ 7.00PM, IVF-125ml hour, CBG 8.8H, Inj. [illegible] Pheniram HS	P. Kanmoz 60261
	8.00pm	patient vitals checked and recorded.	
	10.00pm	Due medication given as per doctor ordered. B-Breast is soft, No engorgement U-Uterus is contracted well B-Bowel movement passed U-Urine voided frequently	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

(4)

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....Nil....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	10.00pm	L-Locia rubra is present	
		E-Reeda not applicable.	
		H-Homan signs Negative	
		E-Emotional status is good.	
		Dr. Ahesitha Neam seen	
		the patient advised soft	
		diet	P. Kaur 602
26/6/26	12.00Am	patient vitals checked and	
		recorded.	P. Kaur 602
	12.30Am	patient due medicine	
		Inj pethadine / phenargan given	
		IM and recorded.	P. Kaur 602
	2.00Am	patient is sleeping well	
		Intake / output maintained	P. Kaur 602
	4.00Am	patient vitals checked	
		and recorded.	P. Kaur 602
	7.00Am	patient due medication	
		given, patient is walked	
		CBD removed, morning	
		care given, Intake/output	
		chart maintained	P. Kaur 602.
	7.30Am	patient details handover	
		given to morning duty	
		staff	P. Kaur 602
		Morning Duty	
	8.am	patient details case file	
		handover taken from the	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		night duty staff. patient condition is assessed. patient vitals are monitor and recorded. patients vitals are stable. patient is stable →	Hari
	9am	pt. ride medication as per as doctor order given to the medication. →	60FF115 Hari
	10 am	B - Breast is soft no engorgement.	60F9VB
		U - uterus is contracted involution	
		B - Bowel movement is present flatus passed. present.	
		B - Bladder in voice voided.	
		L - Lochia Rubra present	
		E - Reeda not applicable	
		H - Human's light Nyatui	
		E - Emotional State good →	018346
	11am	→ Dr Shalada mam saw the patient and gave advice to attender Doctor advice FBS/PPBS/ CBC tomorrow, all injmedicines changed to oral tablets →	018346
	12pm	→ vitals are checked and recorded vitals are stable	
	1pm	Tomorrow Bath, dressing tomorrow →	018366
		Maintaining records & report →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

10

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6	1:30 pm	patient detail handing over given	
		to Evening duty s/n	[signature] OL8344
		Evening duty notes	
26/6/26	1:30 pm.	patient details handing over	
		taken from Morning duty staff.	
		Bed side Assessment done.	
		IV line (P) patten. Urine passed.	[signature]
	2pm.	patient taken diet, vitals sign	
		checked & recorded. vitals are	
		stable. I/O chart monitored	
		patient due medication & drug	
		given as per drug chart order.	
		B - Breast is soft no engorgement	
		U - Uterus is contracted well	
		B - Bowel movement present	
		U - urine voided freely	
		L - Lochia rubra is present.	
		E - Feeder not applicable	
		H - Homan sign's negative	
		E - Emotional status good.	[signature]
	3pm.	Seen by the Dr. Shreedevi mam	
		Adviced. Continue the same	
		FBS, PPBS, CBC coming morning	
		6AM, T/m Dressing plan.	[signature]
	4pm.	vitals sig checked & recorded.	
		vitals are stable. I/O chart	
		Monitored. P/V Bleeding Normal.	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	6pm.	Patient vitals are Stable. due	
		Medication & drug given as	
		Per drug chart Order. IV line	
		Pattan No any Other complaits.	
	7.30pm	Patient details handing Over to	
		Night duty Staff.	[signature]
26/6/2026	7³⁰ PM	Night duty notes on 26/6/2026	
		patient details taken over from	[signature]
		evening duty staff nurse using	22749
		ISBAR method. On Assessment	
		patient is conscious, oriented, and	
		afebrile. GCS-15/15 skin Assessment	
		done. IV line is present and	
		patent, no pain or redness.	
	8PM	vitals checked and recorded, all	
		are hemodynamically stable.	[signature]
		B - Breast is usually soft no engorgement	22749
		U - Uterus is well contracted	
		B - Bowel pattern was normal	
		B - on self voiding	
		L - Lochia Rubra is present	
		E - Repair not applicable	
		H - Homan sign is negative	
		E - Emotional response was good	
	8³⁰ PM	Due medication given as per	[signature]
		the drug chart	22749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Sharadha	Date of Delivery:	25/6/26
Assistant Surgeon:	Dr. Mohana	Time of Delivery:	5:45 AM
Anaesthetist's Name:	Dr. Priyadarshini	Gender of Baby:	Male
Type of Anaesthesia:	SA	Weight of Baby:	3.384 kg
Neonatologist:	Dr. Srilakshmi	AGPAR Score:	8/10, 9/10
Scrub Nurse:	S/N Sasikumar	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Severe oligohydramnios

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: 5:30am Knief to rectus: 5:35am

CTG Description: Reactive

If there was a delay give the reasons: Nil

Surgical Procedure: Emergency Primary LSCS

Post Operative Diagnosis: P1L1 | ↓ Emerg 1° LSCS | GDM on MNT

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Docu. No. : RCH /FRM / CLINICAL / 155 (P.T.O)

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: ......uneffaced...... 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: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear (almost nil) ☐ 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 ....1-Catgut.......... Suture

Sheath Closure: ....1-PDS.......... Suture

Fat Closure: ☐ Yes ☐ No ....1-Catgut.......... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....monocryl.......... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.......... days ☑ Await instructions

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

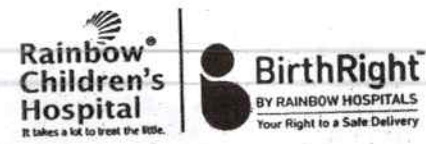
Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes: NPO for 4 hours, CBD - 24 hours
IVF 5.0 < 2 ORL, 2 ONS, 1 O DNS } @ 100ml/hr
Inj Supacef 1.5g IV 1-0-1
Inj Pan 40mg IV 1-0-1
Inj Para 1g IV 1-1-1
Inj Clexane 0.4ml S/C OD (after 24 hours) 3 doses
Inj Phethidine 50mg IM + Inj Phenergan 25mg IM HS
CBC stat and CBC 8th hrly
Monitor vitals
w/t bleeding P/V

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

Date & Time: ....25/6/26 6:30am..........

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 25/6/26 Date of Removal: 26/6/26 @ 7.00 Am

Parameters	Date / Shift Time	D 25/6	N 25/6	E 25/6.	N 25/6/26			
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		P. Alay	Devi	Sowmya	P. Keerthi			
Signature of the Nurse		011746	[illegible]	019459	[illegible]			

Removed

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

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	11pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No Pain	[signature] /01F746
25/6	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No Pain	[signature] /01F746
25/6	9am	2/10	Post-LSCS	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
25/6/26	2pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
25/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P.Cee 602
26/6/26	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P.Cee 602
26/6/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Harini 607495
26/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 02495
26/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 02749
27/6/26	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 02749

Re-assessment Frequency:

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

(P.T.O)

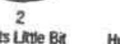
Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

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

Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt — 2 Hurts Little Bit — 4 Hurts Little More — 6 Even More — 8 Hurts Whole Lot — 10 Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

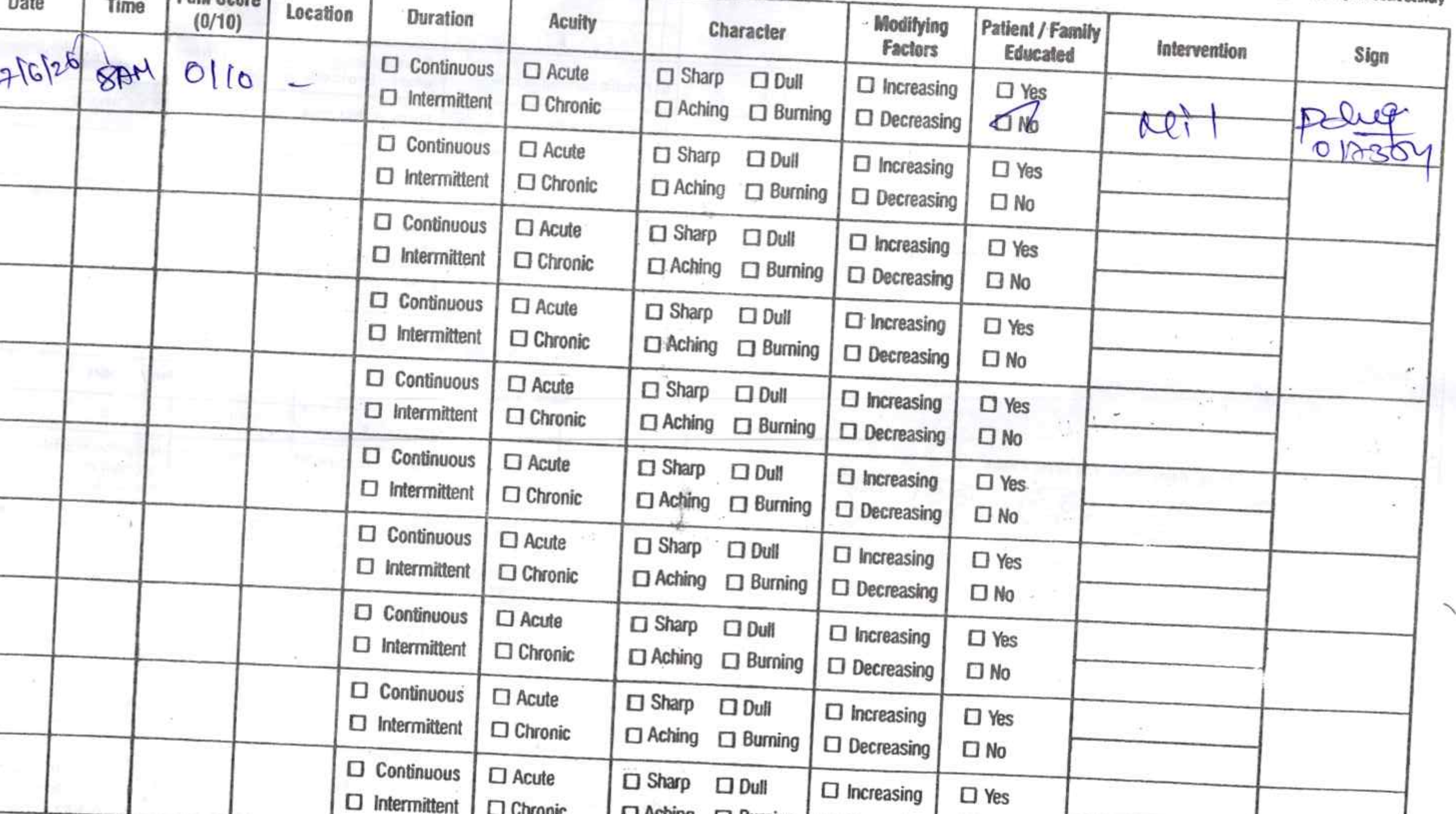
CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves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

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

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

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

Rainbow Children's Hospital
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
27/6/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature] 0173054
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

Docu.No: RCH /FRM / CLINICAL / 152

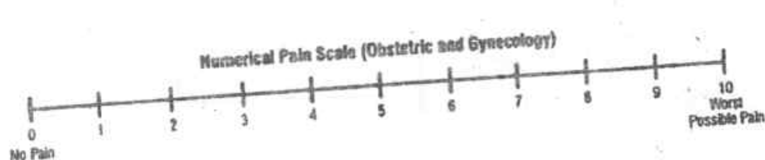
(P.T.O)

PAIN ASSESSMENT TOOLS

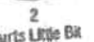
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

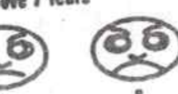
CATEGORY	SCORING 0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years





0 No Hurt | 2 Hurts Little Bit | 4 Hurts Little More | 6 Even More | 8 Hurts Whole Lot | 10 Hurts Worst

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

Assessment Criteria	Sedation -2	Sedation -1	Normal 0	Pain / Agitation 1	Pain / Agitation 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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 24/6	M 25/6	E 25/6
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15		0	0
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20	20	0	0
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			0
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			30	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 006

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 25/6/26	M 26/6/26	F 26/6/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[illegible]	K.H 609915	[illegible]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker
GUC-00093049 IP18-00036176
Mrs HARINI
15-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/1/26	26/6/26	
		Score	N	M	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:					
		Signature	[signature] 00749	[signature]	

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
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High Risk (≥ 51) Apply all low and moderate risk interventions, and.

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

Docu. No. : RCH /FRM / CLINICAL / 006

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 9 D (F)
16-05-1999
Dr. SHARADHA S O

BRADEN 'Q' SCALE

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

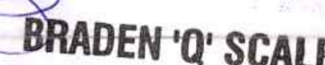
	1	2	3	4	Date : Time : N 24/6	M 24/6	E 25/6	N 25/6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**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	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No Impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	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	1	2	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	28	28	26	26
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

UC-00093049 IP18-00036176
Mrs HARINI
1605-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O



BRADEN 'Q' SCALE

Parameter	1	2	3	4	M	E	N	M
				Date :	25/6	26/6	26/6	27/6
				Time :				
Mobility	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	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	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
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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	28
				Evaluator's Name	Hari 604915	[signature]	[signature] 20749	[signature]

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

PHLEBITIS ASSESSMENT

Patient's Name:. GUC-00093049 Mrs HARINI 15-05-1999 IP18-00036176 27 Y 1 M 9 D (F) Dr. SHARADHA S O

MRD NO:..........

Age :.................... Weight .... I ☐ F

Consultant :..

CANNULA 1

Date : 24/6/20 Time: 11PM

Location : (R) metacarpal

Size : 18G

Cannula inserted by : QSIN Nicole/011745

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/6	11PM	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
25/6	12AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
	8am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	Obse	P.C
	10PM	☐Yes ☐No	☐Yes ☐No	Obse	P.C
26/6/20	12Am	☐Yes ☐No	☐Yes ☐No	Obse	P.C
	2AM	☐Yes ☐No	☐Yes ☐No	Obse	P.C
	4AM	☐Yes ☐No	☐Yes ☐No	Obse	P.C
	6AM	☐Yes ☐No	☐Yes ☐No	Obse	P.C
	8am	☐Yes ☐No	☐Yes ☐No	Obsvd	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obsvd	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
27/6/21	12AM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	Observ	[illegible]

Cannula removed : ☐Yes ☐No, if yes date and time : 27/6/20 8AM

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

Phlebitis score: 0/5

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

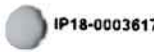
Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		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

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

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

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

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



GUC-00093049 IP18-00036176
Mrs HARINI
18-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis Brig 344. Sen alsoher.
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
25/6	11pm	Yes.	Health education given to pain management	Patient	Language barrier.	Verbal	none	good	–	[signature]
26/6	8 am	Yes	Health education given to the mother for feeding position	patient	learning barrier	verbal	none	good	–	[signature]

Part - III: CODES

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

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

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

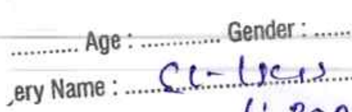
Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify ....

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Sharadha
Asst. Surgeon : Dr. mohan
Anaesthetist : Dr. Priyadharshini
Scrub Nurse : Sini Sasi

Age : .... Gender : ....
Surgery Name : CL-LSCS
Date : 25/6/18 In-time : 5:35Am Out-time : 6:30Am



Before Induction of Anaesthesia ➤➤

SIGN IN Time: 5:37Am

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

Site Marked ☑Yes ☐No

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : [signature] 15U6772
Name : Dr. Priya N

Before Skin Incision ➤➤

TIME OUT Time: 5:39Am

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☑No ☐NA

Is Essential Imaging Displayed? ☐Yes ☑No ☐NA

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

Signature : ....
Name : ....

Before Patient Leaves Operating Room

SIGN OUT Time: 6:25Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☑No ☑NA
- Whether there are any Equipment Problems to be addressed ☑Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑Yes ☐No

Signature : [signature] 60774
Name : R.B. [signature]

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

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

Sl.No. 2854

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name : HARINI		Age: 27	Gender: F
UHID No: GUC-00093049	IP No: IP 18-00036176	Date: 26/6/26.	Date: 26/6/26
Diagnosis: POD HO/PIH/Emesis.			Time: 12:13AM

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DR AKSHITA

Signature: [signature] 123035

Doctors Medical Council Registration No. 123035

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

IP Registration No: IP18-00036176.

Date: 26/6/26.

Aadhaar No. of the patient(optional):

		Remarks
1.	**Name**	Abirami Hat Nayarathuram,
2.	Complete postal address (with contact number, if any)	4th Street, Ullagaram, Pudupakkam
3.	Brief description of the illness	POD HO/PIH/Emesis.
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	
5.	Details of essential narcotic drugs dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
26/6/26	INJ PETHIDINE	(1)	[signature]	

Dispensed by (Name & ID No.): G. Angeline S 011339 Signature: [signature]

Received by (Name & ID No.): P Kaimog 607261 Signature: [signature] 607261

Time: 12.20 am

Docu. No: RCHBH /FRM / CLINICAL / 133

PRE - OP

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Date: 25/6/26

Patient's Name : .... Age : 27 .... Gender : ☐ M ☑ F

Blood Group : "A" Positive UHID : 930419

Planned Surgery : EM : LSCS Surgeon : Dr. SHARADHA S.O

Anesthetist : Dr. Bujuchishi Date & Time of Operation : 25/6/26. at 5:30 PM

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	☑	☐	☐
	Other (if any)	☑	☐	☐

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

Billing Clearance taken

Billing Executive Name : ....

Billing Executive Signature : [signature]

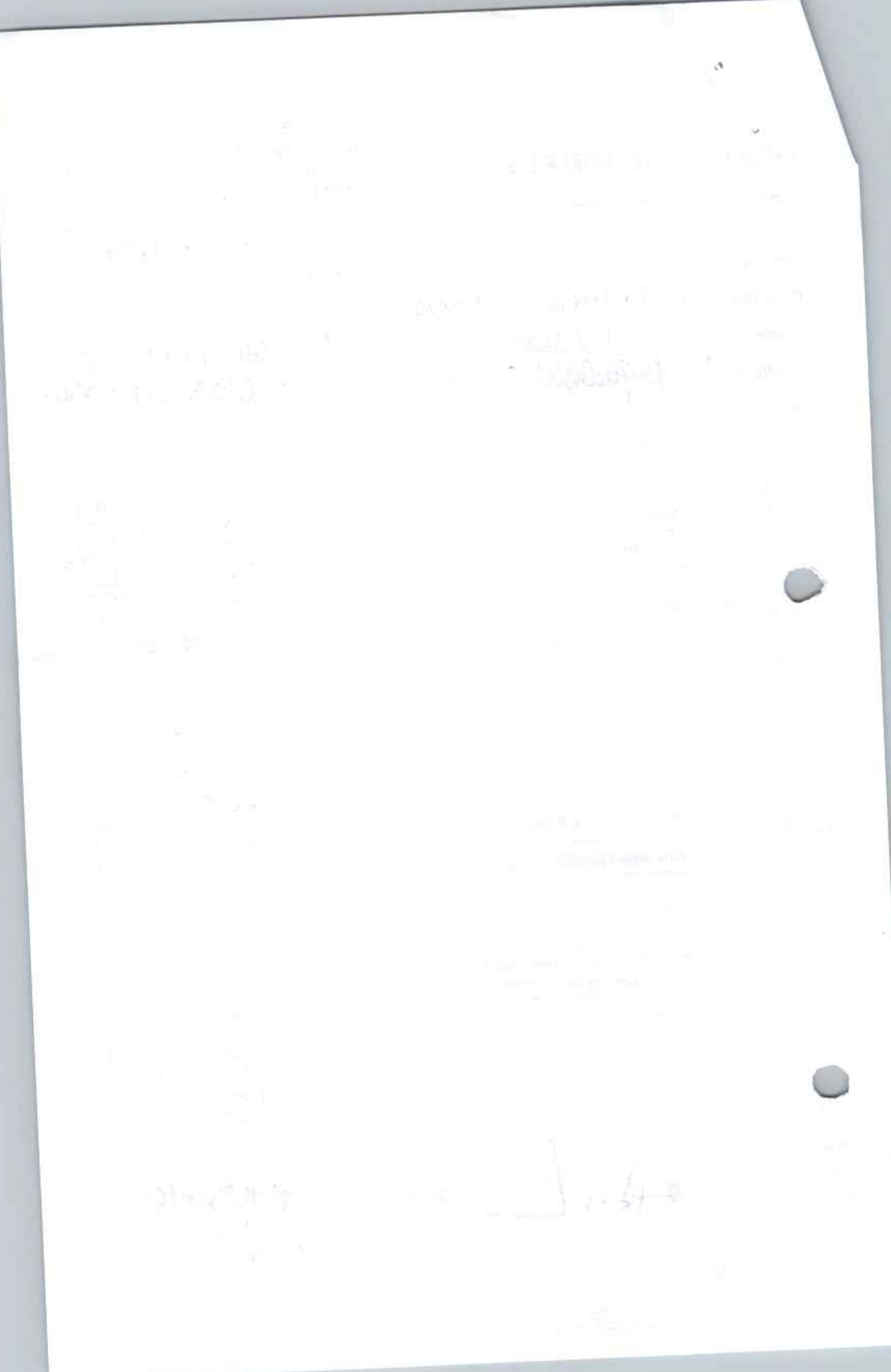
Date & Time : ....

Nurse In-Charge Name : S. Niveta

Signature of Nurse In-Charge : [signature]

Date & Time : 25/6/26

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



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : GUC-00093049 Mrs HARINI 16-05-1999 IP18-00036176 27 Y 1 M 9 D (F) Dr. SHARADHA S O . Gender: ☐ Male ☐ Female Age : 25 years -

UHID No : Date : 24/6/26.

Instruction:
This consent form should be signed by Patient (at least 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 CESAERECAN SECTION upon (Ind: Severe Oligohydramnios) (Name of the Patient) Mrs. HARINI

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

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

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.
Bleeding, infection, need for blood and blood products transfusion, bowel - bladder injury, risk of thromboembolism, anesthesia related complications, MICU stay, NICU care

My signature on this form indicates that

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

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

Consentee :
Signature : [signature]
Name : Mrs. HARINIE
Date & Time : 25/6/26, 12:20 AM

Patient Attendant :
Signature : [signature]
Name : MR. DEEPAK
Relationship with Patient: HUSBAND
Date & Time : 25/6/26, 12:20 AM

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : [signature] 164288
Name : Dr. Dinyalakshmi S.R
Date & Time : 25/6/26, 12:20 AM

CONSENT FORM FOR ANAESTHESIA

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 9 D (F)
18-05-1999
Dr. SHARADHA S O

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

UHID NO: .... Surgeon Name: ....

Anaesthesiologist : ...D .... Operative procedure planned : ....EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : ....HYPOTENSION, BRADYCARDIA

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : ....[signature]....

Name : ....HARINI....

Relationship with Patient: ....Self....

Date & Time : 25/6/26 12.30am

Witness :

Signature : ....[signature]....

Name : ....Deepak. HUSBAND....

Date & Time : 25/6/26. 12.30am

Doctor (who is taking the consent) :

Signature : ....[signature]....

Name : ....Dr Pooja. R.... Date & Time : 25/6/26 12:30am

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

Date: 25/8/26. Time: 12.25 am Proposed Operation: Emergency LSCS.

Diagnosis: primi / severe oligohydramnios / GDM on MNT

B.P / CRT: .... H.R: .... Weight: 83.9 kg ASA Physical Status: ☐ 1 ☑ 2 E ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.2	Glucose: 92/170	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: (N).
WBC:	Creat:	Total Bill:	HCV: NR	2D Echo: EF 70%
Plate:	Na:	Dir. Bill:	Blood group: A +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1.51	
	Cl-:	SGOT/SGPT:	**Allergies:** NKDA	

Medical History: CVS :

RESP : Diabetes : GDM on MNT

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: nil .

Physical Exam:

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

Lungs : B/L AE (+)

Heart: S1 S2 (+)

CNS: NFND

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: [signature] 15/8/26 Name: Dr Priya R.

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: > 6 hrs
Physical Status: Patient Identified ✓	☑ Consent Present ☑ Chart Reviewed

H.R.: 90/min	B.P / CRT: 120/70	SpO_2: 100%	R.R.: 16/min	Last Feed:

Pre-OP Diagnosis: primi / oligo Operation: Emergency LCS Date: 25/6

Surgeon: Dr Sharadha Anaesthesiologist: Dr Priya Technician:

TIME	5.35 am … 6.40 am
N_2O /AIR /O_2 LPM	
HALO /ISO /SEVO	
Drugs:	Inj Syntocinon 5U IV + 20U IV Inj Tropic 1g IV Inj Carboprost 250 mcg Im Inj Methergine 0.2mg IV Inj Emeset 4mg IV
FiO_2 / SaO_2	
$ETCO_2$	
ECG	sinus rhythm
Temperature	
Urine Output	
Fluids / Blood	1) RL 2) RL 3) RL 4) RL c 20U syntocinon

Antibiotic

Suppository

Blood Loss

NOTES

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site:
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 5.35 am
OP Start:
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ... at ... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ... Attempts:
Difficulty Why?

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: sitting
Site: L3 L4
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin: 25 G Quincke
Drug Name & Conc:
Bolus: 2.2ml 0.5%
Infusion: (H) Bupivacaine
Block Level: + 0.2ml
Comments: Buprenorphine
Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr Priya
Signature of the Doctor: [signature] 1540 hrs

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Rini Time Received : 6:35 Am Time Discharged : 6:35 Am

✓ RESP • PULSE > < BLOOD PRESSURE

IV Cannula Site :
☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

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

IV Fluids:
Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
25/6/26		0/10	Obs x 2 hours	[signature] 1546 hr

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

Anaesthesiologist Name : Dr Priya R
Anaesthesiologist Signature: [signature] 1546 hr
Date & Time: 25/6/26
PACU Nurse Name : Rini
PACU Nurse Signature: [signature]
Date & Time: 25/6/26

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

Transferred to Unit by (PACU): NICU
Date & Time: 25/6/26 @ 6:35 Am

Patient Sticker

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 Left Right	Maternal		FHR	Comments
				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 : ....

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)	Yy
3.	Antibiotic prophalaxis given within 60mts prior to skin incision	Yy
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yy
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yy
6.	Maintain normothermia during the surgical procedure (>36 deg C)	Yy
	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.

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

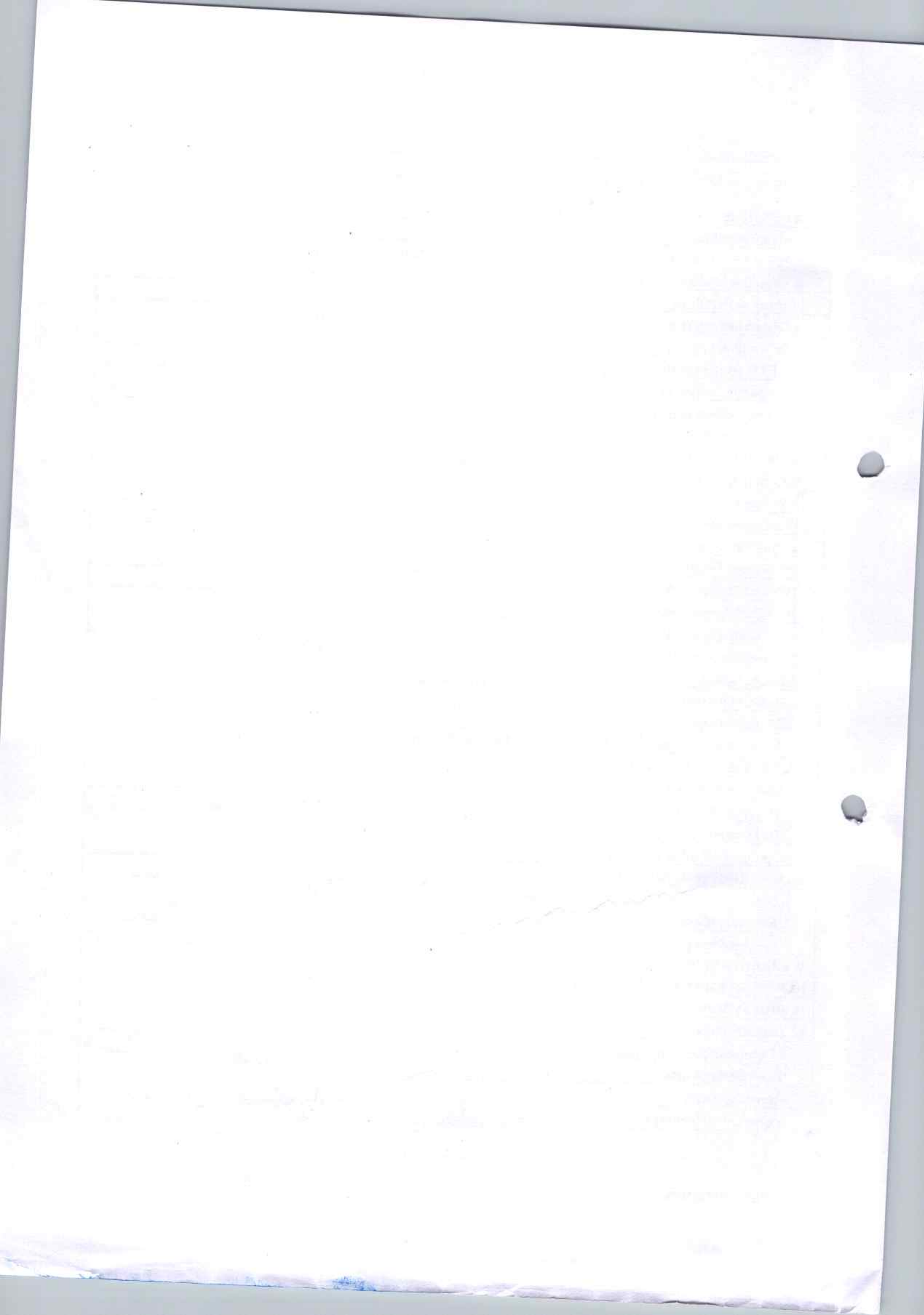
BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: IOP

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	Yes	
	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	No	
	b.All drains fixed, output noted	No	
	c.Catheter secure & urine output recorded	No	
	d.Splints/casts/traction devices stabilized	Yes	
6	**Medications Pre & Post-Op Orders**	Yes	
	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	No.	
	c.Special positioning maintained as per surgery	No	
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**	Yes	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**	Yes	
	a.Documentation completeness	Yes	
	Transferring Nurse:	Neethu	
	Receiving Nurse :	Resina	
	Signature of Incharge:	[signature]	



GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Patient Sticker

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/6/26 Time of Arrival: 11pm Time Seen by Nurse: 11pm

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: NIL

3) **Vital Signs:** Temperature: 98.4°F Pulse: 84/mt RR: 24/mt SpO_2 100% BP: 110/70 Weight: 83

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 24/9/2025 EDD: 1/7/26 Gestational Age: 34wks

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)**

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

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

6) **Past History:**

a) Surgeries: NIL
b) Medical: GDM on MNT,

Docu. No. : RCH /FRM / CLINICAL / 098 (P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

- ☐ None
- ☐ Chronic Hypertension
- ☐ Gestational Hypertension
- ☐ Diabetes
- ☐ Gestational Diabetes
- ☐ Low placenta
- ☐ Others if yes, specify ......GDM on MNT.........

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: ....11pm..................

Nurse Name : ......Sr. Athwethe.................. Nurse Signature: ....[signature] /011746..........

Date: ..24/6/26.......... Time: ....11pm......

GUC-00093049 IP18-00036176
Mrs HARINI 27 Y 1 M 9 D (F)
16-05-1999
Dr. SHARADHA S O

Patien

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 24/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify LCR

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: Primi 39 wks GDM on MNT. Borderline oligohydramnios

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Lavanya

Time Notified: 11 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on MNT	—	—

Blood Group: "A" Positive LMP: 24/9/25 EDD: 1/7/26 Gestational age during admission: 39wks

Contractions: — Vaginal Discharge: —

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

Height: 157 Weight: 83 BMI: —

Temp: 98.4°F HR: 84/mt RR: 24/mt BP: 110/70 SpO_2: 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Father.

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

☐ Liver disease ☐ Other Mother. Hypothoid.

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score 21 (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 Mrs. Harini

Name of Person Orientation was given to: Mrs. Harini

Orientation not given Reason:

Nurse Signature: [signature] 011708

Nurse Name: S. Abinethu 011708

Date & Time: 21/6/26

Patient Sticker

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:..............................

	Tick	Score
Pre - Existing Risk Factors		
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37⁺⁰ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		
Signature of the Nurse	[signature] .../01/...	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient Sticker
GUC-00093049 IP18-00036176
Mrs HARINI
15-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason ....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: CNA ?.
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: Baby in mother side.

Continuity of Care: Date: 25/6/26

C - 1 25/6/26
h - 1 C - 2
T - 2 A - 2
C - 2 T - 2
H - 2 C - 1
8. H - 1
8

Handover given by Sinmben

Signature

Date & Time: 25/6/26 at 9.30am

Handover taken by E. Sowmiya

Signature

Date & Time: 25/6/26 10.30am

PATIENT TRANSFER FORM

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

	Date & Time of Admission	Date & Time of Transfer Order
m	24/6/26 at 11PM	25/6/26 at 5:30 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Sharadha.	Dr. Divya	Fetal baby

From Unit	To Unit	Information to Attendant
LOR	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 File	CTG-③	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
SN Shweta 1011740	Dr. Divya

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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

PATIENT TRANSFER FORM

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Sharadha	24/5/26 at 10.88 am	25/5/26 at 10.20 am
	Transfer Ordered by	Reason for Transfer
	Dr. Vinitha	Pt shifted to ward
From Unit	To Unit	Information to Attendant Yes ☑ No ☐
MMU	7th floor	
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 ?
In file ⊕	Orta ⊕	

Medications / Consumables / Surgicals / Hand over		Quantity
Sl.No.	Item Name	
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Pt shifted to ward and by Dr Vinitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sindhu Prasad	Dr Vinitha

Patient & Clinical Records Received by : Srimaee

Date & Time of Patient Received : 25/5/26 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

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

PATIENT TRANSFER FORM

GUC-00093049 IP18-00036176 Mrs HARINI 16-05-1999 27 Y 1 M 9 D (F) Dr. SHARADHA S O	Date & Time of Admission 24/6/26 @ 10:55 pm	Date & Time of Transfer Order 24/6/26 @ 6:35 Am
Treating Consultant Name Dr. Sharadha	Transfer Ordered by Dr. Priyadharshini	Reason for Transfer for further management
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 1 IP file	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : [signature] 24/6/26 @ 6.35 am

Date & Time of Patient Received :

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

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

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

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 9 D (F)
Dr. SHARADHA S O

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 28/6/26 @ 6:35 Am OT **TRANSFERRED TO :** MLW

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	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	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	No	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	N/A	
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	No	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	No	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	N/A	
	c.Pressure areas protected (heels/elbows)	No	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:	[signature]	
	Receiving Nurse :		
	Signature of Incharge:		

[signature] RBM 60771

RCH/GDY/FRM/CLINICAL/598

GUC-00093049 IP18-00036176
Mrs HARINI
16-05-1999 27 Y 1 M 10 D (F)
Dr. SHARADHA S O

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 25/06/2026 Time: 2:30PM

Origin: — Height: 157cm Weight: 83 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

Type of Diet: ☑ Liquid ☐ Soft ☐ Normal ☒ Diabetic GDM on MNT.

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

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

Patient's / Attendant's Mother	Dietician's
Signature: [signature]	Signature: A. [signature] (01.8336)
Name: S. KARPAGAM	Name: A. Sadiqa Ferhan
Date & Time: 26/6/26 @ 2:30PM	Date & Time: 25/06/26 @ 2:30PM.

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

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
25/06/26.	12:30 PM.	EM - LSCS → done @ 6:30 AM.	A.B (018336)
	9 AM →	Patient was on NPO till 10:45 AM.	
	12:30 PM	- Patient is on Liquid diet.	
		- Patient is stable. Oral intake is better. Advised to take fluids - water, tender coconut water, fruit juices, Buttermilk (etc)	A.B (018336)
		Fluids - 2.5-3 l/d.	
26/6/26.	09:15 AM.	- Patient is on soft Diet.	
		- Patient is stable. Oral intake is better. Advised to take easy-digest foods like Idly, soft dose, mashed rice, curd, dal (etc)	A.B (018336)
		Consume small-frequent meals.	
		Include galactogogues foods - garlic, fennel and oats (etc)	
		RDA Values - Energy - +600 kcal.	
		Protein - + 17-19 g/d.	