GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 22/06/2026

Patient Name: Mrs. Thilagavathi Date of Birth: 30/03/2003 Age: 23y

Gender: Female Ward : OT UHID No.:

Date of Surgery: 22/06/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time In : 4:30pm Time Out : 5:40pm

	NAME	AMOUNT
1. Surgeon	: Dr. Diviya Arun	
2. Anaesthetist	: Dr. Sathish , Dr. mohan	
3. Assistant Surgeon	: Dr. pavithra	
4. OT Technician	: Mr. Raja	
5. Circulating Nurse	: C/N. Thanushya.	
6. Assistant Nurse	: S/N. Agalya	

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

607891
Signature of Circulating Nurse

Signature of the Surgeon

Order No: Order by:

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

Record finalized done By Agalya S
02833

Baby details

Baby : Boy

Time : 4:49 pm

Wt : 3.488 kg.

Emergency LSCS

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Thenmozhi Technician : .... 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		01	Inj Vit.K		01
LMA			Sutures 2347		02	Cord Clamp		01
ECG leads : ~~A~~ / P / N		09	1326		01	Suction Catheter		
HME filter : A / P / N			9221		01	Feeding Tube 6Fr		01
Syringes : 10 cc ✓		02	9352		01	Vaccum Suction Set		
05 cc ✓		4	Gloves PF 6.5		05	Surgical Gloves		
02 cc			PF 6.5		01	Gauze Pack		03
01 cc			PF 7		02	Syringe 1ml / 2ml		01
Cautery plate : ~~A~~ / P / N		01	Surgical blade 22		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	Protogown		01
NS : 10ml / ~~100ml~~ / 500ml / 1000ml		02	Koochies			Aravinhoug sng		01
			Ointments			Bixanil foamy		02
			Suction Catheter			Bupigesic		01
Fentanyl			Cap, Mask			D Syring 5m emerald		01
Morphine			Gauze Pack		03	D-water 10ml		2
Ketamine			Mop Pack		01	Efipress		01
Propofol			Steristrip			Evatolin		05
Rocuronium			Underpad		01	Spinal needle 25 (90mm)		01
Glycopyrolate			Draw sheet			" " 25G (100mm)		01
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
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					
Tab. Misoprost : ~~200mg~~		02	Betadine Solution					
OT TABLE SHEET		01	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub		01			
			Saral					

Surgeon

Anaesthesiologist

Nurse Agalya

OT Technician

Ordered by : ....

Order No. : ....

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Rainbow Children's Hospital

BirthRight by Rainbow

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

VAT TIN : 33AABCR4014M1ZK CIN : L85110TG1998PLC029914

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	IP18-00036125	**Ward**	8F-OT COMPLEX
Patient Name	Mrs THILAGAVATHI	**Bed Name**	MICU 801
Age/Sex	23 Y 2 M 23 D / Female	**Order No**	18-0001715665
Date	22/06/2026 18:41	**Prescription No**	PRIP18-0622502
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	22/06/2026 18:47
UHID	GUC-00092907		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1O10526	04/29	2	120.00	240.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
4	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
5	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
6	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5119	09/30	1	997.00	997.00
7	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
8	NEOMIZ 200MCG TAB 4S	Neon Laboratories Ltd	H	AUM12ABA	09/27	2	20.15	40.30
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	2	44.93	89.86
11	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5001	03/30	1	1,026.00	1,026.00
12	PDS-II NW 9221	ETHICON SUTURES-J&J		T8002	12/26	1	696.56	696.56
13	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
14	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	1	103.00	103.00
15	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300811T	03/29	5	128.00	640.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
17	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
18	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
19	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	2	951.00	1,902.00
						Total :	**10,482.05**	**12,851.13**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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	IP18-00036125	**Ward**	8F-OT COMPLEX
Patient Name	Mrs THILAGAVATHI	**Bed Name**	MICU 801
Age/Sex	23 Y 2 M 23 D / Female	**Order No**	18-0001715667
Date	22/06/2026 18:41	**Prescription No**	PRIP18-0622503
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	22/06/2026 18:51
UHID	GUC-00092907		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

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	IP18-00036125	**Ward**	8F-OT COMPLEX
Patient Name	Mrs THILAGAVATHI	**Bed Name**	MICU 801
Age/Sex	23 Y 2 M 23 D / Female	**Order N**	18-0001715664
Date	22/06/2026 18:41	**Prescri tion No**	PRIP18-0622500
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispen ed Date**	22/06/2026 18:45
UHID	GUC-00092907		

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	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	2	2.58	5.16
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
12	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261745	02/29	1	69.39	69.39
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	2	69.39	138.78
14	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
15	SPINAL NEEDLE 25 G WITACARE(120MM)	VYGON		250725AI	07/30	1	1,427.00	1,427.00
						Total :	**3,580.19**	**3,952.18**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 22-06-2026 18:45

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	IP18-00036134	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O THILAGAVATHI	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001715669
Date	22/06/2026 18:44	**Prescription No**	PRIP18-0622504
Payor	SELFPAY	**Dispensed Date**	22/06/2026 18:52
UHID	GUC-00092943		

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)	Bapuji Surgicals	GENERAL	M2641119	04/30	3	100.00	300.00
2	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010526	04/29	2	250.00	500.00
						Total :	**389.00**	**839.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

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	IP18-00036134	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O THILAGAVATHI	**Bed Name**	CRDL-PVT702-1
Age/Sex	0 Y 0 M 0 D 1 H / Male	**Order No**	18-0001715670
Date	22/06/2026 18:44	**Prescription No**	PRIP18-0622501
Payor	SELFPAY	**Dispensed Date**	22/06/2026 18:45
UHID	GUC-00092943		

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	G26B010463	01/31	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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 25 D (F)
Dr. DIVIYA ARUN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		24/6/26 at 6AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR B

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Thilagavathi

UHID No: ..... IP No: ..... Consultant: Dr. Divya Arun Dept: LDR

Date of Admission: 21/6/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	4.30pm	LDR	OT	
22/6/26	5:40pm	OT	MIW	
22/6/26	1 AM	LDR	7th FLOOR	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	22/6/26	IP156646	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/6/2026	CBC	260984 44	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/6/26	CTG (1)			008293	
21/6/26	CTG (2)			008298	
22/6/26	CTG (3)			008298	
22/6/26	CTG (4)			008298	
22/6	Infusion pump	11:40AM	23/6/26 at 6AM	1715390	
	CTG (5)			008321	
	CTG (6)			008321	
	CTG (7)			008345	
	CTG (8)			008345	
	CTG (9)			008345	
	CTG (10)			008345	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/6/26	IV placement	1	1715143	
22/6/26	Catheterization	(1)	1718645	
23/6/26	Diet Counselling	(1)	1716364	A. (018336).
23/06/26	physiotherapy	(1)	1716365	

ANY OTHER INFORMATION:

procedure Name: Emergency LSCS.

Surgeon Name: Dr. Divya

Assist Surgeon: Dr. Pavithra

Anaesthesist Name: Dr. Sathish, Dr. Mohan

In time: 4:30pm out time: 5:40pm

Date: 23/6/2026 Time: 2:10AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 25 D (F)
Dr. DIVIYA ARUN

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		11/03			
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-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	23/6								
Doctor's Orders	Yes								
Carried out or not	Yes								
Bed Side									
Structured Handover done	Yes								
IV Site	Yes								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	Yes								
Skin Care	Yes								
Eye Care	Yes								
Mouth Care	Yes								
Sterillum Bottle, Stethoscope	Yes								
Suction Bottle (Should be clean & empty)	Yes								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA								
Ventilator Tubing,(Any Water, Blood)	NA								
Humidification	NA								
Check all Infusion (Labelling,Correct Preparation)	NA								
Chest Physio & Neb	NA								
Handed Over By Name :									
Signature :									
Date & Time:	23/6 7:30PM								
Hand Over Taken By Name :									
Signature :									
Date & Time:	23/6/26 @ 8pm								

BirthRight
Rainbow Children's Hospital

Patient Sticker

BED SIDE CHECK LIST FOR NURSES

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

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 : IP18-00036125 **Admit Date** : 21-Jun-2026 **Admit Time** : 05:40 PM **UHID** : GUC-00092907

Patient Details :

Patient Name	: Mrs THILAGAVATHI	**Age**	: 23 Y 2 M 22 D
Guardian	: Mr DEVAN C	**DOB**	: 30-03-2003
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 19/20 4TH CROSS STREEY, SABARI NAGAR EXTN, MUGALIVAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Phone No**	: 9677056505/ 8489474082
		E-mail	: THILAGAVATHIDEVA21@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr DEVAN C **Relationship** : Husband

Contact Address : 19/20 4TH CROSS STREEY, SABARI NAGAR EXTN, MUGALIVAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125 **Phone No** : 9677056505

Signature

Doctor Details :

Doctor Name : Dr. DIVIYA ARUN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.DIVYA ARUN **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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 THILAGAVATHI**	**Age :**	**23 Y 2 M 22 D**
IP No:	**IP18-00036125**	**Sex:**	**Female**
Consultant:	**Dr. DIVIYA ARUN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. Devan. C
Relationship: Husband
Date: 21/06/2026 Time: 5:40pm
Witness Name: Jothi
Witness Signature:

Patient Address:
19/20 4TH CROSS STREEY, SABARI NAGAR EXTN, MUGALIVAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from
- the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.

- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name : THILAGAVATHI	UHID Number : RUC:00092907
Self/Attendant Name : DEVAN. C	Relation : Husband
Self/ Attendant Signature : Phone Number : 9677056505	Name & Signature of Financial Counselor


இந்திய தனித்துவ அடையாள ஆணைய அரசு
Unique Identification Authority of India
முகவரி:
D/O கோடீஸ்வரன், பிள்ளையார்
கோயில் தெரு, ம.புடையூர் அஞ்சல்,
ம.புடையூர், ம.புடையூர், கடலூர்,
தமிழ்நாடு - 606108
Address:
D/O Kodishwaran, PILLAIYAR KOVIL STREET, M
PUDAIYUR POST, Podaiyur Ma., PO: Ma Podaiyur,
DIST: Cuddalore,
Tamil Nadu - 606108
Details as on: 21/01/2026
5736 1672 6487
1947
help@uidai.gov.in
www.uidai.gov.in


Government of India
Thilagavathi Kodiswaran
DOB: 30/03/2003
FEMALE
Aadhaar no. issued: 17/08/2012
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).
5736 1672 6487

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Pa

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Admitted for IOL

Obstetric Formula:
Primi

Obstetric Hostory:
G_1 : PP ; Spontaneous conception

Present Pregnancy Record:
2/12 : NT : 1·4 ; NB ossified
FTS : low risk
17/2/26 2lw 3d ; Anomalies R/o ; Pl-Ant ;

RISK FACTORS:
Nil

Height: 160 cm
Weight: 103 kg (Chicken)
Allergies: Non vegetarian food
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Afebrile PR: 88/min
BP: 120/70 DTR:
CVS: $S_1 S_2$ ⊕ RS NVBS
Liver/Spleen: Urine Output:

LMP: 20/9/25 EDD: 27/6/26
Corrected EDD: 2/7/26 GA: 38w 3d

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: TERM ; Cephalic

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

DIAGNOSIS
Primi | 38w 3d | Admitted for IOL

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Family History:	Surgical History:
Nil Grand father - DM	Left cortical mastoidectomy + tympanoplasty + ossiculoplasty ↓ GA in May 2025
Medical History:	**Medication History:**
Nil	Nil
Plan of Care: · Admission · Parts preparation · Inj. Supacef 1.5g IV 1-1-1 after test dose · WIF contractions; Bleeding or draining P/V	**Investigations:** CTG

Doctor Name: Dr. Vinitha
Signature: VTH 12113
Date & Time: 21/6/26

Consultant Name: Dr. Divya Arun
Signature: (FOR) VTH 12113
Date & Time: 21/6/26

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patier

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	S/B Dr. Divya	
6:45PM	Pt reviewed; No Fo	
	O/E: GC fair; Afebrile	
	P° / PE°	
	P/A: Ut term,	
	Cephalic; Relaxed	
CTG-Reactive	FH good	
	P/v: Cx 2cm long	
	os admits 2 fingers	
	Vx: -3	
	Memb ⊕ ; Stripping done	
	PGE2 gel kept intracervically	
		Adv:
		CTG @ 7:45PM
		R/A @ 5am
VSEV I2111 3		W/F contractions, draining P/v
22/6/26	S/B Dr. Vinitha	
5am	Pt reviewed; Fo Nil	
	O/E: GC fair; Afebrile; P°/PE°	
BP: 110/60	P/A: Ut term; Cephalic;	
PR: 84	Relaxed; FH good	
SpO2: 100% RA	P/v: Cx 2cm long; os: admits 2 fingers	
	Vx: -3 station: Memb ⊕	
	PGE2 gel kept intracervically	
		Adv:
VSEV I2111 3		· CTG @ 6am
		· W/F contractions, draining P/v
		· Inform SOS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Dr. Akshita / Dr Shreedevi	
8:50AM		1st PGE2 gel → 2nd PGE2 gel
AB+ve.	pt reviewed.	6:45PM 21/6/26 — 5AM 22/6/26
	no sp complaints	
	PFM well	
	O/E: afebrile	
BP 113/63mmHg	GC fair	Plan
PR 88bpm	P° / PC°	- W/f progression
temp (N)	P/A: Uterus @ term	of labor
SpO2 99% @RA	2/15-20"/10	- CTG PAH
	cephalic	- DPMC
	FH ⊕	- P/A @ 11AM
	clinically	today
	liquor (N).	
		[signature] 122435
22/06/2026	C/S/B Dr. Divya Arun	
11:15AM	membranes ruptured spontaneously clear liquor drained	Advice
	P/A - Uterus @ Term	
	(3c/15"/10')	- To Start INJ. SYNTO
	cephalic	@ 24 ml/hr
	FHS - Good	- W/F contractions / Progress
	P/V - Cx - 1cm long	- liquid diet
	OS - 3cm strechable	- Inform (SOS)
	membranes Absent	
	[signature] 182217	

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

(9)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Panittava / Dr. Shruseni	
22/06/2026 3pm	Pt reviewed.	
	Able to pfm well.	
	Pt c/o low backache / lower abd pain	
	O/E Pt GC fair	
	afebrile	Advice
	P / pci	- Inj synto @ 96ml/hour.
	CVS	- Continuous CTG.
CTG- Reactive	RS / NAD	- W/f contractions.
	P/A- Ut term	
	Mildly acting 3c/15'/10"	
	cephalic	
	FHS good.	
	P/V- Cx 0.5cm long.	
	Os 3cm dilated.	
	Memb ⊖	
	Vx @ -3 station.	
	Small cervical caput ⊕.	
	(signature)	

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

30

Patient Sticker

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

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Divya	
22/6/2026 3:30pm	O/e	
	P/v - Cx fully effaced	
	OS 3cm dilated	Advice
	memb (-)	- Plan for Emergency LSCS
	Vx @ -3 station.	in view of failure to
CTG Reactive	cervical caput (+)	progress
		- Catheterisation.
		- Inj Supacef 1.5g IV stat
		- Inj Pan 40mg IV stat
	Shift to OT	- Inj Emeset 4mg IV stat.
	Divya	
22/6/2026 5:45pm	Case Received in MICU	
	C/S/B Dr. Pavithra	
POS		
T (N)	O/e Pt. GC fair	Advice
	afebrile	- NPO x 6 hours
BP - 100/60	P (PE)	- IVF @ 125ml/hour.
PR - 94/min.	CVS / RS NAD	- Inj Supacef 1.5g IV stat
		- Vitals monitoring.
UO - 25ml	P/A - Ut firm & cont well	- CBD / Clexane 40mg SC
	Dressing Dry	OD 6Am
Baby M/S		- CBC c/m 6Am
B/L Breast Soft.	LE - No undue Bleeding P/V.	

Divya

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

(3)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Fahima	Dr. Divyalakshmi
22/6/26		
11:30pm	pt reviewed	
	Tolerating liquids	
POD-0	O/E: pt GC fair, afebrile	Advice
	pO/PE0	- Liquid diet overnight
T= (N)	CVS / RS NAD	- monitor vitals
PR=		- follow drug chart
BP=		w/f ↑ bpm
SpO2= 100% @ RA	P/A: soft, BS ⊕	- CBD / clexane c/m 6am
I/O 100ml clear	ut- firm and contracted	
	dressing dry	- CBC c/m 6am
		- Breastfeeding
	L/E: Bleeding WNL	- I/O charting
Baby m/s		- Inform SOS
	Shift to ward	- Kanji 6Am
		- soft diet 8Am
		on orders.
	(signature) 60288	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
11 Am	Pt reviewed, Nil c/o	Advice
POD - 1	D/E Pt GC fair, Afebrile	- Soft diet
	P°/PE°	- Plenty of oral fluids
T-(N)	LVS/	- vitals monitoring
PR- 90/min	RS/NAD	- follow drug chart
BP- 110/70mmHg	P/A- ut well contracted	- Breast feeding
	Soft, BS(+)	- Ambulation
Voided - 100ml	Dressing (+) & Dry	- W/F ↑ Bleeding PV
Baby - m/s	L/E - BWNL	- Inform (SOS)
B/L - Breast Soft		
Flatus Passed	82217	
23/6/26.. 6pm	S/S Dr. Helicia / Dr. Shreedevi,	
	pt reviewed	
	no sp. complaints	
	holding freely.	
	not passed stools	Plan
BP 120/70mmHg	O/E afebrile	- monitor vitals.
PR 86bpm.	GC fair	- SVB / DRF.
SpO2 99% @RA.	P° / PE°	- w/f ↑ bleeding P/V.
Temp (N)	P/A: Uterus wc	- normal diet
	soft	- plenty of fluids.
	BS(+)	- Ambulate
	L/E: BWNL	- follow drug orders
	12435	

GUC-00092907
Mrs THILAGAVATHI IP18-00036125
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26, 6.00pm	S/B. Dr. Diviya Arun	
	Pt. Comfortable	Adv:
	P/A- Soft	• Plan D/S tomorrow.
	Draining Pns	• Oral Antibiotics from 24/6/26.
	BS ⊕	
	L/E- Mucking	
	WNL	[signature]
23/6/26 9:15am	S/B Dr. Vinitha	
	Pt reviewed; No C/O	Voided; Passed stools
	O/E: GC fair; Afebrile	
	P° IPE°	
BP: 112/60	P/A: Ut contracted	
PR: 88bpm	soft; BS⊕	
SpO_2: 99%RA	Dressing intact	
	L/E: BWNL	
		Adv:
		Oral Antibiotics tomorrow
		D/S tomorrow
		Soft diet
		Ambulation
		Follow drug chart
[signature] 12113		Inform SOS

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9Am		
	Pt reviewed, Nil c/o	
POD - 2	O/E	Advice
	Pt GC fair, Afebrile	- Soft diet
T - (N)	P° / PE°	- Plenty of oral fluids
PR - 84 / min	CVS /	- Vitals Monitoring
BP - 110/74 mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- W/F ↑ Bleeding PV
Voiding freely	Soft, BS(+)	- Bath & Dressing today
Passed stools	Dressing (+) & Dry	- Process discharge
Baby - M/S	LF - BWN L	
B/L Breast soft		
	[signature] 18221	

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

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

Diagnosis : ....

Hospital : ....

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

Referred for : ☐ Opinion ☐ C... 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 :

23/06/26
POD-1
11-30AM

S/B (OBG) physiotherapist

- patient is consious, oriented, & afebrile

O/E - Chest - B/L Symmetry
Type - Abdomino thoracic breathing

DVT Assessment
Autar (0-7) No Risk
Functional Assessment
FIM score grade-7

Consultant : physiotherapist

Name : Sangami T Signature : [signature] Date & Time : 23/06/26, 11:30AM

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

AdN

- Diaphragmatic Breathing
- Bed Mobility Exercise
- Pelvic Bridging & Tilting.
- TA Activation.
- Pelvic floor Contraction

Sangavi T
MPT(OBG)

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	6/6/26					
Time				Bl grp : AB positive		
Hb	12.7					
PCV						
RBC				FT_3 : 3.86		
WBC	9700			FT_4 : 1.06		
N/L				TSH : 1.4		
Platelets	1.91					
CRP				4/11 HIV	Negative	
ESR				HbsAg		
PCT				VDRL		
RBS				HCV		
Na						
K						
Cl				ECHO : Normal		
Ca/Mg					EF: 72%	
Phosphate						
Urea				4/3 OGTT :		
Creatinine				FBS : 86		
ALP				PPBS (2h) : 100		
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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 : 6/6/26 cEDD : 2/7/26 (36w2d)

X-Ray : Cephalic ; PI - Anterior ;

ECHO : AFI : 11 ; EFW : 2501 g (26 %ile)

CT : .....

MRI .....

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
Patient 30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: 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	2. TRIPLE	1 amp	IV	STAT		☐ 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 28/6/26 @ 5:40pm

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... 164728 Dr. Dayalakshmi

Date & Time : 22/06/26 @ 11:50pm

Nurse Name & Signature: A. Anupriya

Date & Time : 22/6/26 @ 11:30pm

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patient Stic

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR 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 : Dr. Shreedai 182277

Date & Time : 21/6/2026 @ 4.30 pm

Nurse Name & Signature: S/Nparameswari 016808

Date & Time : 21/6/2026 @ 4.40 pm

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI (F)
30-03-2003 23 Y 2 M 22 D
Dr. DIVYA ARUN

Patient S

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 21/6/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

REGULAR PRESCRIPTIONS

Weight. 103 kg Ward. LDx

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5 g	IV	1-0-1	22/6

Name & Signature of the Doctor Starting the Drugs: UHP 12/6/23

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6
4am	DS SN	D·R D2 A·A P·K	
12pm	SA MD	M·H SN	
8pm	/	D·R P·K	

STOP

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-0	22/6

Name & Signature of the Doctor Starting the Drugs: 12/6/23

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6
AM	/	D·R D2 A·A P·K	
7PM	/	ES AA	

STOP

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	22/6

Name & Signature of the Doctor Starting the Drugs: 12/6/23

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6
8AM	/	D·R D·R A·A P·K	
4PM	/	ES KA	
11PM	AA DA	D·R P·K	

STOP

DRUG : INJ CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	1-0-0	23/6

Name & Signature of the Doctor Starting the Drugs: 12/6/23

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	23/6	24/6
6AM	D·R A·A	D·R P·K

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Weight. ...10.3 kg. Ward. ......LDR......

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/6/26	6:45PM	PGE_2 gel	0.5mg	INTRA CERVICAL	[signature] 12413	SP SS
21/6/26	7pm	INJ.SUPACEF	0.1 ml	ID	[signature] 12413	SP SS
21/6/26	7.30pm	INJ.SUPACEF	1.5g	IV	[signature] 12413	SP SS
22/6/26	5AM	PGE_2 gel	0.5mg	INTRA CERVICAL	R 121113	DS S.N
22/6/26	3.30pm	INJ. BUSCOPAN	20mcg	IM	[signature] 182217	TJ MD
22/6/26	4.15pm	INJ.PAN	40mg	IV	[signature] 182217	TJ MD
22/6/26	4.15pm	INJ. EMESET	4mg	IV	[signature] 182217	TJ MP
22/6/26	4.15pm	INJ. SUPACEF	1.5g	IV	[signature] 182217	TJ MD
22/6/26	4:45pm.	Q-TRAPIC	1gm	IV	[signature]	DS Aq.

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

I.V. FLUIDS CHART

Weight. 103 kg Ward. 4D

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
22/6/26	11:40 AM	INJ SYNTO 50 in 500 ml RL	IV	24 ml/hr	182217	SA / MD	22/6/26		PT / AS
22/6/26	11:40 AM	IVF 1 ORL	IV	free flow	182217	SA / MD	22/6/26		PT / AS
22/6/26	4:40 pm	IVF 3 ORL	IV	←		PT / AS	22/6/26	←	PT / AS
22/6/26	5:30 pm	Syntocin 20 U infusion	IV	←		PT / AS		←	

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 25 D (F)
Dr. DIVIYA ARUN

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

S. Thilagavathy

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

REGULAR PRESCRIPTIONS

DRUG : TAB. XONE D

Dose	Route	Frequency	Start Dt.
200mg	PO	1-0-1	24/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	24/6
8AM	
8PM	

DRUG : T. PAN

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	24/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	24/6
8AM	
8PM	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1	24/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	24/6
8AM	
2PM	
10PM	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/6/26	5.35pm	Tab MISOPROSTOL	600mcg	PR	18.22.17	PT	
22/6/26	5:35pm	JUSTIN SUPPOSITORY	100mcg	PR	18.22.17	PT	

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

21/6/26

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20											20			20				20				20		20	
	0 - 10																									
Saturations	94 - 100 %											99			99				99				99		99	
	< 94 %																									
Administered O_2 (L/min.)												RA			RA				RA				RA		RA	
Temp°c	40																									
	39																									
	38																									
	37											98F			98.1				98.1				98.1		98.1	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90											88											87		80	
	80																									
	70														89				88							
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120											120			118				110				110		114	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60											70			70				65				60		65	
	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																										
Nurse Initial																										

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

2

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20		20					20	18	20				20					22			
	0 - 10																								
Saturations	94 - 100 %	100		100		100																			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA					RA	RA	RA	RA	RA	RA	RA					RA			
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	113		112		100					140	112	100		107	114	100					112			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50														(83)							(84)			
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70														68										
	60																								
	50	63		60		60					60	70	65			42	68					70			
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓					–	✓	✓									✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓					✓	✓	✓	✓	✓	✓	✓					✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–		–		–					–	✓	✓	–	–							✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–		–		✓					–	–	–	✓	–							–			
	Green																								
TOTAL YELLOW SCORES		0		0		0					0	0	0	0	0	0	0					0			
TOTAL ORANGE SCORES		0		0		0					0	0	0	0	0	0	0					0			
Nurse Initial		RD		[illegible]		[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]			

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

(3)

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

Early Warning Observation Score Chart - Obstetrics

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

23/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30	22																							
	11 - 20					20				20				20				20				22			
	0 - 10																								
Saturations	94 - 100 %					99%				99%				97%				100%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp °c	40																								
	39																								
	38	97.6 F								98 F				97.2 F				97.8 F				97.2 F			
	37	⦿				98.3 F				⦿				⦿				⦿				⦿			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	90								88 b/m															
	90	⦿				92 b/m				⦿				78 b/m				80 b/m				84 b/m			
	80																								
	70													⦿				⦿				⦿			
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	110								112				110				114							
	120					110																110			
	110	↑				↑				↑				↑				↑				↑			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	↓				↓ 75				↓				↓				↓ 68							
	60	70								68															
	50													70								↓			
	40																					74			
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–				–				–				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVYA ARUN

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/6/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm	———	admission							———		
21/6/26	05:00 pm	H2O	100ml							150ml	IV line	
	06:00 pm	H2O	100ml									
	07:00 pm	H2O	100ml							100ml	0	
Total Intake :		300ml				Total Output :				250ml		
	08:00 pm	H2O	100ml								0	
	09:00 pm									200	0	
	10:00 pm	H2O	100ml								0	
	11:00 pm									200	0	
	12:00 am	H2O	100ml							200	0	
	01:00 am	H2O	100ml								0	
Total Intake :		400ml				Total Output :				600ml		
	02:00 am	H2O	100ml							200	0	
	03:00 am	H2O	100ml								0	
	04:00 am									200	0	
	05:00 am										0	
	06:00 am	H2O	100ml							150ml	0	
	07:00 am	H2O	100ml								0	
Total Intake :		400ml				Total Output :				550ml		

Total 24 hrs. Intake	1100ml.	Total 24 hrs. Output	1400ml.

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/6	08:00 am	H2O	100ml									
	09:00 am									900	0	SA
	10:00 am	TC	100ml	syntar RL							0	SA
	11:00 am	H20	100	24	500ml					200	0	SA
	12:00 pm	H20	150	48ml						100	0	SA
	01:00 pm	Juice	100	48ml							0	SA
Total Intake : 1,142ml				Rl-syato						200	0	SA
	02:00 pm	H2O	100	#2						Total Output : 700ml		
	03:00 pm	Juice	150							150	0	TW
	04:00 pm	NPO.								200	0	TW
	05:00 pm	NPO	(1500)							150	0	TW
	06:00 pm	NPO	100	125						80ml	0	TW
	07:00 pm	NPO		125						30	0	TW
Total Intake : 290ml										75	0	TW
	08:00 pm			125ml						Total Output : 635ml		
	09:00 pm			125ml						100ml	0	AA
	10:00 pm			125ml						70ml	0	AA
	11:00 pm	H20	10ml	125ml						100ml	0	AA
	12:00 am	TC	200ml	125ml						100ml	0	AA
	01:00 am			125ml						80ml	0	AA
Total Intake : 210ml + 750ml = 960ml										80ml		
	02:00 am	Juice	150ml	125ml						Total Output : 530ml		
	03:00 am	H2O	100ml	125ml						100ml	0	AA
	04:00 am	TC	100ml	125ml						100ml	0	AA
	05:00 am	H2O	50ml	125ml						80ml	0	AA
	06:00 am	H2O	100ml	DC						100ml	0	AA
	07:00 am			125ml						100	0	AA
Total Intake : 500ml + 625ml = 1,125ml										250	0	AA
										Total Output : 730		

Total 24 hrs. Intake	5,301ml	Total 24 hrs. Output	4. 2,645ml

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

23/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ Motion	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml								0	SN
	09:00 am	Ragi	100ml								0	SN
	10:00 am	H2O	200ml				-			100ml	0	SN
	11:00 am	Soup	100ml							290ml	0	SN
	12:00 pm	milk	100ml								0	SN
	01:00 pm	H2O	150ml							100ml	0	SN
Total Intake : 750ml						Total Output : U - 390ml						
	02:00 pm										0	VA
	03:00 pm	H2O	50ml								0	VA
	04:00 pm	TC	200ml								0	VA
	05:00 pm	H2O	100ml							250ml	0	VA
	06:00 pm	Milk	200ml								0	VA
	07:00 pm	H2O	100ml								0	VA
Total Intake : 650ml						Total Output : 250ml						
	08:00 pm	H2O	200								0	Dsp
	09:00 pm										0	Dsp
	10:00 pm	Milk	150							300	0	Dsp
	11:00 pm										0	Dsp
	12:00 am	~~H2O~~	200								0	Dsp
	01:00 am										0	Dsp
Total Intake : 550ml						Total Output : 500				200		
	02:00 am											Dsp
	03:00 am	H2O	100							200	0	Dsp
	04:00 am										0	Dsp
	05:00 am										0	Dsp
	06:00 am	Milk	100							300	0	Dsp
	07:00 am	H2O	100								0	Dsp
Total Intake : 300ml						Total Output : 500ml						

Total 24 hrs. Intake	2250ml

Total 24 hrs. Output	1640 ml

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI (F)
30-03-2003 23 Y 2 M 22 D
Dr. DIVIYA ARUN

Patient St

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi / 38 wks + 3D / Pol	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift	21/6/26 Evening	22/6/26 Md.	22/6/26 M	22/6/26 E	22/6/26 N	23/6/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	NIL	NIL	NIL	NIL	Nil	NIL
	Diet:	Normal Diet	Normal diet	liquid	liquid	liquid	liquid
ASSESSMENT	Allergy:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98°F	98F	98F	98.8F	98.4F
	Res:	20 bpm	20 b/m	20 b/m	20 b/m	18 b/m	20
	SpO_2:	99%	99%	100%	100%	98%	99%
	Pulse:	88 bpm	80 b/m	80 b/m	94 b/m	78 b/m	90 b/m
	BP:	120/70	118/70	113/63	100/68	107/58	100/70
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0	20	20	20	20	20
	Pain Score:	0	2/10	2/10	1/10	1/10	1/10
	Skin Integrity	Intact	Normal	Normal	NPO	liquid	Soft diet
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	N/A	—	—	yes
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Normal Diet	Normal diet	Normal	NPO	N	Soft Diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Non Dependent	Non Depen	Non Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	S/N Parameswari	Shobelin	[illegible]	[illegible]	Anupriya	Swami
	Signature / ID :	[illegible]	[illegible]	01808	01512	01804	[illegible]
	Date:	21/6/26	22/6/26	22/6/26	22/6/26	23/6/26	23/6/26
	Time:	5pm	7:30 am	2 pm	7:30pm	8Am	8am
	Taken Over By Name :	[illegible]	S. [illegible]	[illegible]	Anupriya	Swami	[illegible]
	Signature / ID :	[illegible]	01808	01808	[illegible]	[illegible]	607998
	Date:	21/6/2026	22/6/26		22/6/26	23/6/26	23/6/26
	Time:	2pm	8Am	8pm	8pm	8Am	2pm

Docu. No. : RCH /FRM / CLINICAL / 097

NURSING SHIFT HAND OVER FORM

Time:							
Date:							
Signature \ ID :							
Taken Over By Name :							
Time:							
Date:							
Signature \ ID :							
Handed Over By Name :							
Post Operative Procedure Special Orders:							
ANAESTHESIOLOGY — ADL (Dependent \ Non Dependent):							
ANAESTHESIOLOGY — DVT Prophylaxis:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
ANAESTHESIOLOGY — LN Prophylaxis:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
ANAESTHESIOLOGY — Other Special Orders \ Medications:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
ANAESTHESIOLOGY — Critical Lab Test \ Values:							
ANAESTHESIOLOGY — Special Diet:							
ANAESTHESIOLOGY — Others Specify:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
ANAESTHESIOLOGY — Physiotherapy:							
ANAESTHESIOLOGY — Stoma Needs:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
TRANSFUSION — Skin Integrity:							
TRANSFUSION — Pain Score:							
TRANSFUSION — Fall Risk Score:							
TRANSFUSION — LOC:							
TRANSFUSION — Bp:							
TRANSFUSION — Pulse:							
TRANSFUSION — SpO2:							
TRANSFUSION — Res:							
TRANSFUSION — Allergy Signs: Temp:							
TRANSFUSION — Tubes/Drains/Catheter:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
TRANSFUSION — Ventilation (RA, NP, NIV, ATT):							
TRANSFUSION — Allergy:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
ONCOLOGY — Diet:							
ONCOLOGY — Medical Condition (Any special condition to be noted):							
ONCOLOGY — Date / Shift							
MEDICINE — Surgery \ Procedure:				Post Op Day:			
MEDICINE — Diagnosis:				Any Infection: ☐ YES ☐ NO If YES Specify:			

Patient Sticker

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

(1)

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 21/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	Reduce risk of hospital acquired Infection	5.30pm	Maintain strict hand hygiene Use aseptic technique during procedure	patient maintain hand hygiene	patient vitals are stable	[signature]
Night	8pm	Ensure Safety. prevent and injury.	8.30 pm	Keep bed in low position with side rails up. → Follow Fall prevent protocals. → Ensure callbell is within reach	patient vital are stable.	Reassessment done.	[signature] VITHI?8

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

NURSING CARE RECORD

Date: 22/6/26

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	8Am	Achieve Acceptable pain control & comfort	8:30 Am	Assess pain using pain scale regularly position pt comfortably provide non pharmacy measure such as relaxation	patient was stable	Reassess	S/N Abalya 018250
Afternoon	1:30 pm	Achieve acceptable pain control &	2pm	* Assessed pain using pain scale * position comfortably * Provide Non Pharmacological therapy	Reduced pain and Discomfort to some extend	Reassessment Done	S/N [illegible] 016120
Night	9pm	promote bowel and bladder function	9pm	monitor urine output	monitored urine output	patient was stable	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	4.40pm	ADMISSION NOTES:	
		patient Admission on 21/6/2026 patient came for Induction of labour. patient conscious & oriented. vitals are checked & recorded. patient voided. CTG connected. FHR good. patient diagnosis primi / GA 38wt+3D / IOL. There is no medical history. patient past surgical history of left cortical mastoidectomy with Tympanoplasty with ossiculoplasty. patient allergic history of chicken allergy. Dr. Vinitha saw the patient checked CTG adviced to continue CTG.	S/N parameswari 016808
	5pm	parts preparation done. patient side no complaints of pain.	S/N parameswari 016808
	5.15pm	Dr. Vinitha saw the patient checked checked CTG adviced to CTG disconnect. CTG disconnected.	S/N parameswari 016808
	6pm	patient side no complaints. patient maintain selfvoiding	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26		vitals are stable.	S/N parameshwari 016808
	6:45pm	Dr. Divya arun saw the	
		patient checked PV cx	
		2cm long, OS admits 2 finger	
		↓ SAP, PGE2 gel kept Intracervically	
		adviced to post gel CTG	
		@ 7.45pm.	S/N parameshwari 016808
	7pm	FHR - 158bpm ↓ SAP IV	
		line stat In left cephalic	
		vein. IV line pattern.	
		Inj: supacef full dose given.	
		Induction consent, vaginal	
		birth consent uptained.	S/N parameshwari 016808
		patient side no allergic	
	7.30pm	reaction. Inj: supacef full	
		dose given.	S/N parameshwari 016808
		patient details, files handed	
		over given to Night duty	
		staff	S/N parameshwari 016808
		Night duty (21/06/2026	
	7:30 pm	patient handing over	
		taken by evening duty	
		staff a Nurse patient	
		conncy and oriented Covered	
		condition Fair ————	[signature]
	7:40 pm	patient CTG connecting,	
		FHR present 140b/m patient	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patie

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	contin	patient Cheked contraction 10 mins 3 contraction 10 to 15 Sec inform to DR. venitha mam	[signature] 017747
	8.30 pm	S/B DR. venitha advice to OTN was Reactivity patient consious and oriented. General condition Fair patient Next OTN stop order: patient OTN disconnecting	[signature] 017747
	10 pm	patient consious and oriented General condition Fair patient checked contraction 10 mins 3 contraction 10 to 15 sec inform to DR. venitha mam	[signature] 017478
22/6/26	12 am	patient Cheked vital signs vital are stable patient consious and oriented. General condition fair. S/B DR. venitha mam advice to 1.30 am OTN order carried out	[signature] 017478
	1.30 AM	patient OTN connecting FHR ⊕ 144 b/m patient. General condition Fair	[signature] 017478
	2 Am	S/B DR. venitha mam advice OTN stop order carried out	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/06/20	Contin	patient Next Resettlement 5Am and patient 6Am CTG order cox out	[signature] OT/T8.
	4Am	patient checked vital signs. vital are stable, patient due medication given	[signature] OT/T8
	5Am	S/B DR. vanitha mam p/v examination 2 cm long. 2 finger admit to Jc SAP. PGE2 gel kept intracervically patient 6Am post gel CTG. FHR present 148b/m	[signature] OT/T
	6Am	patient checked vital sign vital are stable patient post gel CTG connecting FHR present 148 b/m to 150 b/m patient conscious and oriented General condition fair	[signature] OT/T8
	6:30Am	S/B DR. vanitha mam advice to CTG was Reactivity FHR present 142b/m patient CTG disconnecting. patient checked contraction 10mins 4 contraction 20 sec inform to DR. vanitha	[signature] OT/T8

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

3

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/06/26	7:30 AM	patient heending over given morning duty staffs Nurse patient conscious and oriented General condition fair	Staff Nurse
22/6/26	7:30 AM	Morning duty ⇒ patient care hand over taken from night duty staffs Nurse patient was stable conscious oriented to time present status patient general condition fair	SN Akalya 01805
	8 AM	⇒ checked for vital signs recorded pt vital are stable more fall risk assessment was done score is 20 pain Assessment was done score is 2/10, checked for contraction & contraction for 20 seconds. Informed Dr. Nashitha To Encourage Adequate walks FHR is good ✓	SN Akalya 01805
	10:30 AM	⇒ CTG was connected as per Doctors order FHR is good ✓ TO Encourage Adequate walks pt general condition fair	SN Akalya 01805

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	11.30AM	⇒ patient seen By DR. Divya Arun	
		patient spontaneously rupture. Clear	
	1by	liquor Advice For Inj - SYNTOCIN	
		started and. PV finding cx - 1cm	
		OS 3cm strechable mem Absent	[illegible]
	11.45AM	patient Inj - SYNTOCIN 24ml 1HR	
		ON Flow. IVF RL ON Flow. vitals	
	12pm	stable. Inj - Supacef given	
		as per drug chart order.	
		patient vitals stable CTG	
		monitoring and records	[illegible]
	2pm	⇒ patient was stable IV	
		line present 5 pattern contraction	
		for 2 contraction 18 seconds	
		once, Inj: syntocin ongoing	
		pt general condition fair	S/N [illegible] 01808
	3pm	⇒ Dr. pavithra done PV	
		Examination Cx 0.5cm long, os 3cm	
		dilated, Membrane -, vxal - 3	
		Station. CTG on connect. FHR	
		Monitoring. Patient General	
		Condition Fair. No any other	
		complaints	S/N [illegible] 016120
	4Pm	Monitored vitals and Recorded.	
		CTG on connect. FHR Monitored.	
		Dr. Diviya mam assessed the	
		Patient - due to Non progression	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

(4)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26		of labour. advised shift for Em LSCS. Doctor order carried out	
	4.15pm	Inj. Pan 40mg IM, Inj. Emeset 4mg IM. Inj. Supact 1.5g IV given as per doctor order. Pre anaesthesia consultation Done.	
	4.30pm	Catheterization Done by Dr. Sridevi 16FR Foley 10cc deviator inflated. No leaking. Patient case Handing over given to OT Staff. Patient shifted from LDR to OT	
		OT Notes	
22/6/26	4:30pm	=> patient received from LDR to OT While shifting patient ID Band. consent checked. patient consious. and stable. => Anaesthesia given by Dr. Sathish. under SA. => painting and draping done. LSCS procedure done by Dr. Divya. => Foly's catheter in situ urine drained clear.	60891.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby details	
		Baby: Boy	
		Time: 4:49pm	
		wt: 3.428kg.	
22/6/26	5:40 pm	Patient Shifted to NICU and patient handover to NICU staff	
		Receiving Notes	
	5:45pm	patient Received from OT to NICU. Patient Care Handing over taken from OT staff. Monitored vitals and Recorded. Maintained Plo. IVF RL 25ml/hr on connected. No any other complaints. Pr Bleeding Minimal	
	6pm	Monitored vitals and Recorded. Maintained Plo. Pr Bleeding Minimal. No any other Complaints. IVF RL 25ml/hr on Connected, Patient Conscious and oriented. Pain assessment Done	
	7pm	Maintained Plo. Monitored Vitals and Recorded. Pain assessment Done, Pr Bleeding Minimal. IVF RL 25ml/hr on connected. Patient Ponored	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

Mrs. Thilagavathi
UHID – 92907

(5)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26		Fair. No other complaints B - Breast is soft, No enlargement U - Uterus contracted B - Bladder CBD present 15ml at 7pm B - Bowel movement present L - Lochia Rubra No Foul smelling E - REEDA Assessment Not applicable H - Homan Sign Negative. E - Emotional Status good	
	7.30 pm	Patient care Handing over given to Night Duty Staff	
22/6/26	7.30pm	Night Duty Notes → patient detail hand over taken from evening duty SIN patient on NPO : / 11.40pm NPO clear CBD (+), IV line (+) IVF RL 125 ml/hr.	
	8 pm	→ patient vital sign checked and record: Vitals are stable. Tommorow morning 6am CBD removal plan. and BBG plan is there	
	10 pm	→ patient IVF RL 125 ml/hr on flow. Intake and output chart maintained & record. 11pm due medicine given as per order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	11.40pm	→ patient oral started.	
		Water intaked tolerated.	
		no vomitting sensation.	Dee Doon
23/6/26	12 pm	→ patient vital signs checked	
		and record. Vitals are stable	
		IC water given, I/O chart	
		maintained & record.	Dee Doon
	1 pm	→ patient shift to 7th Floor	
		patient detail hand over given	
		AO 7th floor SIN	Dee Doon
		Reciving Notes	
23/6/26	1.15 Am	- patient Reciving from LDR to	
		7th floor. patient details handing	
		Over taken from LDR Staff →	Dee Doon
		Patient Conscious & Oriented. Pt	
		IV line (+) Patten, CBD (+) Patten	
		Urine ~~output~~ output Normal. Patient	
		Over Night liquid diet. IV fluids	
		RL 500ml 125ml/hr on flow. Monitoring	
		the I/O chart. vitals Sig checked &	
		Recorded. vitals are Stable. P/V	
		Bleeding is Normal.	
		B - Breast is Soft. No enourgement	
		U - Uterus contracted.	
		B - Bladder CBD present I/O chart	
		B - Bowel movement present	
		L - Lochia Rubra No pad soaking.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	2AM.	E - REEDA Assesment Not Applicable	
		H - Homan Sign Negative	
		E - Emotional Status good.	
	3AM	Patient Sleeping Patter is Normal.	
		No any other complaints.	
		Doctor Advised.	
		Liquid diet overnight, monitor vitals, follow the drug chart.	
		c/o IF ↑ plv ; Today 6AM CBD	
		Removed plan and Inj - Clexane	
		to do., CBC to send 6AM	
		Kanji - 6AM, Soft diet - 8AM	
		On Orders.	
	4AM.	Patient vitals Sign checked &	
		Recorded. vitals are Stable.	
		No chart monitored. plv Bleeding	
		is Normal.	
	6.10AM.	Patient CBD Removal Inj Clexane	
		given. 1st voided urine Infrom to do.	
		c/o the urine. Today Morning	
		CBC done. Send the Lab Report	
		due.	
		Patient due Medication & drug	
		given as Per drug chart order	
		IV line Patten. Kanji taken No	
		vomiting No any complaints.	
	1.30AM	Patient details handing over to Morning duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7:30am	MORNING DUTY NOTES	
		Patient details are handing over	
		taken from Night duty staff.	
		CBD removed at 7 am. 1st urine	
		measure and to inform doctor.	
		Hb 9.9 gms%. Patient was in	
		Soft diet. IV line patent →	mythili 607784
	8:am	vitals was checked and recorded.	
		vitals are stabled →	mythili 607784
	9:30 am	postnatal assessment done	
		B - size & shape of breast is symmetric	
		U - Uterus is well contracted.	
		B - Bowel movement present	
		B - patient not voided urine.	
		L - Lochia Rubra is present	
		E - Reeda Assessment is not applicable.	
		H - (-)ve Homan sign.	
		E - Emotional status was good →	mythili 607784
	10:am	urine 1st voided - 100 ml.	
		Informed to LDR Doctor. Doctor	
		said to inform 2nd void also →	mythili 607784
	11:15 am	2nd voided urine - 290 ml.	
		Informed to LDR Doctor →	mythili 607784
	12:00pm	vitals are checked and recorded.	
		vitals are stabled →	mythili 607784
	1:00pm	Due medications was given as	
		per doctor's order. Mentioned in chart.	mythili 607784

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

(7).

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1:30pm	Patient details are handing over given to Evening duty staff →	607784
		EVENING DUTY	
	1:30pm	Patient details handing over taken from morning duty staff. CBD removed on 7pm (A) urine creature. to inform doctor. Hb 9.9 pt was soft diet. pt is patient no other complaints.	607721
	2:00pm	B - Breast is normal U - uterus is not contracted. B - Bowel movement present B - passed voided urine L - Lochia rubra is present E - Reeda is not applicable H - Homan sign negative. E - emotional status was good	607721
	4:00pm	vital was checked and Recorded vitals are stable →	
		Medication was given as per drug order	607728
	6:00pm	Mother was normal. no other complaints pt is soft diet, flatus passed, motion not passed Dr. Dhivya mam came to see pt. plan discharge tomorrow oral charged tomorrow 24/9/	607728

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7:00pm	Medication was given as per drug order no other Complaints	[illegible]
	7:30pm	pt details handing over given by night duty staff	[illegible]
23/6/2024	7:30pm	NIGHT DUTY NOTES	
		patient details taken over from evening duty staff nurse. patient conscious & mental. pro [illegible]. patient urine carried, motion not passed. patient tomorrow plan discharge bath and dressing. patient stable in [illegible]	[illegible]
	8pm	Patient vital signs checked and Recorded	[illegible]
	9pm	patient had in normal diet. due to drugs given as per doctors order	
	9:45pm	patient S/B Dr. [illegible] mam today [illegible] to confirm the medication chart tomorrow plan discharge	[illegible]
24/6/2024	12Am	Patient sleep well. Conscious & Alert oriented. patient stable in [illegible]	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Diviya Arun	Date of Delivery: 22/06/2026
Assistant Surgeon: Dr. Pavithra	Time of Delivery: 04:49 pm
Anaesthetist's Name: Dr. Sathish, Dr Mohan	Gender of Baby: Boy
Type of Anaesthesia: SA	Weight of Baby: 3.488 kg
Neonatologist: Dr. Prasanna	AGPAR Score:
Scrub Nurse: S/N. Agalya	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: FAILURE TO PROGRESS.

Urgency

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

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

CTG Description: Reactive.

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

Surgical Procedure: Emergency Lower Segment Caesarean Section.

Post Operative Diagnosis:

PIH / Post LSCS.

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 2cm ..... cm

5th Palpable: 4/5th ..... Fetal Position: Direct OP .....

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

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

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

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

Direct Occipito posterior / face to pubis.

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

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

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

Fat Closure: ☐ Yes ☑ No ..... Suture

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

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in c/m 6Am days ☐ Await instructions

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

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

Post-Operative Notes:
- NPO x 6 hours
- INF @ 125ml/hour
- Inj SUPACEF 1.5g IV 1-1-1
- Inj PANTOPRAZOLE 40mg IV 1-0-1.
- Inj PARACETAMOL 1g IV 1-1-1.
- CBD / Clexane 40mg SC od / CBC c/m 6Am.

Doctor Name: Dr. Panitha. Doctor Signature: .....

Date & Time: 22/06/2026 @ 6PM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

MRD NO:........ ☐M ☐F

Age :..................

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

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 21/6/2026 Time: 7pm

Location : 18G VEN left cephalic

Size : 18G venflon

Cannula inserted by : S/N parameswari/ 016808

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/6/26	7.30pm	☐ Yes ☑ No	☐ Yes ☑ No	Observe	[illegible]
	9pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	DJ
	11pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	DJ
22/6	1AM	☐ Yes ☑ No	☐ Yes ☑ No	OBS	DJ
	3AM	☐ Yes ☑ No	☐ Yes ☑ No	OBS	DJ
	5AM	☐ Yes ☑ No	☐ Yes ☑ No	OBS	DJ
	7am	☐ Yes ☑ No	☐ Yes ☑ No	OBS	DJ
	8AM	☐ Yes ☑ No	☐ Yes ☑ No	Observ	RO
	10AM	☐ Yes ☑ No	☐ Yes ☑ No	Obser	SA
	12PM	☐ Yes ☑ No	☐ Yes ☑ No	Obser	SA
	2pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	SA
	4pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	SD
	6pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	SA
	8pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	RA
	10pm	☐ Yes ☑ No	☐ Yes ☑ No	Obser	RM
23/6/26	12AM	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	2AM	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	4AM	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	6AM	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	8am	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	10 am	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	12 pm	☐ Yes ☑ No	☐ Yes ☑ No	pattern	AA
"	4pm	☐ Yes ☑ No	☐ Yes ☑ No	pattern	V.A
	6pm	☐ Yes ☑ No	☐ Yes ☑ No	pattern	V.A
		☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Yes ☐ No	☐ Yes ☐ No		

Cannula removed : ☑ Yes ☐ No, if yes date and time : 23/6/26 @ 7pm
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 :

Location : Time:

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 :

Location : Time:

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-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

(1)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 21/6/26	N 21/6/26	M 22/6/26
		Score	0	0	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20		20	20
	No	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:			0	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category			E	N	M
		Date / Time	22/6/26	22/6	23/6
		Score	30	30	30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	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:			30	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GOC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	23/6/26 E	23/6/26 N	
		Score			
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	0	0	
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20		0	
	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:			20	0	
		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-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

(1)

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

BRADEN 'Q' SCALE

				Date : / Time :	21/6/26	21/6/26 N	22/6/26 M	22/6/26 E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	26	26
				Evaluator's Name				

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

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					N	N	E	E
				Date :	22/6	23/6	23/6	23/6
				Time :	8pm	8am	2pm	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	26	27
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓾ Regular Turning Schedule ⓾ Enable as much activity as possible ⓾ Protect the heels ⓾ Use pressure redistribution surfaces ⓾ Manage moisture, friction and shear ⓾ 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	⓾ Use the Same Protocol as for **"At Risk"** Patients ⓾ 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	⓾ Follow the same protocol as for **"Moderate Risk"** Patients ⓾ In addition to regular turning schedule ⓾ 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	⓾ Use same protocol as for **"High Risk"** Patients ⓾ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 26 D (F)
Dr. DIVIYA ARUN

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :				
				Time :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVYA ARUN

(7)

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

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
21/6/26	5pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	S/N parameters 016806
21/6/26	8pm	2/10	lower abdom pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Dfeed OFFD
22/6/26	12AM	2/10	lower abdom pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Dfeed OFFD
22/6/26	4AM	2/10	lower abdom pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Dfeed OFFD
22/6/26	6AM	2/10	lower abdom pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Dfeed OFFD
22/6/26	8AM	2/10	Abdomen pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	S/N feed 0800
22/6/26	12pm	2/10	Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	feed 0800
22/6/26	2pm	2/10	Abdomen & Back	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	feed 0800
22/6/26	4pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	feed 0800
22/6/26	10pm	2/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	feed 0800

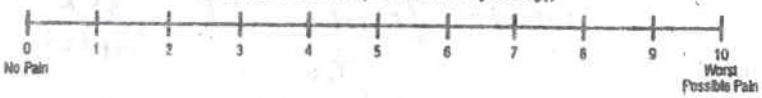
Re-assessment Frequency:

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

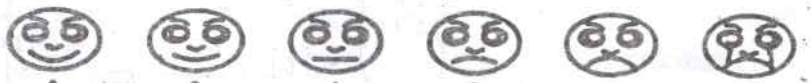
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI (F)
30-03-2003 23 Y 2 M 23 D
Dr. DIVIYA ARUN

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

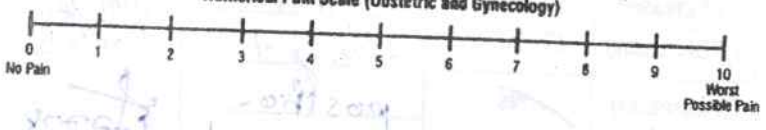
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/6/20	4AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
23/6/20	5AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
23/6/20	9am	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	position changed	[signature]
23/6/20	2pm	2/10	Surgical site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	position changed	[signature]
24/6/2020	10PM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]
24/6/2020	2AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

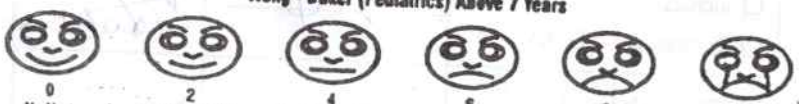
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092907
Mrs THILAGAVATHI
30-03-2003
Dr. DIVIYA ARUN
18-00036125
23 Y 2 M 22 D (F)

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis Primi/GA 38wt3D
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/6/26	3pm	YES	Educate & Inform about plan of treatment	patient	None	oral	None	yes	good	21/6/26
22/6/26	8AM	YES	Educated about Breath in Breathout	PT	None	Oral	None	yes	good	22/6/26
23/6	8 am	Yes	Educated about the taking care of Surgical wound	patient	None	oral	Nil	Yes	Good	23/6/26

Part - III: CODES

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

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

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

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patient S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 21/6/2026

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		01
Signature of the Nurse	S/N Parameswari 016808	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patient S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/6/2026 Time of Arrival: 4.40pm Time Seen by Nurse: 4.40pm

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: safe confinement

3) **Vital Signs:** Temperature: 98°F Pulse: 88 bpm RR: 20 bpm SpO_2: 99% BP: 120/70 mmHg Weight: 103 kg

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 20/9/25 EDD: 2/7/2026 Gestational Age: 38 wt 3 D

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 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: left cortical mastoidectomy c. Tympanoplasty with ossiculoplasty

b) Medical: NIL

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4:45pm

Nurse Name : St Parameswari Nurse Signature: [signature]

Date: 21/6/26 Time: 5pm

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

Patie

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/6/2026

Baseline Information:

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

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 chicken allergy

Chief Complaints: Came for Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vinitha

Time Notified: 4:45 p.m.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	Left Cortical Mastoidectomy with Tympanoplasty with ossiculoplasty	NIL

Blood Group: AB positive LMP: 20/9/25 EDD: 27/6/26 Gestational age during admission: 38wt 3D

Contractions: NIL Vaginal Discharge: NIL

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

Height: 160cm Weight: 103kg BMI: 40.23 kg/m²

Temp: 98°F HR: 82 b.p.m. RR: 20 bpm BP: 120/70 mmHg SpO₂ 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... GRANDFATHER - DM .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 27 ..... (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. Thilagavathi .....

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

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

Nurse Signature: .....

Nurse Name: ..... S/N Parameshwari .....

Date & Time: ..... 21/6/2026 .....

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: Mrs. Thilagavathi Age: 23Y Gender: Male ☐ Female ✓

UHID.No : GUC-00092907 Date: 21/6/2026

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

The reason for your induction is .....

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

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

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

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

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

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

Patient
Signature: Thilagavathi
Name: D. Thilagavathi
Date & Time: 21/6/2026

Patient Attendant:
Signature:
Name: Devan.C
Relationship with Patient: Husband
Date & Time: 21/6/2026

Doctor:
Signature: 12113
Name: Dr. Vimitha
Date & Time: 21/6/2026

Witness
Signature:
Name:
Date & Time:

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. Thilagavathi UHID No : GUC-00092907

Gender: ☐ Male ☐ Female Date : 21/6/2026 Time :

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : Thilagavathi

Name : D. Thilagavathi

Date & Time : 21/6/2026

Patient Attendant :

Signature : .....

Name : Devan. C

Relationship with Patient: Husband

Date & Time : 21/6/2026

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vanitha

Date & Time : 21/6/2026

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 22 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: Baby Motherside

Date: 22/6/26

Continuity of Care:

DBF given.

L 2

A – 1

T – 2

C – 2

H – 2

9

Handover given by S/N: Tamilselvi

Signature [signature] 0/6/26

Date & Time: 22/6/26 at 6pm

Handover taken by S/N: RANJITHA.

Signature [signature]

Date & Time: 23/6/2026 at 1AM

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVYA ARUN

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name: Dr. Divya Arun	22/6/26 @ 5.40pm	22/6/26 @
Transfer Ordered by: Dr. Divya Lakshmi		Reason for Transfer: Further Management
From Unit: LDR	To Unit: 4th Floor	Information to Attendant: ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File: case sheet	Number of Imaging Films	Personal belongings including clinical documents. If any handed ~~over to~~ attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received : 23/6/26 1.15 PM

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

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

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

	Date & Time of Admission	Date & Time of Transfer Order
	21/6/26 at 5.40pm	22/6/26 at
Treating Consultant Name: Dr. Diviya	Transfer Ordered by: Dr Diviya	Reason for Transfer: Shifted to OT for Em LSCS
From Unit: LDR	To Unit: OT	Information to Attendant: Yes ☐ No ☑
Number of Sheets in Clinical File: Dp Files	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
S/N. Jaufsoli 01/6/26	Dr. Diviya

Patient & Clinical Records Received by : 07891

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

O.	Date & Time of Admission: 21/6/26 5:40pm	Date & Time of Transfer Order: 22/6/2026 am
Treating Consultant Name: Dr: Diviya Arun	Transfer Ordered by: Dr: Akshitha	Reason for Transfer
From Unit: LDR	To Unit	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP Files	Number of Imaging Films: CD	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
SN Akshitha 01808	Dr: Akshitha.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Diviya Arun
Asst. Surgeon : Dr. Pavithra
Anaesthetist : Dr. Sathish, Dr. Mohan
Scrub Nurse : S/N. Agalya

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Age : ..... Gender : .....
Name : .....
4:30pm Out-time : 5:40pm

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

BirthRight BY RAINBOW HOSPITALS
Your Right in a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 4:35pm

Patient Has Confirmed	
Identity	☑Yes ☐No
Site	☑Yes ☐No
Procedure	☑Yes ☐No
Consent	☑Yes ☐No
Site Marked	☐Yes ☐No ☐NA
Anaesthesia Safety Check Completed	☑Yes ☐No
Pulse Oximeter on Patient & Functioning	☐Yes ☐No
Does Patient have a:	
Known Allergy?	☐Yes ☐No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐Yes ☑No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐Yes ☑No ☐NA
Blood Units Reserved	☐Yes ☑No ☐NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑Yes ☐No ☐NA

Signature : .....

Name : .....

Before Skin Incision ➤➤

TIME OUT Time: 4:40pm

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: 5:40pm

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

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

Signature : Agalya 30/3/23

Name : S/N. Agalya

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Date & Time of Admission	Date & Time of Transfer Order
21/6/26 @ 5:40pm	22/6/26 @ 5:40pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Diviya Arun	Dr. Mohan	For Further Management

From Unit	To Unit	Information to Attendant
OT	MIW	Yes ☐ No ☐

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 007871	Dr. Mohan.

Patient & Clinical Records Received by : S/N 01/6/26

Date & Time of Patient Received : 22/6/26 at 5.45pm

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

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

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Birthright | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/6/26 @ 5:40pm **TRANSFERRED TO :** MICU.

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

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/6/26 NICU **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	No	
	e.Dressing Intact	NO	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NO	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	Yes	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	Yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NO	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	NO	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NO	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse: SN Tanuja 22/6/26		
	Receiving Nurse : SN Thangi		
	Signature of Incharge:		

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

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

Mrs. Thilagavathi
BUC – 92907

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/6/26 Date of Removal: 23/6/26 at: 6AM

Parameters	Date / Shift Time	22/6/26 E	22/6/26 N					
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		S/N Jayalakshmi	Anupriya					
Signature of the Nurse								

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

PRE - OPERATIVE CHECK LIST

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/6/26

Patient's Name : MRS. THILAGAVATHI Age : 23Y Gender : ☐ M ☒ F

Blood Group : AB+ve UHID : GUC-92907

Planned Surgery : EM LSCS Surgeon : DR. DIVYA ARUN

Anesthetist : DR. PRIYADHARSHINI Date & Time of Operation : 22/6/26

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : M. Santhana Babu

Billing Executive Signature :

Date & Time : 22/06/26 16:50 PM

Nurse In-Charge Name : S/N Jayasri

Signature of Nurse In-Charge :

Date & Time : 22/6/26

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Rainbow Children's Hospital — It takes a lot to trust the title.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Patient Name : .....

UHID No : .....

Gender: ☐ Male ☐ Female Age : .....

Date : .....

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

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

..... EMERGENCY LOWER SEGMENT CAESAREAN SECTION.
..... FWD- FAILURE TO PROGRESS. upon .....
..... (Name of the Patient) .....

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

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

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

..... Bleeding, infection, Blood transfusion, Anaesthesia complication,
..... Bowel & bladder injury, MICU stay .....
.....

My signature on this form indicates that

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

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

Consentee :

Signature : Thilagavathi

Name : Thilagavathi

Date & Time : 22/6/26 at 4pm

Patient Attendant :

Signature : .....

Name : Devan

Relationship with Patient: Husband

Date & Time : 22/6/26 at 4pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Pavithra.

Date & Time : .....

CONSENT FORM FOR ANAESTHESIA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
UHID NO: ..... 30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN
Anaesthesiologist : .....

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

... Surgeon Name: .....

. Operative procedure planned : LOWER SEGMENT CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : Thilagavathi
Name : Thilagarathi
Relationship with Patient: Self
Date & Time : 22/6/26 4pm

Witness :

Signature : Chand.
Name : Dovan
Date & Time : 22/6/26 4pm

Doctor (who is taking the consent) :

Signature : Sd
Name : SATHISH CHANDA Date & Time : 22/6/26

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 23 D (F)
Dr. DIVIYA ARUN

Rainbow® hildren's ospital
takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: THILAGAVATHI ... UHID.No :

Date: 22/6/26 Time: ... Proposed Operation: LSCS

Diagnosis: ...

B.P / CRT: 110/70 H.R: 74/m Weight: ... ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.7	Glucose: 86	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.91	Na:	Dir. Bill:	Blood group: A B +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1.4	EF 72%
	Cl -:	SGOT/SGPT:		

Allergies: NK

Medical History: CVS :

RESP :

CNS : Diabetes :

Renal :

Hepatic / GE :

Others : Physical Activity:

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE(P)

Heart: S1 S2 (P)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site : Spine Exam for regional :

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: ... Name: SATHISH

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

Patient Sticker

ANAESTHESIA CHART

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☑ Yes ☐ No

Fasting Status: 4Hs

Physical Status: Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: 70/M | B.P / CRT: 120/70 | SpO_2: 96% RA | R.R: 20/M | Last Feed:

Pre-OP Diagnosis: ..... | Operation: LSCS | Date: 22/6/26

Surgeon: DR MA | Anaesthesiologist: SATHISH | Technician: .....

TIME: 4.30 PM | 5.30 PM

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs: SYNTOCIN 20U IV INFUSION

FIO_2 / SaO_2: 96 97 98 98

$ETCO_2$

ECG: SR SR SR

Temperature

Urine Output

Fluids: RL 30

Blood

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: RA
☐ 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: 4.30 PM
OP Start: .....
OP End: .....
Leave OR: 5.45 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ 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: .....
Site: 0.5% Bupivacaine
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No 2cc
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: + 0.2cc
Infusion: .....
Block Level: .....
Comments: Bupivacaine
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: SATHISH
Signature of the Doctor: Sath

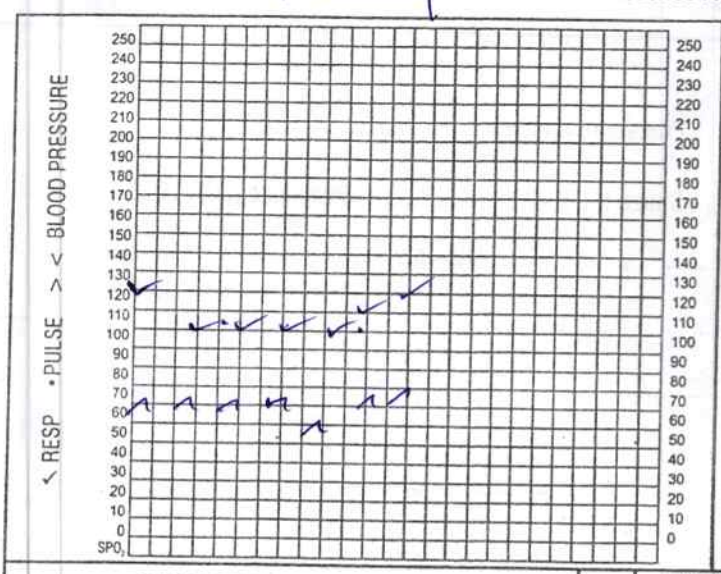
Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanuja Time Received : 5:40pm Time Discharged : .....



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	2			A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2			
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2			
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2			
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2			
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : SATHYA

Anaesthesiologist Signature: Sath

Date & Time: 22/6/26

PACU Nurse Name : Thanuja

PACU Nurse Signature: Thanuja

*Date & Time: 22/6/26 @ 5:40pm

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): Thanuja

Date & Time: 22/6/26 @ 5:40pm

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00092907 IP18-00036125
Mrs THILAGAVATHI
30-03-2003 23 Y 2 M 24 D (F)
Dr. DIVIYA ARUN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 23/06/2026 Time: 10:25AM.

Origin: — Height: 160 Cm Weight: 103 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ 30 kg/m²

Food Allergies: E(chicken - Resolved)

Diagnosis: EMERGENCY LSCS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband.

Signature: [signature]

Name: Devan. C

Date & Time: 23-06-2026 / 10:25AM

Dietician's

Signature: A. M (018336)

Name: A. Sadiqa Farheen

Date & Time: 23/06/26 @ 10:25AM.

DIETARY NOTES

Date	Time	Notes	Sign
22/06/26.	11 AM.	- Patient is on liquid diet.	
		- Patient is stable. Oral intake is Adequate.	A.M (018336)
		- Advised to take Tender Coconut water, fruit Juices, Buttermilk, clear Soups (etc)	
	3:30PM.	plan for EM-LSCS. NPO.	A.M (018336)
23/06/26.	8:10AM.	EM-LSCS → done.	
		-Patient started Soft Diet.	
		- Patient is Stable. Oral intake is Better. Advised to take easy-digest foods like Dal rice, Rasam rice, Curd rice (etc)	A.M (018336)
		* Stools not passed, Flatus passed.	
		- To consume galactogogues foods for milk secretion - garlic, fennel, Oats, leafy greens, (etc)	
		-limit or Avoid Spicy, oily, Salty, Sugary, fried and processed foods.	
24/06/26.	8:15AM.		
		- Patient is on Soft Diet	
		- Patient is Stable. Oral intake is Adequate. Include protein - Iron rich foods. Consume small frequent meals.	A.M (018336)
		RDA Energy - + 600 Kcl Protein - +17-19 g/d	
		Stools not passed.	