GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 30 D (F)
Dr. SELF

Birth 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		25/6/26 6AM					
Activity Sheet update by Pharmacy							

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Rainbow Children's Hospital — to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: DR. Akshya

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6	11pm	LDR	7th floor	016776
23/6/2026	6:30 AM	7th floor (709)	MICU	060640
23/6/26	7.55AM	LDR	OT	Sp paramedic 016808
23/6/26	9:10AM	OT	MICU	060771
23/6/26	6.50pm	LDR	709	016808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	22/6/2026	1715725	Rohini
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/6/2026	RBS	26019821	
23/6/2026	RBS	26019918	
25/6/2026	FBS, CBC	26020096	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6	CTU (1)			008351	[illegible]
23/6/26	CTU –	(2)		8355	[illegible]
23/6/2026	CTU	(3)		8359	[illegible]
23/6/26	Infusion pump	9.20pm	24/6/2026 at 9pm	1716005	[illegible] 16808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/6/26	IO PRBC Reception	1	1715695	
23/6/2026	IV placement	1	1715777	
23/6/2026	Catheterization	1		
24/6/26	Diet Counselling	1	1716437	

ANY OTHER INFORMATION: 23/6/26

Procedure : Electrocu lsce

Surgeon: Dr. Dhana Bhakya

Assist. Surgeon:

Anesthetist: Dr. mohan

In time : 7:55 Am

out time : 9:40 Am

Date: 25/6/2026 Time: 5:45 Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S/N			

GUC-00092950
Mrs AKSHAYA GOPI
26-08-1993
Dr. SELF
IP18-00036136
32 Y 9 M 28 D
(F)

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 : 23/6/26

Patient Name: Mrs. Akshaya Gopi Date of Birth: 26/8/1993 Age: 32y

Gender: Female Ward : OT UHID No.: 92950

Date of Surgery: 23/6/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective lscs (Twins) with Cervical stitch removal

Time in : 7:55 Am Time Out : 9:10 Am

	NAME	AMOUNT
1. Surgeon	Dr. Dhana Bhagyam	
2. Anaesthetist	Dr. mohan	
3. Assistant Surgeon	Dr. Padmavathi Naraharri	9677134 87
4. OT Technician	Mr. Sudarshan, Mr. Raja	
5. Circulating Nurse	S/N Rizna	
6. Assistant Nurse	S/N Gunadevi	

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

Signature of the Surgeon

607721
Signature of Circulating Nurse

Record finalized done by Riza 607721

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

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

Elective 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 : Risna Technician : Mr. Raja. Date : 23/6/25 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		1	Inj Vit.K		2
LMA			Sutures 2347		2	Cord Clamp		2
ECG leads : A / P / N		3				Suction Catheter 6F		1
HME filter : A / P / N						Feeding Tube 6F		2
Syringes : 10 cc		2	S.C 6½		01	Vaccum Suction Set		1
05 cc		2	Gloves 7 P.F		1	Surgical Gloves 6P, 6½		1,1
02 cc		2+1	6½ PF		3	Gauze Pack		2
01 cc						Syringe 1ml / ~~2ml~~ 5mL		2/2
Cautery plate : A / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		1	Cautery pencil		1	Dovato 10mL		1
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			Spinal needle 27G (90mm)		1
			Ointments			Casitec		1
			Suction Catheter			Evatocin		5
Fentanyl			Cap, Mask			Anawin (A)		1
Morphine			Gauze Pack / RO		1/3	Buprigesic		1
Ketamine			Mop Pack		2	5mL Emazold 2 Syringe		1
Propofol			Steristrip			~~Needle 26 ½~~		~~2~~
Rocuronium			Underpad		1	Mezolam		1
Glycopyrolate			Draw sheet			New mom pad		1
Myopyrolate			Abgel			New mom fixc bra		1
Ondansetron			Foleys catheter			quick OT table sheet		1
Pencan 25g/ Spinal Needle 22			Urobag			Baby wipes		2
Bupivacaine 0.25%			Chest Drainage Catheter			Baby diaper		2
Bupivacaine 0.25%(Heavy)			Romodrain bag			pcod gown		02
Antibiotics			Bandage			Lox Jelly 2%		1
			Tegaderm 8591		1	Calprost		1
Suppositories			Ioban			O2 mask (A)		1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			~~Needle 18G~~		~~1~~
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic ~~Bed Sheet~~ Apron		3			
Tab. Misoprost : 200mg / 600mg		1/1	Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		10p			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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	IP18-00036136	**Ward**	8F-OT COMPLEX
Patient Name	Mrs AKSHAYA GOPI	**Bed Name**	MICU 804
Age/Sex	32 Y 9 M 28 D / Female	**Order No**	18-0001715899
Date	23/06/2026 10:53	**Prescription No**	PRIP18-0622617
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:10
UHID	GUC-00092950		

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	3	120.00	360.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
9	NEOMIZ 200MCG TAB 4S	Neon Laboratories Ltd	H	AUM12ABA	09/27	1	20.15	20.15
10	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
11	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		130476	02/31	1	194.00	194.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
13	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
14	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
15	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	2	103.00	206.00
16	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300811T	03/29	3	128.00	384.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	1	91.00	91.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
20	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	2	951.00	1,902.00
						Total :	**9,326.12**	**12,546.12**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:10

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	IP18-00036136	**Ward**	8F-OT COMPLEX
Patient Name	Mrs AKSHAYA GOPI	**Bed Name**	MICU 804
Age/Sex	32 Y 9 M 28 D / Female	**Order No**	18-0001715900
Date	23/06/2026 10:53	**Prescription No**	PRIP18-0622616
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:09
UHID	GUC-00092950		

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	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:09

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036145	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 1	**Bed Name**	NICU 316
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001715859
Date	23/06/2026 10:27	**Prescription No**	PRIP18-0622615
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:09
UHID	GUC-00092958		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	10062026	12/30	1	255.00	255.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
5	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300811T	03/29	1	128.00	128.00
						Total :	**772.00**	**772.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:09

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	IP18-00036146	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 2	**Bed Name**	NICU 318
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001715856
Date	23/06/2026 10:22	**Prescription No**	PRIP18-0622608
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:04
UHID	GUC-00092959		

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	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26B010463	01/31	1	63.00	63.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
5	SUCTION CATHETER 6 ROMSONS	ROMSONS	GENERAL	K26A010558	12/30	1	91.00	91.00
						Total :	**228.48**	**228.48**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:04

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	IP18-00036145	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 1	**Bed Name**	NICU 316
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001715861
Date	23/06/2026 10:27	**Prescription No**	PRIP18-0622609
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:04
UHID	GUC-00092958		

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	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	1	21.56	21.56
3	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26B010463	01/31	1	63.00	63.00
4	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**137.48**	**137.48**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:04

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	IP18-00036136	**Ward**	8F-OT COMPLEX
Patient Name	Mrs AKSHAYA GOPI	**Bed Name**	MICU 804
Age/Sex	32 Y 9 M 28 D / Female	**Order No**	18-0001715898
Date	23/06/2026 10:53	**Prescription No**	PRIP18-0622610
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:07
UHID	GUC-00092950		

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	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097132	08/27	1	318.50	318.50
4	CARITEC INJ 100MG	Sun Pharmaceutical Industries Ltd		F702601G	01/29	1	467.81	467.81
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	3	11.25	33.75
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	1	2.58	2.58
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
12	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1766	12/27	1	34.58	34.58
13	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
14	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	1	69.39	69.39
17	SPINAL NEEDLE 27 G WHITACARE	VYGON		2509023	08/30	1	637.00	637.00
						Total :	**3,352.86**	**3,559.03**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:07

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	IP18-00036146	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 2	**Bed Name**	NICU 318
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001715858
Date	23/06/2026 10:23	**Prescription No**	PRIP18-0622612
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:07
UHID	GUC-00092959		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:07

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 AGAINS` ORDERS

IP No	IP18-00036145	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 1	**Bed Name**	NICU 316
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001715860
Date	23/06/2026 10:27	**Prescription No**	PRIP18-0622614
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:08
UHID	GUC-00092958		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:08

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	IP18-00036146	**Ward**	3F-NICU 2
Patient Name	Baby B/O AKSHAYA GOPI TWIN 2	**Bed Name**	NICU 318
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001715855
Date	23/06/2026 10:22	**Prescription No**	PRIP18-0622611
Payor	SELFPAY	**Dispensed Date**	23/06/2026 11:07
UHID	GUC-00092959		

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	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
4	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
						Total :	**517.00**	**517.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 11:12

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00092950
Mrs AKSHAYA GOPI IP18-00036136
26-08-1993
Dr. SELF 32 Y 9 M 29 D (F)

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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:	22/6	23/6	24/6	25/6					
Doctor's Orders	yes	yes	yes	yes					
Carried out or not	yes	yes	yes	yes					
Bed Side									
Structured Handover done	yes	yes	yes	yes					
IV Site	yes	yes	yes	yes					
Central Lines	no	NA	yes	yes					
Arterial Lines	no	NA	NA	no					
Feeding Catheter	no	NA	NA	no					
Urinary Catheter	yes	yes	yes	no					
Skin Care	yes	yes	yes	no					
Eye Care	yes	yes	yes	no					
Mouth Care	yes	yes	yes	no					
Sterillum Bottle, Stethoscope	yes	yes	yes	no					
Suction Bottle (Should be clean & empty)	yes	yes	yes	no					
Intubation Tray	no	NA	NA	no					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	NA	NA	no					
Ventilator Tubing, (Any Water, Blood)	no	NA	NA	no					
Humidification	yes	yes	yes	no					
Check all Infusion (Labelling, Correct Preparation)	yes	yes	yes	yes					
Chest Physio & Neb	no	NA	NA	no					
Handed Over By Name :	[illegible]	[illegible]	[illegible]	[illegible]					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	23/6 [illegible]	23/6/26 [illegible]	24/6/26 [illegible]	[illegible]					
Hand Over Taken By Name :	[illegible]	[illegible]	[illegible]	[illegible]					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	23/6/26 8pm	23/6/26 8pm	24/6/26 8pm	[illegible] 8pm					

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

Rainbow Children's Hospital

BirthRight

Patient Sticker

BED SIDE CHECK LIST FOR NURSES

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

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 : IP18-00036136 **Admit Date** : 22-Jun-2026 **Admit Time** : 07:13 PM **UHID** : GUC-00092950

Patient Details :

Patient Name	: Mrs AKSHAYA GOPI	**Age**	: 32 Y 9 M 30 D
Guardian	: Mr GOPI RAMU	**DOB**	: 26-08-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO: S2, SGS HOMES , NO: 16, KASIYAPPAR STREET, EAST TAMBARAM, CHENNAI Tambaram East Chennai Tamil Nadu INDIA 600059	**Phone No**	: 7200492016/ 9840155059
		E-mail	: gopikrish9974@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 709 **Ward Name** : 7F-PVT/SUITE

Room No : PVT 709 **Admission Type** : First Visit

Contact Details :

Name	: Mr GOPI RAMU	**Relationship**	: Husband
Contact Address	: FLAT NO: S2, SGS HOMES , NO: 16, KASIYAPPAR STREET, EAST TAMBARAM, CHENNAI Tambaram East Chennai Tamil Nadu INDIA 600059	**Phone No**	: 7200492016

R.Gopi

Signature

Doctor Details :

Doctor Name	: Dr. SELF	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: DR.DHANABAGYAM (SUDHA FERTILITY CENTRE)	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 50000.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs AKSHAYA GOPI**	**Age :**	**32 Y 9 M 27 D**
IP No:	**IP18-00036136**	**Sex:**	**Female**
Consultant:	**Dr. SELF**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 804**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the 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: DR. GOPI RAMU
Relationship: HUSBAND.
Date: 22/06/26.
Time: 7.09PM.
Witness Name:
Witness Signature:

Patient Address:
FLAT NO: S2, SGS HOMES , NO: 16, KASIYAPPAR STREET, EAST TAMBARAM, CHENNAI Tambaram East Chennai Tamil Nadu INDIA 600059

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 : Mrs. Akshaya Gopi	UHID Number : GUC-00092950
Self/Attendant Name : Rhyn	Relation : Husband
Self/ Attendant Signature : Rhyn Phone Number : 7200492016	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00679/03566

To

அக் ஷயா குணசேகர்

Akshaya Gunasekar

C/O Gopi Ramu,

Flat No. S2 SGS Homes No.16,

Kasiyappar Street,

East Tambaram,

VTC: Tambaram,

PO: Tambaram East,

District: Kancheepuram,

State: Tamil Nadu,

PIN Code: 600059

Mobile: 9952099099

Signature Not Verified

Digitally signed by the Unique Identification Authority of India

Date: 2024.05.27 18:38:42 GMT+05:30

உங்கள் ஆதார் எண் / Your Aadhaar No. :

2055 4616 2971

VID : 9143 9995 7681 3723

எனது ஆதார், எனது அடையாளம்

Government of India

Aadhaar no. issued: 14/03/2013

அக் ஷயா குணசேகர்

Akshaya Gunasekar

பிறந்த நாள்/DOB: 26/08/1993

பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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).

2055 4616 2971

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான Q R குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Unique Identification Authority of India

Details as on: 27/05/2026

முகவரி:
C/O கோபி ராமு, பிளாட் நம்பர் S2
எஸ்ஜிஎஸ் ஹோம்ஸ் நோ.கூ,
காசியப்பர் ஸ்டரீட், ஈஸ்ட் தம்பரம்,
தம்பரம், தம்பரம் ஈஸ்ட், காஞ்சிபுரம்,
தமிழ் நாடு - 600059

Address:
C/O Gopi Ramu, Flat No. S2 SGS Homes No.16, Kasiyappar Street, East Tambaram, Tambaram, PO: Tambaram East, DIST: Kancheepuram, Tamil Nadu - 600059

2055 4616 2971

VID : 9143 9995 7681 3723

1947 | help@uidai.gov.in | www.uidai.gov.in

GUC-00092950 IP18-
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/06/2026	7.30pm	95 mg/dl	Dr. Yogi	
23/6/2026	6AM	125 mg/dl	pavithra	(Own Sp)
23/6/26	9.30am	131 mg/dl	Dr. pavithra	016808 (CGM)
23/6/26	1.30pm	88 mg/dl	Dr. pavithra	016808 (CGM)
23/6/26	5.30pm	129 mg/dl	Dr. Akshitha	016808 (CGM)
23/6/2026	9.30pm	122 mg/dL	Dr. Vinitha	607261 (CGM)
24/6/2026	1.30AM	101 mg/dL	Dr. vinitha	607261 (CGM)
24/6/2026	6AM	88 bl	Dr. vinitha	
24/6/26	10am	120	Dr. Akshitha	
24/6/26	3pm	156	Dr. Akshitha	
	~~2pm~~			
24/6/26	9pm	91	Dr. Divya	
25/6/26	1.30PM	113 mg/dL	Dr. Mohan	
25/6/26	6AM			
25/6/26	10AM			
25/6/26	5.20pm	67 mg/d	Dr	
"	7PM	114 mg/d	Dr pavithra	
25/6/26	11PM	89 mg/d	Dr. Akshitha	
26/6/26	4AM	90 mg/d	Dr. Akshitha	
26/6/26	7AM	86 mg/d	Dr. Akshitha	

CGM

No. : RCH /FRM / CLINICAL / 185

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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
Able to pfm well.
Pt has no c/o pain abdomen/
No Bleeding P/V.

Obstetric Formula:
G2A1

Obstetric Hostory:
I → Spont. miscarriage at 6wks
D&C not done.
II → IVF (ICSI) conception at Sudha Fertility, Egmore.

Present Pregnancy Record:
BSL-
NT-(N) | TTS Screen- Neg.
Anomaly Scan-(N).

RISK FACTORS: FGR for twin B from 28wks.
T Doppler (N).
Cx Encirclage Prophylactic (Cx-2.8cm) at 20weeks.
Ant Steroids | mgSO4 covered at 28wks.
T. Ecospirin 75mg OD stopped 2wks back.
→ Today Scan → Twin 1 → (N) Doppler / Twin 2 FGR | Fetal Redistribution.

Height: 157 cm
Weight: 80 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal

General Examination:
Consciousness:
Icterus:
Temp: (N)
BP: 120/90
CVS: S1 S2 (+)
Liver/Spleen:

Pallor: No
Edema:
96/min PR: Gr II B/L PE (+)
DTR:
RS NVBS (+)
Urine Output:

LMP: 19/10/2025
EDD: EL- 7/11/2026
Corrected EDD: 26/7/2026
GA: 35weeks + 1 day.
Menstrual History: Regular: ☑ Yes ☐ No 3/30

Obstetric Examination
Fundal Height: Ut overdistended for GA.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others Twins (multiple PP (+))
Head Fifths Palpable: B
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
Both FHS good.

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

Urine Albumin Dipstick –
CBG – CGM-92

DIAGNOSIS

32yrs G2A1 0+1 m/s-34yrs IVF (ICSI)	LMP-19/10/2025 EL- 7/11/2026	GA- 35wks + 1 day. GDM on insulin / GHTN.

DCDA Twin | Twin B → FGR | Fetal Redistribution.

(P.T.O)

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

Patient Sticker

Family History:

Mother - DM
Father - Nil

Surgical History:

→ Laparoscopic ovarian cystectomy Feb 2025
→ Cx Encirclage at 20 weeks.

Medical History:

① K/c/o GDM on insulin →
Novorapid 16/16/14 U sc / Tresiba ~~0 0~~ 14 U sc (on CGM monitor)
② GHTN for past 1 week on T. Lobet 100mg BD → Today changed to T. Lobet 200mg tds.

Medication History:

Plan of Care:

C/I/T Dr. Dhanabagyam

- Admission CTG
- To continue Inj CEFTRIAXONE 1g IV 1 ~~0~~ 1
- Plan → Elective LSCS c/m 7:30 AM
  In view of DCDA Twins / 35+1 /
  Twin B - FGR / Redistribution.
- Inj Betnesol 12mg IM Stat
- Blood Reservation.
- T. Lobet 200mg night 9PM.
- CTG at 12AM, 5AM.
- NPO from 12AM
- Catheterization c/m.

Investigations:

Bedside USG

Twin I - cephalic lie
Twin II - Transverse lie.

Doctor Name: Dr. Danitha
Signature: [signature]
Date & Time: 22/6/2026

Consultant Name: Dr. Dhana bagyam
Signature: for [signature]
Date & Time: 22/6/2026

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Sticke

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
22/1/2026	S/B Dr Faahima	/Dr Dhiya.
8.30pm	D G2A4 / 7/11/2026 / 3 SWT/T	40m m
	one	Insulin /
	m/s 3yr	4HM
	ICSI (IVF) cmplm.	DCDA.
	Able to perceive fetal movement	NPO since 11pm
	no clo imminent sympm.	IVF 10M n/m
	no clo hypoglycemic episodes.	to do CTG 12AM/5AM
	O/E	
	Pt afebrile	Rj Betnesol 12mg/im
	no pallor	e 7.30 am
	no PE	Rj zone 1g iv bd
110/70	CS m/m	
80mm		+ tobet 20mg
5pm 21/1/26	P/A: ut tense distended for GA multiple fetal parts ⊕.	IV.
	bom FH ⊕	8hrly
		blood Resuc
	4	CMO

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 6:45 AM	S/B Dr. Jahima / Dr. Divyalakshmi pt. received in LDR	
35+2 weeks	O/E: pt GC fair, afebrile P° / PE°	Advice - NPO. - IVF @ 125ml/hr - monitor vitals - follow drug chart
T-N PR: 86/min BP: 125/80 mmHg Cry reactive	P/A: ut overdistended for GA Relaxed Multiple AP (+) Both IMS good	- Shift to OT on orders - Inform SOS. 16 4786
23/06/2026 9:10 AM	Patient received in MICU C/S/B Dr. Pavithra / Dr. Shreeder	
POD-0	Pt reviewed, Nil c/o O/E Pt GC fair, Afebrile P° / PE°	Advice - NPO x 6 hours - IVF @ 125ml/hr
T-(N) PR- 74/min BP- 106/73 mmHg UO- 150ml, clear	CVS / RS / NAD P/A - ut well contracted Soft, Dressing (+) & Dry L/E - No undue bleeding PV	- Vitals monitoring - W/F ↑ Bleeding PV - CBD X 24 hours C/M 8M - INJ. CLEXANE 40mcg SC OD C/M 8AM
Both babies - NICU B/L - Breast soft		- CBC / FBS / PPBS on POD-2 - Sedation HS - BP 2nd hourly - CBG 4th hourly
	82217	

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/I/B Dr. Dhanabagyam	
	- To give 2 @ DNS	
	1 RL	@ 75ml/hr
	2 NS	
	1822H	
23/6/26. 3:30 pm	S/B Dr. Akshita / Dr. Shreedevi	
O/Te	POD#0 / P1L2A1 / Em. LS/S @ 35W+1D FGR Twin B.	
	• GDM	
	• GHTN.	
	pt reviewed.	
	no sp. complaints	
BP 104/62 mmHg	no c/o imminent s/s.	
PR 96 bpm	o/E : afebrile	Plan:
SpO2 99% @ RA	GC fair	- on SIPS. F/B clear liquids.
Jaundice (-)	P° / Grade II PE.	
	P/A : uterus w/c.	- BP 4 2H
B/L breast soft	soft	- CGM 4 4H.
secretions (-)	BS (+)	- w/l imminent S/S
Babies - NICU	dressing dry.	- w/l bleeding P/V.
	L/E : BWML	- CBD + 24h (8Am 24/6)
	foley's inserted	- CRC / FBS / PPBS POD#2
	clear urine.	- sedation HS.
	LHUO = 30ml.	- follow drug orders
		- inform (SOS)
		~~shift to ward~~.
	12:35	

GUC-00092950 IP18-00036136
AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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
23/6/26. 4 pm	c/D/w Dr. Dhanabakkiyam.	
	↓ urine output x 2hrs → 30 ml.	
	↓	
	- IVF NS @ 125ml/hr.	
	- liquid diet.	
	- ↑ hydration orally.	
	- Kanji 8 pm	
	- soft solid diet tomorrow	
	- inform (SOS)	
		128435
23/6/26. 6:40pm	S/B Dr. Akshita / Dr Shreedev.	
	~~c/D/w~~	
	pt reviewed	
	no sp. complaints	
	O/E: afebrile	
	BC fair	P lan
BP = 108/70mmHg	P° / PE°	- kanji @ 8 pm today
PR = 86 bpm	P/A uterus wc	- soft solids from tomorrow
SpO2 = 99% @ RA	soft	- CBD c/m 8 AM
temp (N)	BS (+)	- CBC / FBS / PPBS POD #2
	dressing dry	- sedation NS.
	H/O: BWN1	- BP 4 2H
	tolerating	- CGM 4 4H.
	clear urine	- w/f imminent S/S.
	HUO = 100ml	- follow drug orders
		128435

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

(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
23/6/26.	Sp Pg. Vinitha	
9:40PM	Pt reviewed; No c/o	
	O/E: GC fair; Afebrile	
BP: 113/62	P/A: Ut contracted	
PR: 80bpM	soft BS(+)	
SpO_2: 97% RA	Dressing dry	Adv:
	CVE: BWNL	Kanji @ 8pM today
		Soft diet tomorrow
		CBD removal GM 8am
		CBC/FBS/PPBS POD #2
		Sedation HS
		BP Q2H
		CGM Q4H
	(21113	Inform SOS
24/06/2026	C/S/B Dr. Pavitra / Dr. Shreeden	
9AM		
POD -1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 80/min	CVS /	- vitals monitoring
BP- 118/60 mmHg	RS / NAD	- Follow drug chart
	P/A- Ut well contracted	- W/F ↑ Bleeding PV
Not Voided Yet	Soft, BS(+)	- CBC/FBS/PPBS on POD-2
Flatus Passed	Dressing (+) & Dry	- BP Q 2Hrly
Both babies - NICU	CVE- BWNL	- CGM Q 4hrly
BL- Breast soft		- Inform SOS
	(18221)	- Measures & inform if said

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26. 3:15pm	S/B Dr. Meenakshi / Dr. Shreedevi	
POD#1	pt reviewed.	
O/E	no sp. complaints @ present	
	voiding freely.	
BP 120/70mmHg	O/E: afebrile	
PR 92 bpm.	GC fair	Plan:
SpO2 99% @ RA	P° / PE°	- monitor vitals
Temp (N)	P/A: Uterus wc	- ambulate
	soft	- soft solid diet
B/L breast soft	BS (+).	- plenty of fluids
secretions (+)	L/E: BWNL.	- BP Q2H
Babies - NICU		- CGM Q4H.
CBT		- follow drug orders.
	S/B Dr. Mohana / Dr. Dinyalakshmi	
24/6/26 9:40pm	pt. reviewed Nil c/o.	
POD-1	O/E: pt GC fair, afebrile	Advice - Continue same Rx.
	P° / PE°	- CGM Q4H.
T: N		- BP Q2H → 12AM,
PR: 84/min	P/A: ut. contracted well	4AM, 6AM, 8AM
BP: 118/66 mmHg	soft, BS (+)	- W/F breast engorgement
voiding freely	dressing dry	- Inform SOS
		- CBC, FBS, PPBS c/n 6am
Twin I mf	L/E: BWNL	- plan for DULCOLAX
Twin II NICU		suppository on orders.

Doc No.: RCH /FRM / CLINICAL / 088

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
25-08-1993 32 Y 9 M 30 D (F)
Dr. SELF

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
25/06/2026	C/S/B Dr Vinitha / Dr. Shreedevi	
9AM	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
POD-2	P° / PE°	- Plenty of oral fluids
	CVS	- Ambulation
T-(N)	RS / NAD	- vitals Monitoring
PR- 92/min	P/A - ut well contracted	- Follow drug chart
BP- 133/86 mmHg	soft, BS(+)	- W/F ↑ Bleeding PV
Baby - Twin I - M/S	Dressing(+) & Dry	- BP @ 2hrly → 12Am,
Twin II - NICU	L/E - BWNL	4Am, 6Am, 8Am
Voiding freely	Hb 12.2	- Collect CBC, FBS, PPBS
Flatus Passed		report.
Not passed stools	C/S/B Dr. Panitha	
25/06/26		
7PM	Pt reviewed	
	O/E Pt GC fair	Advice
T-(N)	afebrile	- Soft Diet
BP- 118/68	P / PC	- Plenty of orals
PR- 80/min		- vitals monitoring
	CVS	- Follow drug chart
Baby - Twin I - M/S	RS / NAD	
II - NICU	P/A - Ut firm & cont well	
	soft, BS(+)	
	Dressing Dry	
Passed stools freely		
Voiding freely	LS - NO undue Bleeding P/V	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10:20pm	S/B Dr. Abhilitha	
	POD#2 / El. LSCS / GHTN / GDM.	
	Pt reviewed	
	O/E: afebrile	
BP 137/83mmHg.	GC fair	Plan
PR 83bpm	P° / PE°	monitor vitals
SpO2 99% @ RA.	P/A: uterus wc	soft solid diet
temp (N)	soft	plenty of fluids
	BS (+)	ambulate
B/L breast soft	dressing (+), dry	Remove dressing
secretions (+)	L/E: B/L NHL.	tomorrow
		follow duty
Twin II NICU		orders
Twin I M/S.	127935	

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 10 M 0 D (F)
Dr. SELF

5

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
26/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
9:30Am		
POD - 3	Pt reviewed, Ni/c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of fluids
PR- 78/min	CVS /	- Ambulation
BP- 132/86 mmHg	RS / NAD	- Bath & dressing today
	P/A - ut well contracted	- Fo/low drug chart
Voiding freely	Soft, BS(+)	- Inform (SOS)
Passed stools	Dressing (+)	
Twin-I M/S	LE-BWNL	
Twin-II NICU		
	Sx82217	

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

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

Mrs Akshaya Gopi
(IP18-00036136)

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 10 M 0 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CRO FORM

Date: ..... Time: .....

Doctor Name: .....

Diagnosis: .....

Hospital: .....

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

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations:

24/6/26. S/B Physiotherapist.

Patient conscious, oriented & afebrile.

POD 1

1:30PM Assessment:

Chest B/L symmetry

Type: Abdominal Thoracic breathing

DVT assessment:

Autar DVT scale: No risk.

Functional assessment:

FIM score: 7- Independent.

Consultant: Physiotherapist.

Name: Sangeeta T Signature: ..... Date & Time: 24/6/26 2:10 pm

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

Advise :

- Diaphragmatic Breathing Exercise
- Pelvic Bridging.
- Pelvic Tilts
- Bed mobility Ex's
- Walking.

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Rainbow® Children's Hospital
It takes a lot to trust the time.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	19/6/26	25/6/26				
Time						
Hb	11.0	9.3				
PCV	35.2	28				
RBC	3.90	3.20				
WBC	8900	8.92			Bld Gr	O tve.
N/L	79/16	75/19				
Platelets	1.35	1.96				
CRP					HIV	NR
ESR					HBsAg	
PCT					VDRL	
RBS	FBS-105 PPBS-123				HCV	NR
Na	132					
K	3.7				TSH -	2.83
Cl	105				TT3 -	1.23, FT3 - 2.46
Ca/Mg					TT4 -	7.70, FT4 - 1.03
Phosphate					GCT -	
Urea	17.2					
Creatinine	0.60				HbA1c - 6.5	
ALP						
SGPT						
SGOT						
T.Bill/Conj	0.41/0.06	0.35				
T.Protein	7.2					
S.Albumin	3.3					
S.Globulin	3.9					
A/G Ratio	0.8					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	13.5/1.00					
APTT	32.7					
CSF Protein / Sugar						
Cells		182217				
N/L	124682					

Date	19/6/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones.	Negative					
CUE - PUS Cells.	Plenty of	Pus cells				
CUE - RBC Cells	Nil					
CUE						
	Plenty of	Bacteria seen				
	Nitrite -	Positive				
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
					Urine c/s	
				- Klebsiella Oxytoca		
				- 80,000 CFU/ml		
				- Sensitive - PIPTAZ		
	Urine Protein - 294.5					
	Creatinine - 105.0					
	PCR -	0.28				

Culture and Sensitivities : .....

22/6/2026

DCDA Twins

		Twin 2	Twin 1
Radiology :	USG :	cephalic	cephalic.
	X-Ray :	Placenta Posterior	Placenta Posterior.
	ECHO :	Liq. (N) SDP-4.3cm.	Liq (N) SDP 4.1cm.
	CT :	EFW- 2382g.	EFW - 1930g.
	MRI	(N) Doppler. (N) growth.	EFW- 2% (1730gm)
	Others (ECG, Contrast Studies etc.,) :		FL- 5% / EFW - 2% CPR <1 (Redistribution.

Patient St

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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	T. LOBET	200mg	po	BD		☑ C ☐ DC
2	Inj: XONE	1gm				☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 164288 Dr. Priyalakshmi

Date & Time : 22/6/20 at 7:30pm

Nurse Name & Signature: D. Sobhavani

Date & Time : 22/06/2020 at 7.30pm

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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

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

Shifting From: ....OT.... Shifted to: ....Ward....

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. CEFTRIAXONE	1gm	IV	12hr		☐C ☑DC
2	Inj. ONDANSETRON	2mg	IV	SOS		☐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 : ....23/6/26....

Nurse Name & Signature: ....Reena.... 607721

Date & Time : ....23/6/26 8 am....

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

MEDICATION R

Medication Room Location will ...

(Example: ... in the Emergency ...

Shifting From: ...

S.No	MEDICATION NAME (GENERIC NAME / BRAND NAME / STRENGTH)	DOSE (mg / ml)	OR ADMISSION / HISTORY
1	Dr. Chatterjee	10mg	
2	Dr. Chatterjee	10mg	
3			
4			
5			
6			
7			
8			
9			
10			

MEDICATION HISTORY RECORDED VERIFIED BY

Doctor Name & Signature ...

Date & Time ...

Nurse Name & Signature ...

Date & Time ...

Doc. No. : RCH/PRM/ ...

GUC-00092960 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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: ....LPR.... Shifted to: ....Ward....

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. PIPTAZ	4.5g	IV	BD	23/6/26 @ 7.30am	☑ C ☐ DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD	23/6/26 @ 6.15am	☑ C ☐ DC
3	INJ. PARACETAMOL	1g	IV	TDS	23/6/26 @ 1pm	☑ C ☐ DC
4	INJ. CLEXANE	40mcg	SC	OD	—	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 23/6/26 @ 11am

Nurse Name & Signature: Shpaparamofwai

Date & Time : 23/6/26 @ 11am

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Sticker

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: 22/06/2026 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Zipmta 2				Date/Time													
Dose	Route	Frequency	Start Date	1:45 Am	23/6/26 AH DR												
6.25 (0.1 ml)		S															
Doctor's Signature		Valid Period	Pharm.														
Additional Instructions:																	

DRUG: INJ. TRAMADOL				Date/Time													
Dose	Route	Frequency	Start Date														
50mg	Im	SOS	23/6/26														
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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

REGULAR PRESCRIPTIONS Weight. ..... Ward. .....

DRUG: ILOBET	Dose	Route	Frequency	Start Date
	200mg	P/O	8hrly	22/6

Name & Signature of the Doctor Starting the Drugs: 13857

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	22/6	23/6	24/6
9AM	WH		
	9AM DP SN	N.H	

DRUG: INJ PIPTAZ	Dose	Route	Frequency	Start Date
	4.5g	IV	12hr	

Name & Signature of the Doctor Starting the Drugs: 13857

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/6
8AM	
12pm	
	O1

Timechange

DRUG: INJ. PIPTAZ	Dose	Route	Frequency	Start Date
	4.5g	IV	1-0-1	23/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/6	24/6	25/6
8AM		NJ VA	11am N/TG
8pm	D.R P.U	P.U D.R	R.U D.R
	D1 D2		D3

DRUG: INJ. PANTOPRAZOLE	Dose	Route	Frequency	Start Date
	40mg	IV	1-0-1	23/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/6	24/6	25/6
7AM		P.U D.R	P.U D.R
7pm	ES AA	ES AA	AA ES

STOP

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 80kg Ward I DR

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	IV	1-1-1	23/6/26

Date/Time: 23/6, 24/6, 25/6

8Am — NS / NA — ES / NS

1pm — SP

2pm — SP — AA / BR — AA / S

STOP

10pm — D.R / D1 D2 D3 — D1 D2 D3

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	1-0-0	24/6/26

Date/Time: 24/6, 25/6, 26/6

8Am — NS — 5Ham — NS / TJ — NA

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: D1 D2 D3

Daily Doctor's Endorsement by a Sign

DRUG : TAB LASIXLACTONE

Dose	Route	Frequency	Start Dt.
20mg	P/O	1-0-1	

Date/Time: 26/6

8AM

Name & Signature of the Doctor Starting the Drugs: 128035

Additional Instructions:

4pm

Daily Doctor's Endorsement by a Sign

DRUG : TAB PARA

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

Date/Time: 26/6

8AM — ES / JA

2pm

10pm

Name & Signature of the Doctor Starting the Drugs: 128035

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 10 M 0 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date/Time	26/6
DRUG : TAB PAN					
Dose	Route	Frequency	Start Dt.	7AM	
40mg	P/O	1-0-1	26/6/26		
Name & Signature of the Doctor Starting the Drugs: 228435					
Additional Instructions:				7PM	
Daily Doctor's Endorsement by a Sign					

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

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

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

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

GUC-00092950
Mrs AKSHAYA GOPI IP18-00036136
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Weight. 80 Ward. UPR

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.	

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6/26	7:30 pm	Iy: BETNESOL	12mg	IM	164288	DS SN.
23/6/2026	6:15AM	Iy: PAN	40mg	IV	164288	A.R A.A
23/6/2026	6:15AM	Iy: EMESET	4mg	IV	164288	A.R A.A
		INJ PIPTAZ	4.5g IV (0.1cc)	SC	13	
2nd		IM PIPTAZ	4.5g IV	Testde IV		
23/6/2026	1:45AM	Iy: PIPTAZ	0.1ml	ID	13 164288	A.R A.A
2nd	30 pm	Iy: PIPTAZ	4.5gm	IV	164288	SD DS
23/6	8:00 Am	2. Carboprost	250 mcg	IM		RS GD
23/6	8:30 Am	2. Carbetocin	100 mcg	Slow IV		RS GD

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

I.V. FLUIDS CHART

Weight. BD Ward. 5th floor

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
23/6/2026	6AM	Inf RL	IV	125 ml/hr	16428	D.R / A.A	23/6/26	18224	SP / SD
23/6/26	8:00 AM	IVF 30 RL	IV			RS / GD	23/6		RS / GD
23/6/26	10am	IVF 10 RL	IV	75 ml/hr	18224	SP / SD	23/6	18224	SP / SD
23/6/26	2pm	IVF 10 DNS	IV	75 ml/hr	18224	SP / SD	23/6/26 TM	16428	RS / AR

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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: 80kg kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
23/6/26	9:00 AM	T. MISOPROSTOL	800mcg	Intrauterine	182217	Rs	GD.
23/6/26	9.30AM	JUSTIN SUPPOSITORY	100 mcg	PR	182217	Sp	SA
23/6/26		INJ. PETHIDINE	50 mg	IM	12113	WH	P.G
23/6/26		INJ. PHENERGAN	12.5 mg	IM	12113	WH	P.G

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Sticker

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

22/06/2026	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		22bt		
	0 - 10													99	99			100/1				100/1		98/1pr		
Saturations	94 - 100 %													RA	RA			RA				RA		RA		
	< 94 %																	97%				97%		97%		
Administered O_2 (L/min.)																										
Temp°C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80													80	82			80bt				82bt		80bt		
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120													120	120			120				122		125		
	110																									
	100																									
	90																									
	80																	80				88		90		
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80													80	86			72				74		78		
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive													✓	✓			✓				✓		✓		
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +													—	—			—				—		—		
Lochia	Normal																									
	Heavy / Foul													—	—			—				—		—		
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial														Bim				Bim				Bim		Bim		

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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

23/6/2026

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	20	18	18	20	20				20			20				20			
	0 - 10																								
Saturations	94 - 100 %	99	100	99	99	99	99	100	100	100	99	100			97%			98%				100%			
	< 94 %																								
Administered O_2 (L/min.)		2L	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA			RA			RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	99.1°F				98.6°F	98.6°F			98°F			98.2°F				99.2°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	80	78	82	70	98	98	100	98	90	94	92			80b/m			78b/m				80b/m			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	120	106	116	101	107	107	101	108	114	100	108			113			113				118			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	73	72	65	65	64	70	68	70	70	70			62			68				60			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓				✓			
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓				✓			
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0			0			0				0			
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0			0			0				0			
Nurse Initial		[illegible]													[illegible]			[illegible]				[illegible]			

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(3)

Early Warning Observation Score Chart - Obstetrics

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

24/6/26	Date																						
	Time	8	9	10	11 am	12	1	2	3	4 pm	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20			20					20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %	99%			99%					99%				98%				99%				99%			
	< 94 %																								
Administered O2 (L/min.)		RA			RA					RA				RA				RA				RA			
Temp °C	40																								
	39																								
	38	98.1F			98.1F					98.8F				98.2°F				98.0°F				98.2°F			
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	80			90					80				80bpm				78bpm				80bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150	122																							
	140																								
	130																								
	120				113					119				119				112				118			
	110																								
	100																								
	90																								
	80																								
	70	(86)			(82)									(78)											
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	67			59					68				66				60				68			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓			✓					✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓			✓					✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓			✓					✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓			✓					✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0			0					0				0				0				0			
TOTAL ORANGE SCORES		0			0					0				0				0				0			
Nurse Initial																									

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

arning Observation Score Chart - Obstetrics

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

25/6/26

	Date	8am																						
	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				22															
	11 - 20	22											20			20			20					20	
	0 - 10																								
Saturations	94 - 100 %	99%				100				99%			98			99%			98%					98%	
	< 94 %																								
Administered O2 (L/min.)		RA				RA				RA			RA			RA								RA	
Temp °C	40																								
	39																								
	38					38							98.6			98.0			98.0					98.2	
	37				37.6																				
	36	98								98.4															
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100															80bpm			80bpm					78bpm	
	90																								
	80	98			82					86															
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	133					142			135			140			137			140					132	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90	86																							
	80									80															
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓								✓						✓			✓					✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓								✓						✓			✓					✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	—								—						—			—					—	
	Heavy / Foul																								
Liquor	Clear / Pink	—								✓						✓			—					✓	
	Green																								
TOTAL YELLOW SCORES		0								0						0			0					0	
TOTAL ORANGE SCORES		0								0						0			0					0	
Nurse Initial		[illegible]								[illegible]						[illegible]			[illegible]					[illegible]	

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
Pati 26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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 22/8/2026	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm			on Admission								
	09:00 pm	H2O	100ml							200	NO IV	DS.
	10:00 pm	H2O	100ml.									
	11:00 pm	H	100									
	12:00 am	H	50.							300	NO	
	01:00 am											
Total Intake :		350 ml				Total Output :				500		
	02:00 am		N							250	0	
	03:00 am										0	
	04:00 am		P								0	
	05:00 am									300	0	
	06:00 am		0.	Pc 125						50	0	
	07:00 am											
Total Intake :		125				Total Output :				350		

Total 24 hrs. Intake	475 ml	Total 24 hrs. Output	850 ml.

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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
23/6/2026	08:00 am	N		RL 200ml						210ml	0	[illegible]
	09:00 am	P		125						150ml	0	[illegible]
	10:00 am	O		125						100ml	0	[illegible]
	11:00 am			125ml						80ml	0	[illegible]
	12:00 pm			125ml						50ml	0	[illegible]
	01:00 pm			125ml						30ml	0	[illegible]
Total Intake : 1825ml										Total Output : 620ml		
	02:00 pm	NPO		125						50	0	[illegible]
	03:00 pm	H2O + FCW	250ml	75						30	0	[illegible]
	04:00 pm	H2O	200ml	150ml						20	0	[illegible]
	05:00 pm	H2O	200ml	125ml						25ml	0	[illegible]
	06:00 pm	H2O	200ml	125ml						100ml	0	[illegible]
	07:00 pm									140ml	0	[illegible]
Total Intake : 850ml + 600ml = 71,450ml										Total Output : 365ml		
	08:00 pm	Kanji	100ml	75						150	0	P.U
	09:00 pm	H2O	100	75						100	0	P.U
	10:00 pm			75 +	IV. PCM 100 ml					150	0	P.U
	11:00 pm			75						150	0	P.U
	12:00 am			75						100	0	P.U
	01:00 am	H2O	100	75 RL						150	0	P.U
Total Intake : 800 + 550ml => 850ml										Total Output : 700ml		
	02:00 am			75						150	0	P.U
	03:00 am			75						100	0	P.U
	04:00 am			75						150	0	P.U
	05:00 am			75						150	0	P.U
	06:00 am	H2O	100	75						100	0	P.U
	07:00 am			75						150	0	P.U
Total Intake : 100 + 450ml => 550ml										Total Output : 800ml (BD Pomel)		

Total 24 hrs. Intake	~~4~~ 4675ml	Total 24 hrs. Output	2485ml

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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.

24/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
											0	VA
	08:00 am	H2O	300ml								0	VA
	09:00 am									200ml	0	VA
	10:00 am	H2O	300ml								0	VA
	11:00 am	milk	200ml								0	VA
	12:00 pm										0	VA
	01:00 pm	H2O	200ml								0	VA
Total Intake : 1000 ml						Total Output : 200 ml						
	02:00 pm										0	AA
	03:00 pm	H2O	100ml							300u	0	AA
	04:00 pm	H2O	50ml								0	AA
	05:00 pm										0	AA
	06:00 pm	H2O	100ml							250ml	0	AA
	07:00 pm	H2O	50ml									AA
Total Intake : 300ml						Total Output : 450ml						
	08:00 pm										0	PC
	09:00 pm	H2O	100							250	0	PC
	10:00 pm										0	PC
	11:00 pm	H2O	200								0	PC
	12:00 am	H2O	100							300	0	PC
	01:00 am										0	PC
Total Intake : 400ml						Total Output : 550ml						
	02:00 am										0	PC
	03:00 am										0	PC
	04:00 am										0	PC
	05:00 am									500	0	PC
	06:00 am	H2O	200								0	PC
	07:00 am										0	PC
Total Intake : 200ml						Total Output : 500ml						

Total 24 hrs. Intake	1900ml	Total 24 hrs. Output	1700

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

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. : 4

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.

25/10/20		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	100								0	SN
	09:00 am									500	0	SN
	10:00 am	H20	100								0	SN
	11:00 am	Sup	200								0	SN
	12:00 pm										0	SN
	01:00 pm	H20	100							150	0	SN
Total Intake :			500			Total Output :				650ml		
	02:00 pm											
	03:00 pm	H20	200ml							200ml	0	SN
	04:00 pm				103.							
	05:00 pm	H20	100ml								0	SN
	06:00 pm									200ml		
	07:00 pm	TC	200ml.								0	SN.
Total Intake :		500 ml				Total Output :				400ml.		
	08:00 pm										0	P.G
	09:00 pm	H20	200							300ml	0	P.G
	10:00 pm	Milk	150ml								0	P.G
	11:00 pm										0	P.G
	12:00 am	H20	200								0	P.G
	01:00 am									200ml	0	P.G
Total Intake :		550ml				Total Output :				500ml		
	02:00 am	H20	200								0	P.G
	03:00 am										0	P.G
	04:00 am	H20	200							300ml	0	P.G
	05:00 am										0	P.G
	06:00 am	Milk	150								0	P.G
	07:00 am									200ml	0	P.G
Total Intake :		550ml				Total Output :				500ml		

Total 24 hrs. Intake	2200ml	Total 24 hrs. Output	2150ml

Patient Stic

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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:	G2A1 35+1 weeks UDM on Insulin / HHT			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	22/6/26 N.	23/6 M	23/6/26 Evening	23/6/26 N	24/6/26 M	24/6/26 E
	Medical Condition (Any special condition to be noted):	UDM on Ins HHT-Ly		GHTN	GHTN	GHTN	GHTN
	Diet:	Ⓝ diet	NPO	Liquid	Soft diet	Soft diet	Soft diet
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:	99.1°F	98.6	98F	98.2°F	98.2°F	97.8°F
	Res:	20b/m	20/m	20	20b/m	22/m	20b/m
	SpO_2:	100%	99%	100	97%	97%	99% (RA)
	Pulse:	89	92	90	78b/m	78/m	80b/m
	BP:	120/80	110/70	104/62	113/54	122/64	110/68mm
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	15	10	30	30	30	–
	Pain Score:	0	0/10	2/10	2/10	2/10	0/10
	Skin Integrity	Normal	Ok	Normal	Normal	normal	Ok
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Ⓝ diet	–	Liquid	Soft	Soft	Soft
	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	NA	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		–	–	Liquid	–	–	–
Handed Over By Name :		D. Sobekiya	[illegible]	[illegible]	P. Kanimozhi	[illegible]	[illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		22/06/26	23/6/26	23/6/26	23/6/26	24/6/26	24/6/26
Time:		7.30pm	8pm	P.Kanimozhi	8pm	2pm	[illegible]
Taken Over By Name :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[illegible]	[illegible]	23/6/26	[illegible]	[illegible]	[illegible]
Date:		23/6/26	23/6/26	8pm	23/6/26	24/6/26	24/6/26
Time:		8pm	2pm		7.30pm	1.30pm	8pm

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

Rainbow Children's Hospital

BirthRight by RAINBOW HOSPITALS

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery \ Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes\Drains\Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test \ Values:						
	Other Special Orders \ Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent \ Non Dependent):						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature \ ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature \ ID :						
	Date:						
	Time:						

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/06/2022

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	prevent Falls and injury.	8.30 pm	keep bed in low position with side rails up. → Assist, discuss, ambulation Ensure, call bell is within reach	patient with on effebs	Reassessment done	Dhel 01/7/18

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 23/6/26

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
- ☑ Patient & Family Education
- ☐ Maintain Skin Integrity

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	x Relief pain and discomfort Achieve acceptable pain control and comfort.	2pm	- Assess pain using pain scale regularly. - Administer analgesics as prescribed - patient position comfortably.	- Evaluated the patient vital stable	- Re-assessment done	Shri 0/23/26 23/6/26 e2p
Afternoon	2pm	Relieve pain & discomfortee	2.30pm	- monitor vital signs - Assess level of pain. - using pain scale - provide diversional therapy	Reduced pain	Reassessment is done	Pool Lou
Night	8pm	Assess the patient condition monitor vitals maintain IIO Chart	7AM	Assessed the patient condition monitored vitals maintained IIO chart	Encourage oral fluids	Reassessment done	Pl 6092d

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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: 24/6/20

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	Reduce risk of hospital acquired and wound infection	9Am	maintain strict hand hygiene administer antibiotic as ordered.	wound stable	Re-assessment done	6-27-20
Afternoon	1.30pm	- Assess the patient Gener condition - teach the patients how to prevent Infection	2pm	- Assessed the patient Gener condition - tough the patients how to prevent Infection	Tough the patient how to prevent Infech.	Patient aware of Infection	
Night	8pm	Assess the baby condition monitor vitals Maintain I/O	9pm	Assessed the patient condition monitored vitals maintained I/O	Encouraged oxygen therapy	patient comfortable	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 25/8/26

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	Maintain good Nutritional Status	9AM	Maintained good Nutritional Status.	The Patient was Stable	The patient vital signs are stable	[illegible]
Afternoon	2pm	Maintain good nutritional Status.	2.30 pm.	Maintained good nutritional status.	the patient was stable.	Monitored input and output chart	[illegible] 019088
Night							[illegible] 020749

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patie

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
		Admission Note (22/6/2026)	
22/6	7.00 pm	patient come for	
		Admission under DR. Dhanabagyam.	
		G2A1 35+1 wks UDM on	
		Insulin 1 GHTN DCDA twin	
		Twin B-Y FHR 1 Fetal Redistribution.	
		patient on connecting FHR	
		present T1-148 b/m T2-FHR-145 b/m	
		patient conscious and oriented.	
		General patient checked vital	
		are stable patient patient	
		UDM on Insulin and GHTN	
		T. cobal 200mg BBD patient	
		Checked RBS-93 mg/dl	
		inform to DR. panitha mam.	
		admit admission order.	
		EL CSES 7.30 AM Termin	
		moment order cancel.	DR
7.30 8pm		patient checked	
		vital signs vital are	
		stable patient review	
		order S/B DR. panitha	
		admit Inj: Betneso C 12mg	
		IM given the order.	
		Patient Inj: Betneso C 12mg	
		IM given. ~~on was DR. panitha~~	DR
		Stop order carried out ~~on stop~~	

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	9pm	S/B DR. Faahima mam admit T. Lobet 200mg oral given the order patient T. Lobet 200 given oral patient General condition Fair	
	10pm	S/B DR. Faahima order 12AM 5AM CTH order patient 12AM NPO	
	11pm	patient shift to ward. patient handing over given 7th floor staff Nur Rehana 6.30	
22/6/2026	11:30pm	Receiving notes on: Patient doolay Received from LDR to 7th floor. Patient Conscious & oriented no Hx Hne. tomorrow Rt. Hrs at 7:30AM patient shifted to LDR at 6:30AM to do pain preparation, pre op checklist, NPO at 12AM. Patient stable CTU at 12AM morning 5AM no others specific complain	
23/6/2026	2AM	patient vital signs checked and recorded	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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
23/6/2018		patient npo explain about to patient	
	12.15AM	patient S/B Dr shanabalyam man today admit Adel by pipper 4.5 gm IV now given	
	12.30AM	CTG Report sent to Dr. Jaahima Ph call Adeel to stop CTG	
	2AM	patient B/O chart monitor (patient stable.	
	4AM	patient vital signs checked and recorded	
	4.30AM	parts preparation done bath taken & betadine solution as per doctors order	
	5.30AM	CTG Report informed Dr. shanabalyam man call Adeel then stop	
	6AM	IV Placement done 18G, Catheterisation done as per doctors order urine clear well 50ml	
	6.15AM	By pain comp, By emesed 4mg IV 9 given as per doctors order	
	6.30AM	patient shifted to LDR	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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
23/6/2026		defaults family over to 8th floor staff nurse.	
		⇒ Receiving note ⇐	
23/6/26	7:30 Am	Receiving the baby patient from 7th floor c̄ IPD cy op case sheet with, receiving the patient consciousness cy oriented c̄ hist NPO, Ist R1 nursing	⇒
	7:30 Am	⇒ Patient vital sign stable. General condition fair. Patient shift to ward over to OT floor staff	
			⇒
		OT shifting note	
23/6/26	7:55 Am	Patient received in to OT III. patient is conscious and oriented. IV line present. Foley's catheter is present patient vital signs are stable. Sn given positioning done. Vital signs are stable. IV fluid on flow.	607721
	8:10 Am	Painting & draping done. Skin incision given. No excessive bleeding is present. Patient vital signs are monitored. IV fluid on flow.	607721
	8:14 Am	Baby boy – Twin (1) delivered. baby cried immediately after delivery	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

(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
		delayed cord clamping done.	
	8:15 AM	Baby girl Twin-II delivered with birth weight of 1.798 kg.	607721
		Baby cried immediately after birth	
		delayed cord clamping done.	
		Both babies are shifted to NICU for	
		further observation.	607721
	9:00 AM	Procedure done no excessive bleeding	
		is present. patient vital signs	
		are stable. cervical stitch removed.	
		dressing done. dressing is intact.	
	9:10 AM	Patient shifted to ward.	607721
		Hand over given to new staff	
	9:15 AM.	Morning duty Notes 23/6/26.	
		Hand over taken from night	
		duty staff, Receiving from OT	
		Patient conscious and oriented	
		IV line patten IV fluids RL	
		125/hr 1 hr on flow, vitals	
		assessed and recorded.	
		PV bleeding minimal, no	
		oozing from operated area	
		no other complaints	
		General condition is fair →	S/N.
	10 AM	Patient vitals are checked	
		and recorded, PV bleeding	S/N.
		minimal, General condition fair	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	11 Am	B – Breast is soft	
		U – uterus contracted well	
		B – Bowel movement present	
		B – Last output 100ml at 10 Am	
		L – Lochia RUBRA present No Foul smelling	
		E – REEDA Assessment Not Applicable.	
		H – Homan's sign negative.	
		E – Patient Emotional status is good.	S/N 016099
	11.30 am	Received CBG – 131 mg/dl, receiving out put – 150ml CBC / FBS / PPBS on POD – 2 CBG monitoring 4th hrly BP 2nd hrly.	S/N parameswari 016808
	12.30 pm	Patient general condition fair. Vitals are checked & recorded. IV line patten. PV bleeding normal. I/O chart maintain	S/N parameswari 016808
	12.40 pm	Temperature – 99.1°F Informed to Dr. pavithra advised to Inj: paracetamol 1gm IV stat. Doctors order carried out.	S/N parameswari 016808
	1 pm	Urine out – 30ml Informed to Dr. pavithra advised to continue IVF.	S/N parameswari 016808
	2pm	patient vitals are stable PV bleeding normal. patient side no complaints of pain.	S/N parameswari 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

(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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/8/10	3pm	oral stated. sips of water given. There is no complaints of vomiting.	S/N parameswari 01680
		Dr. Akshitha saw the patient checked bleeding & vitals advised to continue monitor vital signs. follow drug chart.	S/N parameswari 01680
		pt vital signs checked & recorded. She is on NPO. Scan pr psulfm going on infusion. pr bleeding is minimal.	S/N Poonam
	3.10pm	pt and started by sips of water as per doctor order. IVF 75ml/hr DNS connected on infusion as per doctor order.	Poonam
	3.40pm	pt have no c/o vomiting TC water given urine output is concentrated Dr. Akshitha advice to increase IVF 150ml/hr order carried out. IVF DNS 150ml/hr connected on infusion as per doctor order.	Poonam
	4pm	pt vital signs checked & recorded. maintain I/O chart. Encourage to mobilize.	Poonam

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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
23/6/25	5pm	RBS monitoring 4th hrly. CBC/FBS/PPBS on POD-2 orals encouraged. PV bleeding normal output 25ml Informed to Dr. Akshitha	S/N paramesh 016808
	6pm	vitals are stable. patient side no complaints. Baby NICU. Urine output clear.	S/N paramesh 016808
	6.40pm	Dr. Akshitha saw the patient checked vitals, PV bleeding advised to kanji @8 pm CBD c/m 8am.	S/N paramesh 016808
	6.50pm	Patient shifted to ward. Patient details, files handed over given to 7th floor staff.	S/N paramesh 016808
23/6/25	6.50pm	Receiving notes on 23/6/25 patient received from LDR to 7th floor. patient handing over taken from S/N Parameshwari. patient conscious and oriented W time pattern. Patient is on CBD. IV. NS 125ml/h on flow of the patient. PV bleeding is normal. Kanji @ 8pm. →	[illegible]
	7pm.	Due medication given as per Doctor's order → (P.)	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

(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 ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	7.30pm	Patient details handed over On Night duty staff	
		Night duty	
23/6/26	7.30pm	patient details handed over to duty staff patient is Konji SPM, Soft diet tommorow soft diet, CBDC/m SAM, CBC, FBS, PBBS POD-2 IVF - 75ml/hour, BP 68/H	→ P. Kanmani 607261
	8.00pm	patient vitals checked and recorded. Due medication Inj. Pepdac given and Recorded.	→ P. Kani 607261
	10.00pm	patient Due medication T. Cobet with water. Vinitha Kam seen the patient Contin the monitor	
		B-Breast is soft, NO Engorgement	
		U-Uterus is contracted well	
		B-Bowel movement present	
		B-urine voided frequently	
		L-Lochia Rubra is present	
		E-Redness NO. + Applicable	
		H-Homan Sign's negative	
		E-Emotional status is good	→ P. Kani
		patient condition is stable	

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
24/6/26	12.00AM	patient vitals checked and recorded. sedation withhold	→ P.Kanimozhi 607261
	1.30AM	patient RBS checked and recorded.	→ P.Kanimozhi 607261
	2.00AM	patient is sleeping well No other specific complaints	→ P.Kanimozhi 607261
	4.00AM	patient vitals checked and recorded.	→ P.Kanimozhi 607261
	6.00AM	Patient vitals checked and recorded. Morning routine care given, Intake/output maintained UCM monitored	→ P.Kanimozhi 607261
	7.30AM	patient details handover given to Morning duty staff	→ P.Kanimozhi 607261
	7.40AM	Dr. Dhanabalayam Mam phone call order IBD removed patient walked, IBD removed 850ml	→ P.Kanimozhi 607261
		MORNING DUTY	
	8:50AM	Pt details handing over taken from night duty staff Pt on only BP monitoring Sedation was withhold. Pt on IV medicine. IV line signed	→ 607726
	8:00AM	vitals was checked and recorded maintained flowchart	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

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
	10:00pm	Medication was given as per drug chart No other complaints.	[illegible]
	10:35pm	Mother request to see the baby on NICU	[illegible]
	12:00pm	Vitals was checked and recorded maintained I/O Chart.	[illegible]
	1:00pm	B: Breast is normal U - uterus is contracted B - Bowel movement is normal B - Bladder is normal L - Lochia rubra is present E - Feeds is not applicable H - Woman's Syi is regular E - emotional status is normal	[illegible]
	1c	maintained I/O chart and recorded	
	1:30pm	pt detail handing over given to evening duty staff Evening duty on 04/8/18	[illegible]
	1.30pm	patient detail handing over taken from morning duty staff patient attender and oriented patient Urine and motion passed. patient is on Normal diet. patient tomorrow plan discharge	[illegible]

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
24/6/25	2pm	Due medication given as per	
		Doctor's Order →	[illegible]
		B - Breast soft. No Engorgement	
		U - Uterus contracted. Involution present	
		B - Bowel movement Present.	
		B - Urine voided freely	
		L - Lochia Rubra present.	
		No foul smelling	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	
		E - Emotional Status good →	[illegible]
	4pm	Vital sign Checked and	
		Recorded. →	[illegible]
		Tomorrow plan CBC, FBS, PPBS	
		post 2. →	[illegible]
	6pm	Maintain Intake and output	
		Chart. Due medication given as	
		per Doctor's Order →	[illegible]
	7pm	BP patient PV Informed Dr. Akshita	
		Ivan advised by bleedy is	
		Normal →	[illegible]
	7.30pm	Patient detail handing over	
		On Night duty Start →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

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
		Night duty	
24/6/26	8.30pm	patient details handover taken over from evening to night. patient is IV line IV medication, tommorow bath & Dressing, CBC, FBS, PBBS tommorow 6am BP, BH	P. Kavitha
	8.00PM	patient vitals checked and recorded	P. Kavitha
	9.00PM	pill medication given As per doctor order	P. Kavitha
	10.00PM	Dr. Divya Lakshmi mam come and see advised Dulcolax - 2 given and recorded.	P. Kavitha
		B-Breast is soft, NO Engorgement U-Uterus is contracted well B-Bowel movement present B-Urine voided frequently L-Lochia Rubra is present E-Redness NOT applicable H-Human sign's negative E-Emotional status is good	P. Kavitha
25/6/26	12.00am	patient vitals checked and recorded.	P. Kavitha

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	8.00AM	patient is sleeping well	
		NO other specific complaint	
		c/o m - 1/3 right	→ P. Kavya 60076
	4.00AM	patient vitals checked and	
		Recorded	
	6.00AM	patient vitals checked and	
		Recorded. due medication	
		given and Recorded.	
		CBC, FBS sample taken and	
		send to lab, bill raised.	
		Intake output maintained	→ P. Kavya 60936
	7.30AM	patient details handover	
		given to morning duty	
		staff	→ P. Kavya 60726
25/6/26.		Morning Duty on (25/6/26)	
	7:30AM	The patient handing over taken	
		from night duty staff	
		the patient was conscious &	
		oriented to time present &	
		patient now fluid	→ [illegible] 02113
	8AM	vital signs are checked &	
		Recorded vital signs are	
		stable (8AM | CP 74 | PP 74 | CRT 2sec)	→ [illegible] 02113
	10AM	The patient was pp mes sample taken	
		Comfortable position	
		no any fresh complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 30 D (F)
Dr. SELF

Pat

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
25/6/26		continue. Breast Engorgement present has no oozing (+) bleeding from the operative has normal lochia Breast sore voiding freely Abdomen distending General condition ↑ fair –	Dr. Onsu
		Was seen by Dr. Sridhya Mam Advice to do Abdomen gentle gentle Ap – looks general condition RE (+) Bleeding (D) !	Dr.
	1pm	due medication given as per order	Onsu
		has normal lochia Breast sore –	Dr. Onsu
	1pm	pt report handing from (A) duty staff –	Dr. Onsu
		Evening Duty Notes.	
	1.30pm	Handover received from morning duty staff. Patient is attended oriented IV line present.	Sowiya OW
	2pm.	Administered due medication as per chart done Recorded Not given patient refused medication.	Sowiya OW
	4pm	checked vital sign and recorded.	
	6pm.	monitored input and output chart.	Sowiya

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
25/6/26	7.30pm	Handover given into night Duty Staff	Sign
		Night duty	
25/6/26	7.30Am	patient details handover taken over from morning to Night duty. patient BP 90/70, IV line @ 9cm 04H tommorow Dis plan	
	8.00pm	patient vitals checked and recorded.	
	9.00pm	B-Bowel is soft, NO Engorg U-Uterus is contracted well B-Bowel movement present B-Urine voided yellowish Lochia rubra is present E-Needs Not Applicable H-Homans sign negative E-Emotional status good	
26/6/26	1.00Am	patient vitals checked and Record BP-141/80 Inform Dr. Ashish for after 1 hours checked	
	6.00Am	patient vitals checked. Due medication given and Recorded BP-160/80 Inform Dr. Ashish Mean Reduced after one hours	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
16-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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. Dhana Balakyam	Date of Delivery: 23/6/26
Assistant Surgeon: Dr. Pavitha.	Time of Delivery: Twin I 7:14 Am / Twin II 8:15 Am.
Anaesthetist's Name: Dr. mohan	Gender of Baby: Boy / Girl
Type of Anaesthesia: GSA	Weight of Baby: 2.189 KG / 1.798 KG.
Neonatologist: DR. SREELAKSHMI / DR. SREESHA	AGPAR Score:
Scrub Nurse: Sh Gunadeep	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

Indication: DCDA Twins | Twin B- FGR | CPR < 1

☑ Elective ☑ Emergency

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

Knief to rectus:

Decision time:

CTG Description: Reactive.

If there was a delay give the reasons:

Surgical Procedure: Elective Lower segment cesarean Section and cervical stich removal

Post Operative Diagnosis: $P_1L_2A_1$ | POD-0 | POST LSCS | GHTN | GDM on insulin

Peri-Operative Complications:

Amount of Blood Loss:

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

(P.T.O)

Examination Findings when Appropriate: Twins

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

5th Palpable: ..... Cervical Dilatation: ..... cm

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Fetal Position: .....

Caput: ☐ + ☐ ++ ☐ +++ Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☑ Yes ☐ No Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☐ Forceps

1st Twin → cephalic, cord around the neck

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

2nd Twin → Delivered as cephalic

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

Cord Appearance: (N)

Appearance of placenta: (N)

Cord around the neck ☑ Yes ☐ No - 1st Twin

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal DCDA

Cavity explored ☑ Yes ☐ No

Sterilization: ☐ Yes ☑ No

T. MISOPROSTOL 600 mcg kept intrauterine, Justin suppository kept PR.

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

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

Sheath Closure: ..... 1-vicryl ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... 1-vicryl ..... Suture

Vagineal Evacuated ..... Suture

Drain: ☑ Yes ☐ No

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

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions

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

Post-Operative Notes: ☐ Thromboprophylaxis ☑ Yes ☐ No

- NPO x 6 hours
- IVF @ 125 ml/hour
- Inj PIPTAZ 4.5g IV BD
- Inj PANTOPRAZOLE 40mg IV 1-0-1
- Inj PARACETAMOL 1g IV 1-1-1
- Inj TRAMADOL 50mg IM SOS
- CBD x 24 hours / Clexane 40mg SC od 8AM
- CBC / FBS / PPBS on POD-2
- Sedation ↓↓S
- BP 2nd hourly
- CBC 4th hourly
- c/m 8AM

Doctor Name: Dr. Panithra

Date & Time: 23/06/2026

Doctor Signature: for

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Dhana Bhakya
Asst. Surgeon :
Anaesthetist : Dr. mohan
Scrub Nurse : S/N Gunadevi

UHID No. : ..... Age : ..... Gender : .....
Surgery Name : Elective lscs
Date : 23/6/26 In-time : 7:55 Am Out-time : .....

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 7:00 Am

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

Site Marked ☐Yes ☑No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : .....
Name : Dr M Dangarsh.

Before Skin Incision ➤➤

TIME OUT Time: 8:05 Am

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

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

Anticipated Critical Events

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

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

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

Is Essential Imaging Displayed? ☐Yes ☑No ☐NA

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

Signature : for 16428
Name : Dr. Dhanabakyam

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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

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

Signature : 01744KC
Name : Gunedh

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: ....
MRD NO:...
Age :..........
GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF
: ☐ M ☐ F
Consultant :..........

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 23/6/2026 Time: 1:30 AM
Location : Left metacarpal
Size : 18 G
Cannula inserted by:

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
23/6/26	2AM	☐Yes ☑No	☐Yes ☑No	Obsd	
〃	4AM	☐Yes ☑No	☐Yes ☑No	Obsd	
〃	6AM	☐Yes ☑No	☐Yes ☑No	Obsd	
	8AM	☐Yes ☑No	☐Yes ☑No	〃	
	10AM	☐Yes ☑No	☐Yes ☑No	〃	
	12pm	☐Yes ☑No	☐Yes ☑No	Obser	
	2pm	☐Yes ☑No	☐Yes ☑No	Obser	
	4pm	☐Yes ☑No	☐Yes ☑No	Obser	
	6pm	☐Yes ☑No	☐Yes ☑No	Obser	
	8PM	☐Yes ☑No	☐Yes ☑No	Observed	P.G
	10PM	☐Yes ☑No	☐Yes ☑No	Observe	P.G
24/6/26	12AM	☐Yes ☑No	☐Yes ☑No	Observ	P.G
〃	2AM	☐Yes ☑No	☐Yes ☑No	Observ	P.G
〃	4am	☐Yes ☑No	☐Yes ☑No	Obs	P.G
	6am	☐Yes ☑No	☐Yes ☑No	Obs	P.G
〃	8am	☐Yes ☑No	☐Yes ☑No	Observe	
24/6	12pm	☐Yes ☑No	☐Yes ☑No	Observ	
〃	4pm	☐Yes ☑No	☐Yes ☑No	Obs	
	8PM	☐Yes ☑No	☐Yes ☑No	Obs	
25/6/26	12pm	☐Yes ☑No	☐Yes ☑No	Obs	
〃	4AM	☐Yes ☑No	☐Yes ☑No	Obs	
〃	6am	☐Yes ☑No	☐Yes ☑No	Obs	
	8AM	☐Yes ☑No	☐Yes ☑No	Observed	
	10AM	☐Yes ☑No	☐Yes ☑No	Observed	
	12PM	☐Yes ☑No	☐Yes ☑No	Observed	
	6pm	☐Yes ☑No	☐Yes ☑No	Obs	P.G
26/6/26	12AM	☐Yes ☑No	☐Yes ☑No	Obs	P.G

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

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

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

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

CANNULA 4

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

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

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

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

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

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:...

MRD NO:. GUC-00092950
Mrs AKSHAYA GOPI IP18-00036136
28-08-1993
Dr. SELF 32 Y 10 M 0 D (F)

Age :...... ..: ☐ M ☐ F

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

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 23/6/26 Time: 1.30 Am

Location : Left Metacarpal

Size : 18G Sid Raj Jne

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/6/26	6Am	☐Yes ☒No	☐Yes ☒No	Obsee	P.O
26/6	8Am	☐Yes ☒No	☐Yes ☒No	Obm	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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	N 22/6/26	M 23/6	E 23/6
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	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
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			15	15	35
		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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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	Category	Date / Time / Score	N 23/6/26	M 24/6/26	E 24/6
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			6
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			
	No	0			20
GAIT / Transferring	Impaired	20	20	20	
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[illegible]	[illegible]	[illegible]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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

GUC-00092950
Mrs AKSHAYA GOPI
26-08-1993
Dr. SELF
IP18-00036136
32 Y 9 M 29 D
(F)

(3)

Morse Fall Risk Assessment Form

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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-00092950
Mrs AKSHAYA GOPI IP18-00036136
26-08-1993
Dr. SELF 32 Y 10 M 0 D (F)

Morse Fall Risk Assessment Form

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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 : 22/6	23/6	23/6	23/6
				Time : N	M	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.	4	4	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	3	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	2	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	27	25	25
				Evaluator's Name				

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

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
`6-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

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 :	24/6 M	24/6 E	24/6 N	25/6 M
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.	2	2	2	2
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	25	25	25	25
				Evaluator's Name				

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

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 10 M 0 D (F)
Dr. SELF

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 :	25/6	26/6		
				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.	4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
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.	3	3		
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		
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		
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		
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		
				TOTAL SCORE	27	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	• 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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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
22/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[illegible]
23/6/2026	2AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
23/6/26	12pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Encourage to mobilize	[illegible]
23/6/26	2pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	[illegible]
23/6/26	8pm	1/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
24/2/20	2AM	1/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
24/6/26	8am	1/10	nil	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
24/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
24/2/6	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL NIL	[illegible]
25/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		[illegible]

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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 30 D (F)
Dr. SELF

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
25/6/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	
25/6/26	2pm	2/10	—	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NIL	
26/6/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	
26/6/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No		
26/6/26	8am	0/0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

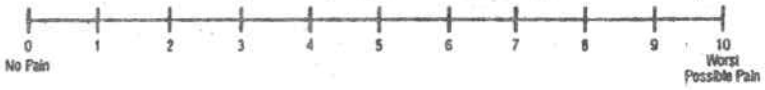
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   - a) At least every 2 hours for the first 24 hours
   - b) Then every 4 hours.
   - c) Prior to pain pain-relieving intervention.
   - d) Within 30 – 60 minutes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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
22/6/26	2pm	yes	patient husband explain to sign consent form.	patient	No learn Bar	oral	Non	Good understand	good	[illegible]
23/6/26	9AM	yes.	patient Explained about pain management	patient	No learning Barrier	oral	Non.	good understand	good	[illegible]
24/6/26	8am	yes	pt explained about pain management	patient	no learning barrier	Oral	non	good	good	[illegible]
25/6/26	8AM	Yes	Health education about hand hygiene	Patient	nil	Oral	None	Verbalized	good	[illegible]

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 10 M 0 D (F)
Dr. SELF

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

..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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:.....

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		0
Signature of the Nurse		
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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: 23/6/2026 at 6AM Date of Removal: 24/6/2026 at 7-40AM

Parameters	Date / Shift Time	23/6/2026 M	23/6/26 2pm	23/6/26 8pm	24/6/2026 M			
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 Obsiruction (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		[illegible]	Poorna	P. [illegible]	[illegible]			
Signature of the Nurse		[illegible]	[illegible]	[illegible]	[illegible]			

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

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

PRE - OPERATIVE CHECK LIST

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name : MRS. AKSHAYA GOPI Date: 23/6/2026

Blood Group : O+ve Age : 32yrs Gender : ☐ M ☑ F

UHID : 92950 / 36136

Planned Surgery : Rt. LSG

Surgeon : DR. DHAMBAGERAM.

Anesthetist : Date & Time of Operation : 23/6/2026 at 7:30AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	YES	NO	NA
1.	Weight checked and recorded? T.WT: 80/kg	☑	☐	☐
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	☑	☐	☐
	Enema given / Bowel Preparation	☐	☑	☐
5.	Remove all ornaments, etc and sterile gown given	☑	☐	☐
6.	Is Blood arranged as required?	☑	☐	☐
7.	If Blood has been ordered - is Blood bag ready?	☑	☐	☐
8.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
11.	Skin Preparation	☑	☐	☐
12.	Site is marked	☑	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐
14.	Implants are available	☑	☐	☐
15.	Equipment is avaialble	☐	☐	☑
16.	Other (if any)	☑	☐	☐
		☐	☑	☐

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

Billing Clearance taken

Billing Executive Name :

Billing Executive Signature : Nurse In-Charge Name : Rithy

Date & Time : Signature of Nurse In-Charge :

Date & Time : 23/6/2026 at 4AM

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

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

CONSENT FOR BLOOD TRANSFUSION

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Name : ..... Age: ..... Gender : F

UHID No.:.....

.....Ward/Bed No. .....

Type of Blood Product : 10 PRBC

I ..... hereby give my consent for whole blood transfusion / blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigens, Hepatitis C antibodies, Malaria and Syphilla. I have also been explained that transfusion transmitted infections can vary rarely occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carry risk of transfusion associated reactions.

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for the whole blood component transfusion to me / my Patient named .....

Name of Patient / Attendant Mrs. Akshaya Gopi

Signature of Patient / Attendant

Date 22/06/2026

Time : 9:50 pm

Relationship with Patient: self

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : GUC-00092950 Mrs AKSHAYA GOPI 26-08-1993 Dr. SELF 32 Y 9 M 27 D (F) IP18-00036136

Gender: ☐ Male ☑ Female Age : 32

UHID No : .....

Date : 22/6/26

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)

LOWER SEGMENT CESAEREAN SECTION upon

(Name of the Patient) MRS. AKSHAYA GOPI

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

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

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

Bleeding, infection, need for blood transfusion, injury to adjacent structures, risk of thromboembolism, anesthesia related complications, MICU stay, NICU care.

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : Dr. Akshaya Gopi

Date & Time : 22/06/26

Patient Attendant :

Signature : R. Gopi

Name : Dr. GOPI RAMU

Relationship with Patient: HUSBAND

Date & Time : 22/06/2026.

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : for 164288

Name : DR. DHANABAKYA

Date & Time : 22/6/26

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

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-00092950 IP18-00036136 Mrs AKSHAYA GOPI 26-08-1993 32 Y 9 M 27 D (F) Dr. SELF ..... Age : ..... Gender : Male ☐ Female ☐

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

Anaesthesiologist : ..... Operative procedure planned : elective LSCS.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : Hypotension, desaturation, bradycardia.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : Akshaya G.

Relationship with Patient: patient

Date & Time : 22/6/2026 at 11:11 pm

Witness :

Signature : .....

Name : Dr. R. Gopi.

Date & Time : 22/06/26 @ 11.11 PM

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 22/6/26 9.30 pm

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

Failure to co.

Previous Technician Sleepiness.

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Rainbow Children's Hospital — to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

Date: 22/6/26. Time: 9.30 pm Proposed Operation: Elective dpt 1st

Diagnosis: Tumor

B.P / CRT: 110/80 H.R: 86/min Weight: 85 kg, ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 110	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat: 0.6	Total Bill:	HCV:	2D Echo:
Plate: 1.35	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 13.5	K:	LDH:	T3 Done	Other:
PTT:	Ca++:	Alk phos:	T4	
INR: 1.0	Mg++:	Amylase:	TSH 2.53	
	Cl-:	SGOT/SGPT:		

Allergies: Nil.

Medical History: CVS :

Diabetes : Gon on insulin

RESP :

Gen. HTN. on Rx.

CNS :

Renal : Nil significant

Physical Activity:

Hepatic / GE :

Others :

Past Anaesthetic History: → Lap. tubal ligation under LA.

Physical Exam:

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

Lungs : Cn

Heart: Nn

CNS:

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
on insulin	
on laboratory.	

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: .....

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: adequate

Physical Status:

Patient Identified ✓

☐ Consent Present ✓

☑ Chart Reviewed

H.R: 85/min

B.P / CRT: 110/70

SpO_2: 100% RA

R.R: 14/min

Pre-OP Diagnosis: ……

Last Feed:

Surgeon: Dr. Dhana Bhagya.

Operation: Elective LSCS

Date: 23/6/26

Anaesthesiologist: Dr. M…

Technician:

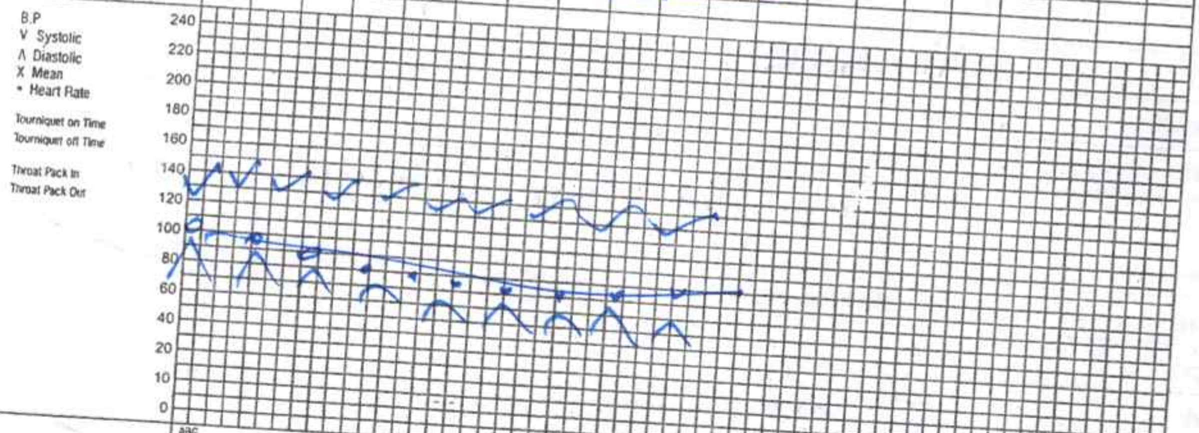
TIME			
N_2O / AIR / O_2 LPM			
HALO / ISO / SEVO			
Drugs:			
Inj. CARBETOCIN	250mcg iv slow		
Inj. CARBOPROST	250mcg IM		
Inj. EMESET	4mg iv		
FIO_2 / SaO_2	100	100	100
$ETCO_2$			
ECG	SR	SR	SR
Temperature			
Urine Output			
Fluids / Blood	10R	20R	30R

Antibiotic

Suppository

Blood Loss

NOTES



LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Ⓡ arm
☐ 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: 8.10
OP Start: ……
OP End: 9.10 am
Leave OR: ……

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP ……
☐ ART ……
☑ IV: Ⓡ hand 18G (12/1/26)
☐ IV ……
☐ IV ……

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

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

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

Regional:
Extremity Specify: ……
[✓ ☐ Spinal] ☐ Epidural ☐ Caudal
Others: ……
Position: Sitting
Site: L3-L4
Needle Size: …… Depth: ……
Parasthesia ☐ Yes ☐ No
Catheter at skin …… cm
Drug Name & Conc: ……
Bolus: 25G Whitacre
Infusion: 0.5% Bupivacaine heavy +
Block Level
Comments: 30 mcg [illegible]
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: ……
Signature of the Doctor: ……

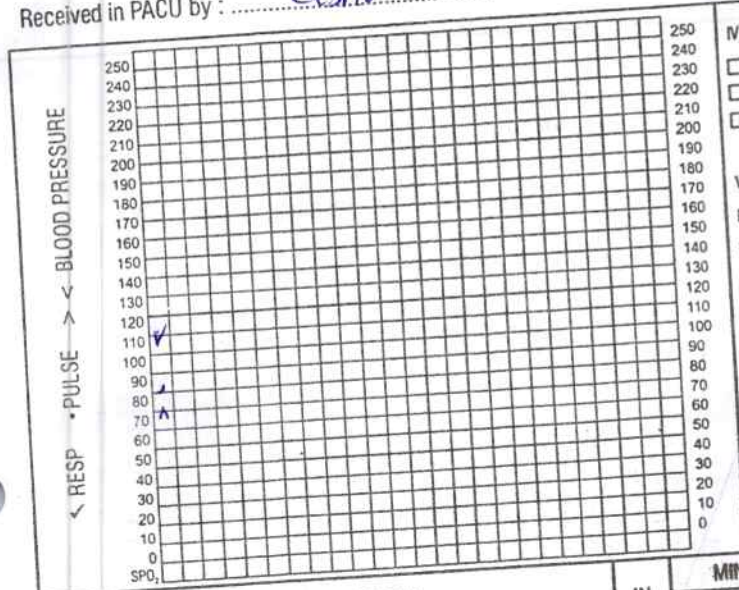
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 9:10Am Time Discharged : 9:10Am



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
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				
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				
		TOTAL	9/10				

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NPO as per surgeon order IVF @ 12 ml/hr RL drip 2 paracetamol 1gm iv TDS. tramadol iv sos.	

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

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

Anaesthesiologist Name : Dr Mithun
Anaesthesiologist Signature: 8x16
Date & Time: 23/6/26 8:30am

PACU Nurse Name : Risna
PACU Nurse Signature: 607721
Date & Time: 23/6/26 8:30Am

Transferred to Unit by (PACU): MICU
Date & Time: 23/6/26 @ 9:10Am

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

SSI PREVENTION CHECKLIST

Rainbow Children Hospital

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	yes
8	Application of incisional negative pressure wound dressing	NO

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

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? (Baby NICU)
   - ☐ a. Yes
   - ☐ b. No

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Date: .....

Continuity of Care:

protocol baby NICU

		25/6/26	
L	2	L	2
A	2	A	2
T	2	T	2
C	1	C	1
H	1	H	1
	8		8

Handover given by S/N parameshwari

Signature .....

Date & Time: 23/6/2026

Handover taken by F. Sowmiya

Signature .....

Date & Time: 23/6/26

Docu

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

Patient Stic

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: 22/06/2026 Time of Arrival: 7pm Time Seen by Nurse: 7pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: el Ucl

3) **Vital Signs:** Temperature: 98.1°F Pulse: 86 RR: 20 SpO_2: 100% BP: 120/80 Weight: 80 kg

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 19/10/25 EDD: 7/11/26 Gestational Age: 35+1 wks

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: Laparoscopic - ovarian cystectomy Feb 2025 / ex Gynecist seen

b) Medical: GDM on Insulin / CHTN

Docu. No. : RCH /FRM / CLINICAL / 098

(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☐ Others: T. Cobe 200mg Q
Novorapid insul
Toesebm.

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: 7:10 Am

Nurse Name: D. Sobhocan Nurse Signature: D. Sobhocan

Date: 22/6/2026 Time: 7:10 Am

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Dhanabhakyam	22/6/26 @ 7.13pm	23/6/2026 @ 6.40pm
From Unit	**Transfer Ordered by**	**Reason for Transfer**
LDR	Dr. Akshitha	Fuether mgt
Number of Sheets in Clinical File	**To Unit**	**Information to Attendant**
Casesheet	709	Yes ☑ No ☐
	Number of Imaging Films	**Personal belongings including clinical documents. If any handed over to attendant**
	CTG	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: para	2
2.	Inj: Pan	3
3.	Inj: piptaz	3
4.	D/ syringe	6
5.	Under pad	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sp parameswari 016808	Dr. Akshitha

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 23/6/26 6.40pm

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

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

	Date & Time of Admission 22/6/2026 at 7 pm	Date & Time of Transfer Order 22/6/2026 at 11 pm
Treating Consultant Name DR. B Dhanabagya	Transfer Ordered by DR. Faahima	Reason for Transfer Fluth mgt.
From Unit CDR	To Unit 7th Floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 6th (1)	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 Sobegeon 01/7/18	DR. Faahima.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 22/6/2026 at 11:30 pm

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

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

	Date & Time of Admission	Date & Time of Transfer Order
	22/6/2026 at 7.13 pm	23/6/2026 at 6.30 AM
Treating Consultant Name: Dr. Dhanabalajyam	Transfer Ordered by: Dr. Faahima	Reason for Transfer: RL LSCS
From Unit: 7th floor (Ward)	To Unit: MCW	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films: CT4 → 3	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. PIPtaz 4.5gm, NS 100ml	1
2.	Infusflow, RL 500ml	1
3.	Oxy 10ml	3
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/Nr. Sujitha	Dr. Faahima

Patient & Clinical Records Received by : Shoparanger 01/6/26

Date & Time of Patient Received :

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

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
28-08-1993 32 Y 9 M 27 D (F)
Dr. SELF

RCH/GDY/FRM/CLINICAL/598

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 23/6/2026 at 6:30AM 7th floor TRANSFERRED TO : NCW

		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	no	
	d.Central line hubs are closed	no	
	e.Dressing Intact	no	
4	Pain Assessment		
	a.Pain score assessed & analgesia given	no	
	b.Reassessment done	no	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	no	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	no	
6	Medications Pre & Post-Op Orders		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	no	
7	Equipment Safety & Transport Preparedness		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	no	
8	High-Risk Patient Safety (if applicable)		
	a.Chest tube: underwater seal below chest level	no	
	b.Epidural catheter secure, infusion checked	no	
	c.Pressure areas protected (heels/elbows)	no	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	yes	
10	REPORTS AND LABS HANDED OVER	no	
11	BIOPSY/HPE SENT		
12	Documentation	yes	
	a.Documentation completeness	yes	
	Transferring Nurse:	[signature]	
	Receiving Nurse :	No Resp	
	Signature of Incharge:	[signature] 26/6/26	

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-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

Date & Time of Admission	Date & Time of Transfer Order
22/6/26 @ 7:13 pm	23/6/26 @

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Dhana Bhalaje	Dr. mohan	for further management

From Unit	To Unit	Information to Attendant
OT	MCU	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
607721	Dr. mohan

Patient & Clinical Records Received by : Sroparna 016808

Date & Time of Patient Received : 23/6/26 @ 9.10 AM

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

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

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

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 28 D (F)
Dr. SELF

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 23/6/26 @ 9:10am OT **TRANSFERRED TO :** MCU

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

Sr Staff S/N Paramesvari/016808

RCH/GDY/FRM/CLINICAL/598

GUC-00092950 IP18-00036136
Mrs AKSHAYA GOPI
26-08-1993 32 Y 9 M 29 D (F)
Dr. SELF

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: 12:55PM

Origin: — Height: 157cm Weight: 80 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS.

Type of Diet: ☑ Liquid ☑ Soft ☐ Normal ☑ Diabetic GDM on Insulin. GHTN. ☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's Mother

Signature: [signature]

Name: G. Kumudhavalli

Date & Time: 24/6/26 @ 1PM

Dietician's

Signature: A. M (018336)

Name: A. Sandiya Fesheen

Date & Time: 24/06/26 @ 12:55PM

(P. T. O)

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

DIETARY NOTES

Date	Time	Notes	Sign
23/06/26	9:10 AM.	NPO x 6 hours	A.M (018336)
	3:30 PM.	FL-LSCS → done.	
		- Patient is on clear liquid diet. Patient is stable.	A.M (018336)
		- Oral intake is Better.	
		- Advised to take plenty of fluids - water, tender coconut water, Buttermilk, fruit Juices (etc)	
		Fluids - 2.5-3 l/d.	
24/06/26.	08:20 AM.	- Patient is on Soft Diet.	
		- Patient is Stable. Oral intake is Better. Advised to take easy-digest foods like Dal rice, Sadam rice, Curd rice (etc) well-cooked Vegetables (etc)	A.M (018336)
		- Include protein - Iron rich foods	
		- Consume small-frequent meals.	
		- Include galactogogues foods for milk secreation - garlic, fennel and Oats (etc)	
		RDA. Values - Energy - +600 kCal. Protein - + 12-19 g/d	
25/6/25	8:40 AM	- Patient is on Soft Diet.	A.M (018336)
		- Patient is stable. Oral is good.	
		- Advised to take protein-Iron rich foods. Stools not passed.	
26/6/25	8:30 AM	Passed. Normal stools.	A.M (018336)
		- Patient is on Soft Diet - Oral is good	