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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 25/6/26

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 26 D (F)
Dr. SHEELA M

Name of the Patie.....

UHID No: .....

.... Gender: .....

Ward: .....

Room No: 409

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 25/6/26

Time: 11.20 AM

Pharmacy Sign

Date: .....

Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 26 D (F)
Dr. SHEELA M

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	25/6/2020 11:30am						
Activity Sheet update by Pharmacy							

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Reshma

UHID No: 87604 IP No: 36140 Consultant: DR Sheela Dept:

Date of Admission: 22/6/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	2 AM	LDR	OT	
23/6/26	3:35 AM	OT	MICU	
28/6/26	10.00 am	MICU	4th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	23/6/26.	1715789	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/6/26	CBC, CRP, HUS + ~~urine~~ (R)	26019820	1015746
	urine C/S, urine R/E	26019827	
23/6/26	RBS	26019860	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Infusion	11pm	23/6/26 @ 5pm	1715787	[illegible] 01176

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6/26	IV Placement	(1)	1715738	
	Catheterization	(1)	1715738	
23/6/26	Diet Counselling	(1)	1716844	A. M (018336)

ANY OTHER INFORMATION: 23/6/26

Procedure : Emergency LSCS

Surgeon : Dr. Sheela, Dr. Priyadharshini

Assist. Surgeon : Dr. Fathima

Anesthetist : Dr. mohan

In time : 2:15 AM

out time : 3:35 AM

Date: 25/6/26 Time: 1.28 pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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. Reshma Caroline Date of Birth: 30/11/1994 Age: 31y

Gender: Female Ward : OT UHID No.: 87604

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

Name of the Surgery : Emergency LSCS

Time in : 2:15 Am Time Out : 3:35 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Sheela, Dr. Priyadarshini	
2.	Anaesthetist	: Dr. Mohan	
3.	Assistant Surgeon	: Dr. Fathima	
4.	OT Technician	: Mrs. Sudarshan	
5.	Circulating Nurse	: Sis Rosie	
6.	Assistant Nurse	: Sis Sasi	

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

Signature of the Surgeon

607721
Signature of Circulating Nurse

Record finalize done by Rita 607721

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

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

Patient Sticker

Emergency LSCS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : ..... Technician : Mr. Sudhakar Date : 23/06/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS pack		01	~~Inj Vit.K~~		1
LMA			Sutures ✓ 2347		04	~~Cord Clamp~~		1
~~ECG leads~~ A / P / N		3	✓ 1826		01	Suction Catheter		
HME filter : A / P / N			7 S.C		01	~~Feeding Tube~~ 6 Fr		1
~~Syringes~~ : 10 cc		3	7 1/2 S.C		01	Vaccum Suction Set		
~~05 cc~~		2	~~Gloves~~ 7 size (PF)		2	~~Surgical Gloves~~ 6 1/2 · 7 1/2		1+1
~~02 cc~~		2	7 1/2 P.F		02	~~Gauze Pack~~		1
~~01 cc~~			6 1/2 S.C		01	~~Syringe 1ml / 2ml~~		1
~~Cautery plate~~ A / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
~~IV set~~		1	NG tube			Koochies (S)		
~~BL~~		4	Cautery pencil ✓		01	ET-TUBE 2.5 (uncuffed)		1
NS : 10ml / 100ml / 500ml / 1000ml		1/1	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask			Spinal needle 27 (W)		1
Morphine			Gauze Pack ✓		1/02	Bravin heavy		1
Ketamine			Mop Pack ✓		01	Bupsigesic		1
Propofol			Steristrip R1547		1	5mc Emerold		1
Rocuronium			Underpad ✓		01	Needle 26X1/2		1
Glycopyrolate			Draw sheet			Bioxamic		2
Myopyrolate			Abgel		1	OXITOCIN		5
~~Ondansetron~~ ONDOKind			Foleys catheter			CARBOprost		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			protgon		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			table sheet		01
Antibiotics			Bandage			6 1/2 P.F		03
			Tegaderm 3594		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set ✓		2			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet ✓		02			
Tab. Misoprost : 200mg			Betadine Solution ✓		2			
Boy		01	Microshield					
			Cotton Balls					
			Latex Gloves ✓		1 pair			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

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

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	IP18-00036140	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RESHMA CAROLINE ROZARIO	**Bed Name**	PRE OP 807
Age/Sex	31 Y 6 M 24 D / Female	**Order No**	18-0001715829
Date	23/06/2026 09:02	**Prescription No**	PRIP18-0622590
Payor	SELFPAY	**Dispensed Date**	23/06/2026 09:08
UHID	GUC-00087604		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R010126	01/29	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1O10526	04/29	2	120.00	240.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5119	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
13	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	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
19	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
20	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	2	128.00	256.00
21	STERI-STRIP 1 2*4IN. (R1547)	3M HEALTHCARE	GENERAL	346KFW	09/30	1	230.50	230.50
22	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
23	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
24	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	4	951.00	3,804.00

Printed Time : 23-06-2026 09:08

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	IP18-00036140	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RESHMA CAROLINE ROZARIO	**Bed Name**	PRE OP 807
Age/Sex	31 Y 6 M 24 D / Female	**Order No**	18-0001715831
Date	23/06/2026 09:02	**Prescription No**	PRIP18-0622591
Payor	SELFPAY	**Dispensed Date**	23/06/2026 09:08
UHID	GUC-00087604		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 09:08

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	IP18-00036142	**Ward**	3F-NICU 1
Patient Name	Baby B/O RESHMA CAROLINE ROZARIO	**Bed Name**	NICU 311
Age/Sex	0 Y 0 M 0 D 6 H / Male	**Order No**	18-0001715832
Date	23/06/2026 09:07	**Prescription No**	PRIP18-0622592
Payor	SELFPAY	**Dispensed Date**	23/06/2026 09:08
UHID	GUC-00092955		

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 # 6.5 (POWDER FREE)	ANSEL		260300811T	03/29	1	128.00	128.00
5	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
						Total :	**645.00**	**645.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 09:08

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	IP18-00036140	**Ward**	8F-OT COMPLEX
Patient Name	Mrs RESHMA CAROLINE ROZARIO	**Bed Name**	PRE OP 807
Age/Sex	31 Y 6 M 24 D / Female	**Order No**	18-0001715830
Date	23/06/2026 09:02	**Prescription No**	PRIP18-0622588
Payor	SELFPAY	**Dispensed Date**	23/06/2026 09:07
UHID	GUC-00087604		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	97130	06/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
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	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010541	01/31	1	525.00	525.00
12	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
14	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	1	69.39	69.39
15	SPINAL NEEDLE 27 G WHITACARE	VYGON		2509023	08/30	1	637.00	637.00
						Total :	**3,081.95**	**3,371.93**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 09:07

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	IP18-00036142	**Ward**	3F-NICU 1
Patient Name	Baby B/O RESHMA CAROLINE ROZARIO	**Bed Na e**	NICU 311
Age/Sex	0 Y 0 M 0 D 6 H / Male	**Order No**	18-0001715833
Date	23/06/2026 09:07	**Prescription No**	PRIP18-0622589
Payor	SELFPAY	**Dispensed Date**	23/06/2026 09:07
UHID	GUC-00092955		

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	ET TUBE - 2.5 MM	PROTEX LTD		G24L01109O	11/29	1	262.50	262.50
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 :	**378.42**	**378.42**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 09:07

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 26 D (F)
Dr. SHEELA M

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	25/[illegible] 11.30am		[signature] 09304		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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 : IP18-00036140 **Admit Date** : 22-Jun-2026 **Admit Time** : 10:51 PM **UHID** : GUC-00087604

Patient Details :

Patient Name	: Mrs RESHMA CAROLINE ROZARIO	**Age**	: 31 Y 6 M 23 D
Guardian	: PRAVEEN .R	**DOB**	: 30-11-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 30/11 Niroopa flats no G Alandur Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 9789984613/ 9790297141
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 807 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 807 **Admission Type** : First Visit

Contact Details :

Name : PRAVEEN .R **Relationship** : Husband

Contact Address : 30/11 Niroopa flats no G Alandur Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : 9789984613

Signature

Doctor Details :

Doctor Name : Dr. SHEELA M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RESHMA CAROLINE ROZARIO**	**Age :**	**31 Y 6 M 23 D**
IP No:	**IP18-00036140**	**Sex:**	**Female**
Consultant:	**Dr. SHEELA M**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 807**

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 al[illegible] consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for in[illegible]rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill cl[illegible]nce. 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: PRAVEEN.R

Relationship: HUSBAND

Date: 22/06/2026 Time: 10:53

Witness Name: P. thamaraj

Witness Signature:

Patient Address:

30/11 Niroopa flats no G Alandur
Alandur Chennai Tamil Nadu INDIA
600016

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : RESHMA CAROLINE ROZARIO	UHID Number : 87602
Self/Attendant Name : PRAVEEN R	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

Pa

Irma Caroline

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
c/o leaking PV since 9:55pm. c/o pain abdomen occasionally

Obstetric Formula: G_2A_1

Obstetric History:
I - MTP at 6 weeks. social causes
II - PP, Spontaneous conception

Present Pregnancy Record:
- Booked & immunised
- NT (N)
- Anomaly scan (N)

RISK FACTORS:
- PPROM
- ? Blood stained liquor
- Uterine intramural fibroid 4x5cm

Height: 149 cm
Weight: 61.5 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Icterus: No
Temp: (N)
BP: 120/80 mmHg
CVS: S_1S_2 (+)
Liver/Spleen: soft
Pallor: No
Edema: No
PR: 104/min
DTR: (+)
RS B/L AE (+)
Urine Output: adequate

LMP: 21/12/25 EDD: 27/09/26
Corrected EDD: GA: 26 +1 weeks
Menstrual History: Regular : ☑ Yes ☐ No M/S: 4 years

Obstetric Examination
Fundal Height: Irritable, 28 wks size
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☑ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 170-180/min
FHS: ☐ Normal ☑ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☑ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☑ Blood Stained
Thick curdy white show (+) discharge (+)

Vaginal Examination
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G_2A_1 O positive	26 +1 weeks	PPROM 9:55pm 22/6	Fibroid uterus.

(P.T.O)

Patient Sticker

Family History:
Mother - Hypothyroid
Father - Nil

Surgical History:
Open Appendicectomy 2003

Medical History:
Candidiasis Rx in May 2025-
Intramural fibroid 3.6x5cm c minimal peripheral vascularity (RT) ut.

Medication History:
Tab. SUSTEN SR 400mg OD

Plan of Care:
CAT Dr. Sheela

- Admission, parts preparation.
- Secure IV line.
- Inj: MAGNEX FORTE 1-5gm IV BD (ATD).
- Inj: BETNESOL 12mg IM STAT
- Tab ERYTHROMYCIN 250mg QID.
- Diapers watch.
- Leg end elevation.
- CTG monitoring.
- NICU counselling.
- Informed high risk consent.
- Growth Scan c/m.

Investigations:
CBC
CRP
HVS
Urine routine
Urine c/s.

Bedside USG

FHR - 178 - 192 BPM
FM (+)
AFI - 2 to 3 cm

CBG - 94 mg/dl

Doctor Name: Dr. Jahima / Dr. Dnyaldeshmukh
Signature:
Date & Time: 22/6/26, 11 pm

Consultant Name: Dr. Sheela
Signature:
Date & Time: 22/6/26, 11 pm

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 11.40pm	INFORMED	CONSENT FOR PPROM/
		Extreme preterm / NICU admission/
	I Mrs.	have been informed
	In view of Extreme Preterm	
	G2 A1 / 26 w + 4 days / PPROM, about	
	prognosis - Risk of infection, sepsis,	
	NICU admission, neonatal death, long term	
	poor neurological sequelae. and increased	
	neonatal morbidity and also risk of	
	infection, sepsis for mother, in view of	
	? abruption placenta → need for blood transfusion,	
	ICU admission, ↑ maternal morbidity also explained.	
	patient sign	patient attender
	Reshma	[signature]

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

Mrs. Reshma

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 12:40 pm	S/B Dr. Fahima Bedside USG SLUG AFI - 2 to 3 cm FHR - 190 BPM P/S - Minimal blood stained liquor (+) curdy white discharge (+) P/V - Cx uneffaced OS admits tip of cervix. minimal clear liquor (+) CTG - BBV (+) Accelerations (+) No decelerations C/D/W Dr. Sheela - Tab. NIFEDIPINE 20mg PO STAT if BP ≥ 110/70 mm Tab. NIFEDIPINE 10mg BID if no contraction - if contractions present then 4th hourly - Inj. $MgSO_4$ loading and maintenance - Continuous CTG. - leg end elevation; Bladder catheterization - Inform SOS	16/4/26 16/4/26

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 1:30 pm	S/B Dr. Sheela	
	pt reviewed	
26+2 weeks	O/E: pt GC fair, afebrile P° / PE°	-Advice - Growth + Dopplers c/m with Fetal medicine
T=N PR=94/min BP=101/72 mmHg SpO_2 - 100% @ RA	P/A: Wt ~ 26-28 weeks Relaxed FP (+) FHS good	- Inj. $MgSO_4$ maintenance @ 1g/hr - Continuous CTG Inform if Reduced variability or decels.
Patient and attenders counselled	Bedside USG FHR good AFI - 2 cm	- W/F $MgSO_4$ toxicity - Foot end elevation - Diapers wash - Strict temperature & pulse rate monitoring - Inform SOS
	NICU counselling Obtained	- Tab. NIFEDEPINE 10mg BID.

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 26 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9am	C/S/B Dr-Sheela Pt Comfortable. No pain abd. P/A: Ut 26 wks Nil liquor clinically. Relaxed FHS(+) 180/min A/B → No liquor drain	Adv - Hydration - CFHRM. - Inform SOS 10 AM.
2-10 am	P/A: Ut 26 wks Relaxed FHS(+) deceleration upto 90-100/min.	Adv - Shift to OT immediately after consent - Prepare for LSCS
10 AM	Patient and attender counselled about the condition like extreme prematurity prognosis. Patient and attenders want to go for LSCS and resuscitation of baby. Hence shifted to Emergency LSCS	

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/8/21 3.30am	C/S/B Dr Sheela	
POD0	Pt stable	
	No complaints	
	Vitals Stable	
	P/A: U+C + C	
	[illegible] Soft	
	LE → No bleeding PV.	
		Adv
		follow post op orders
		108341

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

Reshma

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 3:35 2PM	Pt. received in MICU S/B Dr. Fahima / Dr. Durgalakshmi	
	Pt. received	
POD-0	O/E: pt GC fair, afebrile pol/PE	Advice
T=N PR=68/min BP=90/60 mmHg SpO2=97% @ RA	P/A: soft wt. well contracted dressing dry	- NPO x 3 hours. - IVF @ 125ml/hr. - Inj. CLEXANE 40mg SC OD @ 11:35 am. - CBD removal x 16 hours. - monitor vitals. - follow drug chart. - WF bleeding PV. - monitor I/O. - Inform SOS.
I/O stand clean	L/E: Bleeding wnl	
Baby NICU	23/6/26	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30Am	Pt tolerating liquids well	
POD-0	Pt reviewed, Nil c/o	Advice
	Patient GC fair, Afebrile	- Liquid diet
T-(N)	P° / PE°	- Kanji @ ~~4pm~~ after passing flatus
PR- 62/min	CVS /	- Soft diet ~~@ 12 pm~~
BP- 102/68 mmHg	RS / NAD	- IVF 1ORL @ 100ml/hr
	P/A - Uterus well contracted	- W/F ↑ Bleeding PV
Baby - NICU	Soft, BS⊕	- Follow drug chart
B/L - Breast soft	Dressing ⊕ & Dry	- Inform (Sos)
UO - 150ml, clear. LE - No undue bleeding PV		- CBD X 16 hours (7:30pm on 23/6 @ 11:
		- INJ. CLEXANE 40mg
		Shift to ward
	18/22/24	
23/06/2026	C/I/B Dr. Mathangi / C/B Dr. Priyadharshi.	
10:30Am	- Pt had ~~one~~ two episode of vomiting since today morning postoperatively.	
	D/E Pt GC fair	Advice
T-(N)	afebrile	- To keep NPO for 2 hours (till 12:30pm), then slowly to start on clear liquids.
RR- 12/min	P / PE	
PR- 82/min.	CVS /	
UO - 800ml.	RS / NAD	- Vitals monitoring.
clear.	P/A - Uterus firm & contracted	- Inj Emeset 4mg IV Stat
Baby - NICU	Soft, BS ⊕	
	Dressing Dry.	
	I/O - BWNL.	
	19/6/26	

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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. 6:20pm	s/b Dr. Ankita / Dr Shreedevi.	
O/the.	Pt reviewed.	
	did not passed flatus.	
	O/E : afebrile	
BP 110/70mmHg	GC fair	
PR 88bpm.	P°/PE°	Plan:
SpO2 99% @ RA	P/A: uterus wc	- monitor vitals
temp (N)	soft	- CBD till 8pm today
	BS (+).	- I/O charting
	dressing dry	- liquid diet.
	L/E: BWNL	- inform (SOS)
	foley's insitu	- follow drug orders.
	clear urine	- in bed ambulate.
	LHVO = 80ml.	
		[signature] 128435
23/6/26	S/B Dr. Vinitha	
9 PM	Pt reviewed; No c/o	Foleys removed @ 8PM Not voided
	O/E: GC fair; Afebrile	
	P°/PE°	
	P/A: Ut well contracted	Adv:
	BS (+) ; Dressing dry	· Ambulation
	L/E: BWNL	· Encourage to void
		· Kanji
[signature] 121113		· I/O chart
		Inform SOS

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 9Am	C/S/B Dr. Pavithra / Dr. Shreedevi	
POD-1	O/E Pt GC fair, Afebrile	Advice
	P°/PE°	- Soft diet
T-(N)	CVS / RS NAD	- Plenty of oral fluids
PR-78/min		- Vitals Monitoring
BP- 107/68mmHg	P/A- ut well contracted	- Follow drug chart
	Soft, BS(+)	- W/F ↑ Bleeding PV
Voiding freely	Dressing (+) & Dry	- Inform (SOS)
Passed flatus	UE - BWNL	- Ambulation
	[signature] 182217	
24/6/26		
12:30PM	S/B Dr. Priyadharshini	
	pt feels better than yesterday	
fully expired	pain reduced	
	Orals well tolerated	
	Urination (N)	
	passed loose stools 1 episode yesterday	
	not passed motion after that	
T(N)		
	O/E GC fair	
PR 80/min	not anemic	
	Hydration good	
	P/A soft BS (+)	
	L/E - bleeding normal	

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 25 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c Soft solid diet
		- Ambulation
		Inj Magnesium sulfate 1.5g IV bd
		10AM 10PM
		- Zenflox SP 1-0-1
		PAN 40 1-0-1
		- CABERGOLIN 0.5mg 2 tab stat
		- B Long 0-0-1
		- Cremaffin Syrup 20ml at night xc well
24/6/26 3pm	C/S/B Dr. Akshitha / Dr. Shreedevi	
POD-1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
	P / PE	- Plenty of oral fluids
T-(N)	P/A - ut well contracted	- Ambulation
PR-98/min	Soft, BS⊕	- Follow drug chart
BP-1[illegible]/68mmHg	Dressing ⊕ & Dry	- W/F ↑ Bleeding PV
	LE - BWNL	- SYP. CREMAFFIN 20ml
Voiding freely		at night
Passed flatus	[signature] 18221	if not passed stools.
Not passed stools		
Baby - Expired		
B/L - Breast soft		

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 4PM	as informed by Dr. Sheela.	
	Change to :	
	- Tab. Cefixim 200 1-0-1	x 5 days.
	- Tab monocyl 400mg 1-0-1	x 5 days.
	- Keep IV line today	
		Sd/ 12:39:35.
24/6/26 9:10pm	S/B Dr. Mohana / Dr. Divyalakshmi pt. reviewed Nil c/o.	
POD-1	O/E: pt GC fair, afebrile PO / PEO	Advice - Continue same orders.
T=N PR=98/min BP=112/70 mmHg	P/A: soft, BS+. Wt. contracted dressing dry	- Syp. CREMAFFIN 2ml PO STAT - Inform SOS
not passed stools voiding freely	Ye: BWNL	
Baby expired B/t breasts soft	16/6/26	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	18/5/26	22/6			O POSITIVE	
Time						
Hb	12	11.8				
PCV	36					
RBC	4.41					
WBC	10140	11240			HIV	NR
N/L	62/31				HBsAg	NR
Platelets	3.15				VDRL	NR
CRP		15				
ESR						
PCT					27/1/26	
RBS					HbA1c - 5.5%	
Na						
K						
Cl					Rubella IgG	
Ca/Mg					- Low positive	
Phosphate						
Urea						
Creatinine					TSH -	1.52
ALP						
SGPT						
SGOT						
T.Bill/Conj					F -	65
T.Protein					2hr -	126
S.Albumin						
S.Globulin						
A/G Ratio					16/6/26	77
Uric Acid					F -	76
S.Amylase					2hr -	90
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/4/26

Date	23/6/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	8-10					
CUE						
	Leucocytes - Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 18/5/26 SLIUG - 21+1 weeks

X-Ray : placenta - posterior

ECHO : liquor - normal

CT : EFW - 407 ± 40.7 gram

MRI Short cervix.

Others (ECG, Contrast Studies etc.,) : Internal os closed.

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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: 2/2/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

REGULAR PRESCRIPTIONS Weight. 81.5 Ward. LDR.

DRUG : Inj. MAGNEX FORTE				Date/Time	23/6, 24/6
Dose	Route	Frequency	Start Date		
1.5gm	IV	1-0-1	23/6	1AM	
Name & Signature of the Doctor Starting the Drugs: 164288					
Additional Instructions:				1PM	
Daily Doctor's Endorsement by a Sign					

Time change

DRUG : Tab. ERYTHROMYCIN				Date/Time	
Dose	Route	Frequency	Start Date		
250mg	PO	1-1-1-1	23/6	12AM	
Name & Signature of the Doctor Starting the Drugs: 164288				6AM	
Additional Instructions:				12pm	
				6pm	
Daily Doctor's Endorsement by a Sign					

STOP

DRUG : Tab. NIFEDINE				Date/Time	
Dose	Route	Frequency	Start Date		
	PO	1-1-1-1	23/6	12AM	
Name & Signature of the Doctor Starting the Drugs: 164288				6AM	
Additional Instructions: Inform BP first				12pm	
Daily Doctor's Endorsement by a Sign				6pm	

STOP

DRUG : Inj. PANTOPRAZOLE				Date/Time	23/6, 24/6
Dose	Route	Frequency	Start Date		
40mg	IV	1-0-1	23/6	8AM	
Name & Signature of the Doctor Starting the Drugs: 164288					
Additional Instructions:				8PM	
Daily Doctor's Endorsement by a Sign					

Stop

Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Weight. 81.5 Ward. CDR

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6	12:30 AM	Ij: BETNESOL	12mg	IM	[signature] 16428	DS SN
22/6	11.25 AM	Ij: MAGNEX Ij: FORTE	0.1ml	ID	[signature] 16428	DS SN
23/6	12:40 AM	Tab. NIFEDEPINE	20mg	PO	[signature] 16428	DS SN
23/6	12 AM	Ij: PAN	40mg	IV	[signature] 16428	RS SK
23/6.	12AM	Ij: EMESET	4mg	IV	[signature] 164288	Rs Sk
23/6	2.55 AM	T. MISOPROSTOL	600mcg	PR	[signature] 164288	Rs SK
23/6	2.55 AM	JUSTIN SUPPOSITORY	100mg	PR	[signature] 164288	RS SK.
23/6	2:30 pm	I. TRAPIC	1 gm	iv	[signature]	Rs Sk
23/6	2:30 pm	I. CARBOPROST	250mcg	im	[signature]	Ds Sk
23/6	2:40 pm	I. EMESET	4mg	iv	[signature]	Ds Sk

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

Patient Sticker

I.V. FLUIDS CHART

Weight 81.5 Ward [illegible]

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/6	11:30 pm	IVF 1ORL	IV	free flow	[signature] 16428	DS / SN	23/6	[signature] 16428	DS / SN
23/6	1.20 AM	Inj: MAGNESIUM SULPHATE LOADING DOSE	IV	4g over 15 min	[signature] 16425	DS / SN	23/6	[signature] 16428	DS / SM
23/6		Inj: MAGNESIUM SULPHATE MAINTENANCE DOSE	IV	1g/hr	[signature] 16425		NOT GIVEN		
23/6	2:10 Am	3 O R L	IV		[signature]	RS / SK	23/6 2:30 Am	[signature]	RS / SK
23/6	2:20 Am	[illegible]	IV		[signature]	RS / SK	23/6	[signature]	RS / SK

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

Mrs Reshma

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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 81.5 Ward CDR

DRUG : Inj. PARACETAMOL

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

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 23/6 24/6

STOP

DRUG JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	23/6

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 23/6 24/6.

STOP

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	1-0-0	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

11:35AM

DRUG : INJ. MAGNEX FORTE

Dose	Route	Frequency	Start Dt.
1.5g	IV	1-0-1	24/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 24/6

11AM

STOP

11pm

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward .....

Signature .....

VERIFIED BY : Name .....

DRUG : T. ZERODOL SP

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

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/6	25/6
9AM	DSP VB	
9PM	BA CB	

DRUG : T. PANTOPRAZOLE

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

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: Before food

Daily Doctor's Endorsement by a Sign

Date / Time	24/6	25/6
7AM	BA CB	
7PM	MA PSA	

DRUG : T. B LONG

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

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/6	25/6
9PM	BA CB	

DRUG : TAB CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/O	1-0-1	24/6/24

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/6	25/6
9AM	DSP VB	
9PM	BA CB	

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO (F)
30-11-1994 31 Y 6 M 25 D
Dr. SHEELA M

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : TAB METROGYL

Dose	Route	Frequency	Start Dt.
400mg	P/O	1-1-1	24/6/26

Name & Signature of the Doctor Starting the Drugs: [signature] 127435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	24/6	25/6
8PM	/	DSP VB
2PM	/	
10PM	8A	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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 ....

Patient Sticker

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 ....

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

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

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

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 25 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/6/26	12.30 PM	T. CABERGOLIN	0.5mg	oral 2 tab		SM	
29/6/26		SYP. CREMAFFIN	20ml	PO	15221		

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

Pat

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. SUSTEN SR	400mg	PO	OD	22/6/26 8 am	☑C ☑DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

*C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 16478 Dr. Dnyalakshmi

Date & Time : 22/6/26, 11 pm.

Nurse Name & Signature: D. Soheroca

Date & Time : 22/06/2026 at 10.30 pm

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	23/6/26																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																	20		20		20	20	20	20	20
	0 - 10																									
Saturations	94 - 100 %																	99		99		99	99	99	99	99
	< 94 %																									
Administered O_2 (L/min.)																		RA		RA		2L	RA	RA	RA	RA
Temp C	40																									
	39																									
	38																									
	37																	37		37		37	37	37	37	37
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																	80		90		88	90	84	84	90
	70																						40	41		
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																	128		120		110	90	90	94	103
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																	44		40		72	55	56	58	67
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
TOTAL ORANGE SCORES																		0		0		0	0	0	0	0
Nurse Initial																		BJ		BS						

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	23/6/26																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20		20						20				20				18				18			
	0 - 10																									
Saturations	94 - 100 %		99		99						98				99				98				99			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA						RA				RA				RA				RA			
Temp°C	40																									
	39																									
	38																									
	37		98		98						98.7				98.6				98.2				97.8			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		82		82						80				82				80				78			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		116		112						110				120				122				98			
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70		70						65				67				66				62			
	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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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

24/6.

		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	18							18 bpm	18 bpm					18				18			18				
	0 - 10																									
Saturations	94 - 100 %	98%							98%	99%					98%				98%			99%				
	< 94 %																									
Administered O2 (L/min.)		RA							RA	RA					RA				RA			RA				
Temp°c	40																									
	39																									
	38																									
	37	98°F							97.8°F	98°F					98°F				97.4°F			97.8°F				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	107							113	112					101				99			108				
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50								(71)	(76)																
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	66							69	63					69				61			62				
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓							✓	✓					✓				✓			✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓							✓	✓					✓				✓			✓				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓							✓	–					–				–			–				
	Heavy / Foul																									
Liquor	Clear / Pink	–							–	–					–				–			–				
	Green																									
TOTAL YELLOW SCORES		0							0	0					0				0			0				
TOTAL ORANGE SCORES		0							0	0					0				0			0				
Nurse Initial		✓							✓	✓					✓				✓			✓				

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 am											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	H2o.	100ml.									
	12:00 am	H2o	100ml							200	0	DS
	01:00 am									150ml	0	DS
Total Intake :		200ml.	RL			Total Output :					0	DS
	02:00 am	NPO		1300ml						550ml		
	03:00 am	N		125ml						100ml	0	DS
	04:00 am	P		125ml.						100ml.	0	DS
	05:00 am	O		125ml						100ml	0	DS
	06:00 am	NPO		125ml						50	0	DS
	07:00 am	NPO.		125ml.						75	0	DS
Total Intake :		1.925ml.				Total Output :				75	0	DS
										600ml.		

Total 24 hrs. Intake	2.125ml.

Total 24 hrs. Output	1.150ml.

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
23/6/26												
	08:00 am			125						200	0	
	09:00 am	H2O	100	125						150	0	
	10:00 am		200	125						80ml	0	Dan.
	11:00 am	NP		125ml						200ml	0	DSA
	12:00 pm			125						250ml	0	DSA
	01:00 pm	Water	10ml	125ml						200ml		DSA
Total Intake :			310 ml + 752ml							Total Output :		1,080ml
	02:00 pm	water	100ml	125ml						350ml	0	
	03:00 pm	coconut water	100ml	125ml						350ml	0	
	04:00 pm	Tender coconut water	200ml	125ml						400ml	0	
	05:00 pm	Juice	200ml	125ml						400ml	0	
	06:00 pm			DL						80ml	0	
	07:00 pm	water	100ml	DC						150ml	0	
Total Intake :			700ml + 500ml							Total Output :		1430ml
	08:00 pm									450ml	0	NSD
	09:00 pm	Tender coconut water	200ml							300ml	0	NSD
	10:00 pm	Kanji	100ml							250ml	0	NSD
	11:00 pm	Tender coconut water	200ml								0	NSD
	12:00 am	water	100ml								0	NSD
	01:00 am	Juice	200ml								0	NSD
Total Intake :			800ml							Total Output :		1000 ml
	02:00 am										0	NSD
	03:00 am	water	100ml								0	NSD
	04:00 am									500ml	0	NSD
	05:00 am										0	NSD
	06:00 am	water	100ml								0	NSD
	07:00 am	water	200ml								0	NSD
Total Intake :			400ml							Total Output :		500ml

Total 24 hrs. Intake	3,460ml	Total 24 hrs. Output	4310ml

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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
24/6/26												
	08:00 am	water	200ml				Motion Passed			200ml	0	
	09:00 am										0	
	10:00 am	water	100ml							150ml	0	Bahi
	11:00 am	Soup	200ml								0	Bahi
	12:00 pm									100ml	0	
	01:00 pm	water	150ml								0	
Total Intake :		650ml				Total Output :				450ml		
	02:00 pm	Wat	100ml								0	
	03:00 pm	Wat	100ml								0	
	04:00 pm	Wat	200ml							200ml	0	
	05:00 pm										0	
	06:00 pm	Milk	200ml								0	
	07:00 pm									200ml	0	
Total Intake :		600ml				Total Output :				500ml		
	08:00 pm										0	
	09:00 pm	Wat	100ml				motion passed			250ml	0	
	10:00 pm	Milk	200ml								0	
	11:00 pm										0	
	12:00 am	Wat	200ml							200ml	0	
	01:00 am										0	
Total Intake :		500ml				Total Output :				450ml		
	02:00 am	Wat	100ml								0	
	03:00 am	Wat	200ml							200ml	0	
	04:00 am										0	
	05:00 am	Wat	100ml								0	
	06:00 am										0	
	07:00 am	Wat	200ml							200ml	0	
Total Intake :		600ml				Total Output :				400ml		

Total 24 hrs. Intake	2,350ml	Total 24 hrs. Output	1,800ml

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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 26+1 weeks.

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date	22/6/2026	23/6/26	23/6/26	24/6	24/6	24/6
Shift	N	M	Evening	N	M	E
Medical Condition (Any special condition to be noted):	Noted.					
Diet:	Normal diet	Liquid	clear liquid diet	clear liquid	soft diet	soft diet
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.1°F	98°F	98°F	98°F	98°F	98°F
Res:	20	24 b/m	20 b/m	20 b/m	20 b/m	20 b/m
SpO₂:	100%	99%	98%	99%	98%	99%
Pulse:	92	98 b/m	82 b/m	82 b/m	82 b/m	98 b/m
BP:	118/74	120/70	112/72	120/67	112/66 (69)	112/69 (76)
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	–	10	10	10	10	10
Pain Score:	2/10	2/10	2/10	2/10	2/10	2/10
Skin Integrity	Normal	0/10	0/10	0/10	Bed safety	Bed safety
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:	Norm	–	–	–	–	–
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ 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):	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Depth	NA	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Arobeen	Aur	Angel	Nisha	Vaishu	Vaishnavi
Signature / ID :	[illegible]	[illegible]	01890	MS/01901	[illegible]	[illegible]
Date:	22/6/26	23/6/26	23/6/26	24/6/26	24/6	24/6/26
Time:	4pm	8AM	7.30pm	7.30am	1.30pm	7.30pm
Taken Over By Name :	Aur	Vaishu	Nisha	Vaishnavi	Ahuja	Abitha
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	23/6/26	23/6/26	24/6/26	24/6/26	24/6/26	24/6/26
Time:	8Am	1.30pm	7.30am	1.30pm	1.30pm	7.30pm

NURSING SHIFT HAND OVER FORM

Hospital Children's Ramallah

Patient sticker

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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: 22/06/2020

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	11pm	prevent fall and injury.	19.30 pm	→ keep bed in low position with side rails up. → Assist during ambulation → Ensure call bell is within reach.	patient visited and checked	Reassessment done	DHD 01/7/20

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: ....

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	1.30 pm	Maintain fluid Balance.		maintain hand hygien and hand washing. maintain vital sign's and flochart Administer IV medication	Improved fluid volume	Reassessment was done vital are stable	[illegible]
Night	9pm	To relieve pain & discomfort	9pm	To assess the patient general condition To monitor vital signs & To provide comfort position.	pain will be reduced	Reassessment was done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	10.30 pm	Admission Notes (22/6/2026. patient come from with complaints p/v leakings 9.55pm and lower abdomen pain patient mrs. Reshma, under DR. Sheela mam. patient G2A1 26+ weeks. PPROM patient checked. with vital signs are stable. patient on connecting FHR present 144b/m patient General condition fair patient p/v leaking clear draining. inform to DR. Faatima advice admission order patient. other No complaints	DH 0174
	11pm	S/B DR. Faatima. advice CBC, CRP, urine R/E, urine culture, HIV sent to lab order	DH 0174
	11.30 pm	patient IV line put Back from come patient IBU patient IV put by SPN Ninetha sister patient Inj: magnex forte 0.1ml test dose ID given patient conscious and oriented. General condition fine on going	DH 0174

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
22/6/26	11.40 pm	S/B DR. Faahima adin	
		on disconnecting order	
		FHR present 140b/m patient	
		Conscious and oriented general	
		condition fair	[signature]
23/6/26	12 AM	patient checked with	
		signs. vitals are stable patient	
		advised Inj: magnesium toxe test	
		any allergy reaction No	
		allergy patient Inj: magnesium	
		[illegible] 1.5 g IV given. advis Inj: pan	[signature]
		Inj: Emeset 2ml IV given above	[signature]
		DR. Faathima	
23/6/26	12.39 am	C/B DR. Faathima advis Inj: Betnesol	
		12 mcg IM given order patient	
		Inj: Betnesol C. 12 mcg 12 mg IM	[signature]
		IM given	
	12.40 AM	S/B DR. Faathima advis	
		T. Nifedein 20mg oral give	
		the order patient checked with	
		inform to DR. Faathima patient	[signature]
		T. Nifedein 20mg oral given	
	1.20 AM	patient on connecting Inj: MgSO4	
		loading dose given patient	
		intervals [illegible] patient 20 min	[signature]
	2 AM	[illegible] S/B DR. Sheela man	
		advis to emergency shift OT catheter [illegible] shift OT	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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
		OT shifting Note	
23/6/26	2:15 Am	Patient received in to OT - III. patient is conscious and oriented. Iv line and foley's catheter is present. patient vital signs are stable.	607721
	2:20 Am	SA given. Positioning done. patient vitals are stable. Iv fluid on flow.	607721
	2:25 Am	Skin Incision given. No excessive bleeding is present. vitals are monitored	
	2:27 Am	Baby boy delivered baby not cried. Immediate cord clamping done. baby shifted to NICU.	607721
	3:20 Am	procedure done no excessive bleeding Surgical dressing is intact.	607721
	3:35 Am	patient shifted to micu. Hand over given to micu staff	
		Receiving notes :-	
23/6/26	3:35 AM	Receiving the patient from OT c IP cy OP case sheet while receiving the patient conscious cy oriented, afebrile NPO. Inf RL 125ml/hr on flow. CBD urine drained clear cy adequate	011796

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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
Cont 23/01/26	4AM	=> Patient vital signs stable General condition fair.	
	5AM	=> Patient teeth assisted by brushing. No other complaint.	
	6AM	=> Patient vital signs checked & recorded. General condition fair	=> [illegible] /01/Feb
		B: Breast soft, no engorgement	
		U: Uterus firm contracted well	
		B: Bowel habit present.	
		B: Patient in CBD, last output 100ml	
		L: Lochia rubra but no ordour to foul smell	
		E: Redda assessment not applicable.	
		H: Homans sign negative.	
		E: Patient emotional state good.	=> [illegible] /01/Feb
	7pm	=> Orals stable, no vomiting	=> [illegible] /01/Feb
	8pm	=> Patient report hand over to nursing duty staff	[illegible] /01/Feb

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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 ..... N L

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	8AM.	Morning duty Notes 23/6/26. Hand overs taking from night duty Staff, patient Conscious and oriented IV line Pattern IV fluids RL 125ml/hr onflow, on CBD present urine drained clear adequate PV bleeding minimal, vital are checked and recorded no oozing from operated area, no other complaints general condition is good. →	S/N Aum.
	9AM.	Due medication given as per doctor order →	S/N Aum.
	9⁰⁵Am	B - Breast is soft U - uterus contracted well B - Bowel movement present B - Last output 100ml at 9AM. 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. Aum.
	9³⁰Am.	S/B Dr. pavithra Advised Patient Shifted to ward Orders Carried Out →	S/N Aum.
	10Am	Transfer the patient AM Floor Hand over given to AM Floor Staff →	Aum.

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
		→ Receiving notes ←	
23/4/26	10am	Pt received from LDR to 4th floor. Pt details & handing over taken from LDR duty s/n. Pt was conscious. IV line + pattern. CBD present & pattern. Pt under the room air. Pt had liquid diet.	[signature]
	10.10AM	Pt c/o vomiting inform to Dr. Pavithra mam over advice to NPO 2 hours.	
	10.30am.	Dr. Neethanjali Mam & Dr. Pavithra mam seen the pt as Dr. Neethanjali mam advice 2 hours NPO. Dr. Pavithra mam order Inj. Emeset 4mg IV stat given as per order.	[signature]
	11.30am	Inj. Clexane 40mg SC given	
	12.30pm	Vitals are checked & recorded. Vitals are stable. PP/CP/CPT ++/++/L3	
	12.30pm	Dr. Pavithra mam phone call order to start clear liquid Diet. After passing flatus to start soft diet. Maintaining I/O chart	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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
		→ Continue Notes ←	
	12.15pm	water given. after no vomiting.	
23/6/26	1.20pm	Pt details Handing over given to the Evening duty s/n	[signature]
		→ Evening duty On:- 23/6/26	
	1.30pm	patient details hand Over taken from morning duty staff	
		patient is conscious & oriented	
		patient IV cannula patent	[signature] 018950
	2pm	patient clear liquid diet taken	
		patient CBD present	
		Due to medication was given as per doctor's Order	[signature] 018950
		B - Breast is soft	
		U - Uterus contracted well.	
		B - Bowel movement present	
		L - Lochia Rubra present	
		E - Reeda assessment not applicable smelling	
		H - Homan's sign negative	[signature] 018950
		E - patient Emotional status is good	
	4pm	vital sign's checked and Recorded vital are stable	
		IV fluid RL 125ml per on flow	[signature] 018950

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
		→ continue 23/6/26 ←	
23/6/26		Continue IV fluid RL on flow. No chart Maintained No any complaints →	
	7.30pm	patient details band over given to night duty staff ← 23/06/2026 to ON Night duty →	Staff Nurse
23/6	7.30pm	The patient details handing over taken from Evening duty to night duty. The patient is conscious and oriented. IV line Present. no pain, no swelling IV Lie Pattern. Patient On CBD.	Staff Nurse
	8pm	Vital signs are checked and recorded. Vital are stable.	Staff Nurse
	8.30pm	patient CBD way removed. withdraw 10ml. patient Operated well. patient Ambulated.	Staff Nurse
	10pm.	Oral medication was given. As per drug chart Order. patient voiding with 250ml.	Staff Nurse
24/6	6am	Vital signs are checked and recorded. Vital are stable	
	2am	B- Breast soft U- Uterus contract well. B- Bowel movement present	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 25 D (F)
Dr. SHEELA M

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
		continue notes.	
24/6		B- Patient last voided 250ml.	
		L- Lochea Rubra present.	
		E- Reeda assesment no	
		applicable. swelling.	n8/01980
		H- Homan's sign negative	
		E- patient Emotional status is good	
	4Am	vital signs are checked	
		and recorded. vital arestable.	
		patient sleeping well.	
	6Am	Due medication was given. As	n8/01980
		per doctors order.	
		D/o chart was maintaining	
	7:30am	The patient details handing	n8/01980
		over given to morning	
		duty staff	[signature]
		Morning duty Notes.	
24/6.	7.30am	The patient details handing	
		over taken from night duty	
		Staff. patient is conscious.	
		IV line present & patency. →	Balaji/02085
	8am.	Vital Signs checked & Recorded	
		Vitals are stable. →	Balaji/02085
		due medication's are given as	
		per doctor's order	
	10AM	IV line ⊕ present &	[signature]
		pattern.	

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue ←	
24/6/16	1pm	Inj. Magnex forte 1.5 gm given as per doctor's order.	
		Vital signs checked & recorded - No other complaints.	
		Rx chart maintained.	
		Dr. pavithra through phone call Advice to give T. Cabergolin 0.5 mg - 2 tablet given.	
	1.30pm	patient handing over given evening duty staff	
		→ Evening duty ←	
	1.30pm	patient taken over from morning duty staff conveies awake	
	2pm	patient taken lunch. No other complaints.	
		Dr. priyadharshini seen the patient. Advised to change oral medications	
	4pm	Vital signs checked & recorded - No other complaints.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 25 D (F)
Dr. SHEELA M

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
		→ continue ←	
24/6/26	6pm	due medication's are given as per doctor's order.	
	6pm.	IV cluid maintained.	
	7pm.	patient handing over given to night duty staff	
		Night duty Notes on 24/6/26	
	7.30pm	The patient details handover taken from the Evening duty staffs. The patient is conscious and active.	
	8pm	Administer the medication as per doctors order. vitals are checked and recorded temp is normal	PP ++ CP ++ CRT <2s
	9.10pm	Dr. Divya mam comments was done adv! to give temp. reclination @10pm	
	9.40pm	The patient passed motion informed to Dr. Mohana adv! to dont give temp reclination.	
	10pm	The patient had soft diet & line pattern and good	

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
		continue (24/6/26)	
	12am	vitals are checked and recorded	
		temp is normal	[signature]
	2am	I/O chart is maintained	
		No any other complaints	
		Ev urine pattern and good	
		the patient is sleeping well	
	4am	vitals are checked and	
		recorded. temp is normal	
	6.00am	Administer the medication as	
		per doctor's order	[signature]
	7-30am	The patient details handover	
		given to morning duty staffs	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Age : .... ☐ M ☐ F

Consultant : ......

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/6/2026 Time: 11pm.

Location : (R) hand metacarpal vein

Size : 18 G

Cannula inserted by : S/N Nirmala.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
23/6	12AM	☐Yes ☐No	☐Yes ☐No	obl	DJ
	2Am	☐Yes ☐No	☐Yes ☐No	obl	DJ
	4AM	☐Yes ☐No	☐Yes ☐No	DJ	DJ
	6AM	☐Yes ☐No	☐Yes ☐No	DJ	DJ
	8AM	☐Yes ☐No	☐Yes ☐No	"	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	"	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	Obsel	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	obsered	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obsered	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obsered	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
24/6	12Am	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	4Am	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	6Am	☐Yes ☐No	☐Yes ☐No	Observed	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	Ob save	NE
	10AM	☐Yes ☐No	☐Yes ☐No	Obs	NE
	12pm	☐Yes ☐No	☐Yes ☐No	obs	NE
	2PM	☐Yes ☐No	☐Yes ☐No	obs	NE
	4PM	☐Yes ☐No	☐Yes ☐No	obs	NE
	6pm	☐Yes ☐No	☐Yes ☐No	obs	NE
	8pm	☐Yes ☐No	☐Yes ☐No	Removed	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	Removed	[illegible]
25/6	12am	☐Yes ☐No	☐Yes ☐No	Removed	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	Removed	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	Removed	[illegible]

Cannula removed : ☐Yes ☐No, if yes date and time : 25/6 8:50

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: 22/6/26 Time of Arrival: 20:57pm Time Seen by Nurse: 11 pm

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

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

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

3) **Vital Signs:** Temperature: 98.4F Pulse: 82 b/m RR: 24 b/m SpO_2: 100% BP: 110/70 Weight: ....

4) **Gestational Criteria:**

Gravida:	G 2	P	L	A 1
LMP: 21/12/25	EDD: 27/9/26	Gestational Age: 26+1 wk		

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

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

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

- Location: lower abdomen pain
- Duration: moment .... Days / Weeks/ Months (Strike out which is not applicable)
- Character: mild
- Frequency: moment, contraction
- Interventions: comfort position

6) **Past History:**

a) Surgeries: open appendicectomy 2023
b) Medical: candidiasis PV in mar 2025 | intramural fibroid 3.6x5cm c mmm

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

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

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: 10.40pm

Nurse Name : S/N Sobekoam Nurse Signature: D. Seeh 01717

Date: 22/6/20 Time: 10.40pm

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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	22/6/20 N	23/6 M	23/6 E
		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			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	10	10
		Signature	DSH		23/6/2020

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 25 D (F)
Dr. SHEELA M

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 23/6	M 24/6	E 24/6
		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			
	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			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:				0	
		Signature		[signature]	

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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 : 22/6/26	23/6	23/6	23/6
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	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	4	4
					TOTAL SCORE	28	27	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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO (F)
31 Y 6 M 24 D
30-11-1994
Dr. SHEELA M

Rainbow Children's Hospital — It takes a lot to beat 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	11pm	2/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
22/6/26	8PM	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
23/6	8AM	1/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfort position	[illegible]
23/6/26	2pm	3/10	lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfort Position	[illegible] 01890
23/6/26	10pm.	2/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☑ Decreasing	☐ Yes ☐ No	Inj. Para 1gm	[illegible]
24/6/26	4AM	2/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
24/6/26	8AM	0/10	surgical site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
24/6/26	1pm	2/10	surgical site	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Inj. Para 1g given	[illegible]
24/6/26	2pm	0/10	lower abdomen	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position (pain reduced)	[illegible]
24/6/26	4pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]

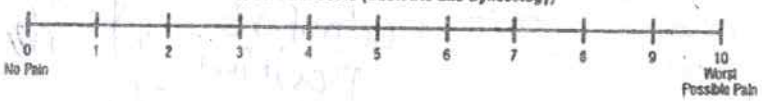
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

Patient Sticker

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: 22/8/2026

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: Tamil 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		
21/6/26	1/pm	yes	patient explain during contraction breathing breather	Patient	No learning Barrier	Oral	Mean	Learn	Good	
23/6/26	8AM	YES	Educate about during pain Deep breath Exam							
24/6/26	8AM	infection control Mean	Health education given infection control about hospital,	Patient	NO	oral	None	verbal	good	
				patient	NO	oral	None	verbal	good	

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: ..... 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. 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

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

	Date & Time of Admission	Date & Time of Transfer Order
	23/6/26	23/6/226
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Sheela	Dr. Pavithra	Further treatment
From Unit	To Unit	Information to Attendant
NICU	4th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
PP Files	CT4	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 ☐
Dr. Pavithra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Anu 01021	Dr. Pavithra

Patient & Clinical Records Received by : 09384

Date & Time of Patient Received : 23/6/26 @ 10am

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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
23/6/26	12.30 PM	94 mg/dl	DR, Faahima	DR OFF

Docu. No. : RCH /FRM / CLINICAL / 185

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 1.00 **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NO.	
	c.Last vitals recorded before transfer	Yes.	
	d.Central line hubs are closed	NO	
	e.Dressing Intact	NO.	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes.	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted	NO	
	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	NO	
	b.Bed/side rails up and brakes applied	NO	
	c.Special positioning maintained as per surgery	NO	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NO	
	b.Epidural catheter secure, infusion checked	NO	
	c.Pressure areas protected (heels/elbows)	NO	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	Yes.	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness	Yes.	
	Transferring Nurse: _____	Nurse.	
	Receiving Nurse : _____	Nurse	
	Signature of Incharge:	Dr	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PRE - OPERATIVE CHECK LIST

Date: 23/6/26

Patient's Name : Mrs. Reshma Age : 31 yrs Gender : ☐ M ☑ F

Blood Group : "O" Pos UHID : 741871

Planned Surgery : EML SCS. Surgeon : Dr. Shaila

Anesthetist : Dr. Mohan Date & Time of Operation : 23/6/26

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : ...

Billing Executive Signature : [signature]

Date & Time : ...

Nurse In-Charge Name : Sr. Neeta

Signature of Nurse In-Charge : D117416

Date & Time : 23/6/26

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Date : 23/6/2026.

Name :
GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
1.20AM	98.1°F	89	20	110/70	100%	—	
1.25AM		90	18	106/68	100%	—	
1.39AM		96	19	108/66	100%	—	
1.40AM		98.	20	110/72.	100%	—	

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

VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: 23/6/26 @3AM Date of Removal: .....

Parameters	Date / Shift Time	22/6/26 2 AM	23/6/26 8AM	23/6/26 2PM				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Sharmila	Sharmila	Angel	CBD removed at 23/6/26 @ 3pm			
Signature of the Nurse		Sha 23/6/26	Sha 23/6/26	01890				

GUC- 87604

ANTENATAL RECORD

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

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

DR. priyadharshini

Antenatal No: _____

Reg.No: _____

PERSONAL DETAILS

Name: MRS. Reshma caroline Age 31 Date of Birth _____ Education: _____

Occupation: _____ Phone No: _____ Mobile: _____

Husband's Name: _____ Age _____ Education: _____ Occupation: _____

Address: Nizoopo y lots No 61 Alandur chennai, Tamilnadu

Mobile: 9790297141 E-mail Id: _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G2A1 ↑ BMI Short Co. 3cm.	LMP- 21/12/2025 EDD- 27/9/2026

HISTORY

Year of Marriage: Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP EDD Corrected EDD

OBSTETRIC FORMULA:

Gravida Para Live Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History: Family History:

Surgical History: Allergies:

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife O +ve Husband ICT

VDRL -NR HIV -NR HbsAg -NR TSH - 1.52 GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
21.12.2026		Hb - 13.2 RBC - 4.82 PLT - 436 MPV - 8.5 WBC - 11.53 Creatinine - 0.60 RBS - 104 T3 - 148 T4 - 10.8 Urea - 9	HBA1C - 5.5 pus cells - 2-4

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose taken. 2nd dose

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester										
TIFFA										
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name:_____ **Corrected EDD:**_____ Parity_____

SYSTEMIC EXAMINATION

Height 150 cm CVS_____

Weight: 78 kg Respiratoy System:_____

BMI: 35 Breasts:_____ Thyroid:_____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
18/5/26	80.8	115/67							
25/5/26	80.2	104/70							

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____ Apgar score:_____

Postpartum Period:_____

_____

_____

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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. Sheela	Date of Delivery: 23/6/26
Assistant Surgeon: Dr. Fathima	Time of Delivery: 2:27 Am
Anaesthetist's Name: Dr mohan	Gender of Baby: Boy
Type of Anaesthesia: Le SA	Weight of Baby: 900 gms.
Neonatologist: Dr. Prasanna	AGPAR Score:
Scrub Nurse: Sr Sasi	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis: G2A1 / 26 weeks 1 day

☐ Elective ☒ Emergency Indication: Fetal distress / (Fetal PPROM bradycardic).

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

Decision time: 4 hrs. Knief to rectus:

CTG Description: Fetal bradycardic (< 90 bpm)

If there was a delay give the reasons:

Surgical Procedure: Emergency hysterotomy

Post Operative Diagnosis: P1L1A1 / Emergency hysterotomy / DOS

Peri-Operative Complications: adenomyotic uterus

Amount of Blood Loss: ~200ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☑ Breech ☐ Other .... Cervical Dilatation: 1 cm cm

5th Palpable: 5/5 palpable Fetal Position: ....

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

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

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

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps nil (anhydramnios)

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

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

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

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

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

---

uterine angle extended

Uterine Closure: ☐ One Layer ☑ Two Layers vicryl Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None (gel foam kept) Suture

Sheath Closure: vicryl Suture

Fat Closure: ☐ Yes ☐ No .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress 3.0 monocryl Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:

NPO x 3 hrs CBD x 16 hr

IVF 2 DW 1 litre 8hrly
2 DNL

Ij magnex forte 1.5g IV bd, H/L/HS

Ij pan 40mg IV BD

Ij emeset 4mg IV 8hrly (SOS)

Ij para 1g IV infusion TDS

Ij clexane 40mg SC after 8hrs
OD

Tonoc suppository P/R HS

Watch for bleeding PV

Doctor Name: Dr Sheela / Dr Priyadharsini Doctor Signature: [signature]

Date & Time: 22/6/2020

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. sheela
Asst. Surgeon : Dr. Fashima
Anaesthetist : Dr. mohan
Scrub Nurse : Silal Sasi

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Age : ..... Gender : .....
gery Name : Cm - Isc
Date : 23/6/26 In-time : 2:15Am Out-time : 3:35Am

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: 2:20Am

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 Mohan

Before Skin Incision ➤➤

TIME OUT Time: 2:22Am

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 164288
Name : Dr. Sheela

Before Patient Leaves Operating Room

SIGN OUT Time: 3:30Am

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 : 607721
Name : Risna

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	2. TAZAPIC	1gm	iv	STAT	23/6/26 2-30 am	☐C ☐DC
2	2. Carboprost	250mcg	im	STAT	23/6/26 2-30 am	☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Rao 23/6/26

Date & Time : 23/6/26

Nurse Name & Signature: Reena 607721

Date & Time : 23/6/26 @ 3:00 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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Date & Time of Admission	Date & Time of Transfer Order
23/6/26,	23/6/26 @ 3:35 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. sheela	Dr. mohan	for further management
From Unit	**To Unit**	**Information to Attendant**
OT	micu	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 Ip file	—	Yes ☐ No ☒
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607721	Dr. mohan

Patient & Clinical Records Received by : 01/7/26

Date & Time of Patient Received : 23/6/26.

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 23/6/26 @ 3:35 Am OT **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	✓	
3	**Circulation & Hemodynamic Stability**	X	
	a.IV lines secured & infusion running correctly		
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	✓	
	e.Dressing Intact	✓	
4	**Pain Assessment**	✓	
	a.Pain score assessed & analgesia given		
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**	✓	
	a.Surgical dressing intact		
	b.All drains fixed, output noted	✓	
	c.Catheter secure & urine output recorded	✓	
	d.Splints/casts/traction devices stabilized	✓	
6	**Medications Pre & Post-Op Orders**	✓	
	a.Medications due time noted		
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**	✓	
	a.Oxygen cylinder full & ambu bag at bedside		
	b.Bed/side rails up and brakes applied	✓	
	c.Special positioning maintained as per surgery	✓	
8	**High-Risk Patient Safety (if applicable)**	X	
	a.Chest tube: underwater seal below chest level		
	b.Epidural catheter secure, infusion checked	X	
	c.Pressure areas protected (heels/elbows)	X	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	✓	
10	**REPORTS AND LABS HANDED OVER**	✓	
11	**BIOPSY/HPE SENT**	✓	
12	**Documentation**	✓	
	a.Documentation completeness	✓	
	Transferring Nurse:	G09721	
	Receiving Nurse :		
	Signature of Incharge:	For Rainbow G09721	

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

Patient Name : .....
UHID No : .....
..... Gender: ☐ Male ☐ Female Age : 31
.....
Date : 23/6/26

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)
..... EMERGENCY LOWER SEGMENT CESAREAN SECTION
(Ind: PPROM / FETAL DISTRESS) upon (Name of the Patient) Mrs-RESHMA

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, anesthesia related complications, risk of thromboembolism, ICU 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-Sheela

Consentee :
Signature : .....
Name : Mrs. Reshma
Date & Time : 23/6/2026.

Patient Attendant :
Signature : .....
Name : M
Relationship with Patient: .....
Date & Time : .....

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

Doctor (who is taking the consent) :
Signature : for .....
Name : Dr. SHEELA
Date & Time : 23/6/26.

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-00087604 IP18-00036140 Mrs RESHMA CAROLINE ROZARIO 30-11-1994 31 Y 6 M 24 D (F) Dr. SHEELA M

UHID NO: .... Age : .... Gender : Male ☐ Female ☐

Anaesthesiologist : .... Surgeon Name: ....Dr. Sheela..........

.... Operative procedure planned : ....Surgery 13 ...

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

☐ Hepatic disorders ☐ Shock ☐ Renal failure

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Others : ....Aspiration / desaturation, ...

- 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 : ....Reshma....

Name : ....

Relationship with Patient: ....

Date & Time : ....

Witness :

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

Name : ....

Date & Time : ....

Doctor (who is taking the consent) :

Signature : ....[signature].... Name : ....Dr. Mohan.... Date & Time : ....3/6/26 2.00 Am....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO (F)
30-11-1994 31 Y 6 M 24 D
Dr. SHEELA M

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

Date: ..... Proposed Operation: .....

Diagnosis: PPRM.

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

Laboratory Data:

Hgb: 12	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC:	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 2.15 l.	Na:	Dir. Bill:	Blood group:	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 1.52		
	Cl -:	SGOT/SGPT:			

Other

Allergies: Nil

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal : Nil significant.

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs : CVS

Heart: RS WNL.

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

Pre-Operative Instructions:

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

.....

.....

.....

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

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:
Physical Status:	Patient Identified	☐ Consent Present	☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date:

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME
N_2O /AIR /O_2 LPM
HALO /ISO /SEVO
Drugs:

Antibiotic
Suppository
Blood Loss
NOTES

FiO_2 / SaO_2
$ETCO_2$
ECG
Temperature
Urine Output

Fluids
Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

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

Position:
☐ 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:
OP Start:
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☐ IV
☐ IV:

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

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

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

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: ..... Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

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

Name of the Doctor:
Signature of the Doctor:

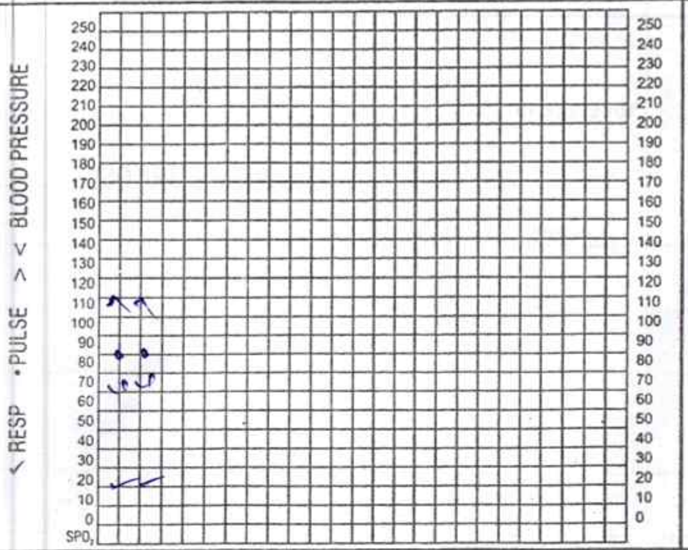
Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risne Time Received : 3:35 Am Time Discharged : 3:35 Am



IV Cannula Site : ....

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

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NPO on perdiyan' water	
			inf @ 12 ml/hr till 10am.	
			2 Paracetamol 150mg iv TDS.	
			monitor vitals	

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

Anaesthesiologist Name : ....
Anaesthesiologist Signature: [signature] 83116
Date & Time: 23 14/26 3.15 am.

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

PACU Nurse Name : Risne
PACU Nurse Signature: [signature] 607721
Date & Time: 23/6/26 @3:15Am

Transferred to Unit by (PACU): Mlev
Date & Time: 3:35 Am

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

Ref. No. : F / HW / CON / HR / 05

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

INFORMED CONSENT FOR HIGH RISK

Patient Name : M

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Gender : ☐ M ☐

Ward / Bed No. : .

31

22/6/26

I/We .....have been explained by Dr.....

about the medical condition and the proposed procedure.

I/We have been told that our patient .....has the

Following Medical Condition / Diagnosis

G2A1 / 26 WEEKS 1 DAY / FIBROID UTERUS
PRELABOUR / PREMATURE RUPTURE OF MEMBRANES.

Proposed treatment / Procedure / Operation:

CONSERVATIVE MANAGEMENT
EXPECTANT MANAGEMENT

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

Anhydramnios, Chorioamnionitis, Infection, preterm delivery, need for emergency LSCS, NICU care. increased risk to life of baby / or hysterectomy

I / We have been explained that our patient carries a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above –mentioned treatment.

Name of the Doctor performing the procedure : Dr. Sheela

Patient Attendant :

Signature : Reshma

Name : Reshma Caroline Rozario

Relationship with Patient: Self

Date & Time : 22/6/26, 11 pm

Witness :

Signature : PRAVEEN

Name : PRAVEEN. R

Date & Time : 22/6/26, 11 pm

Doctor (who is taking the consent) :

Signature : 164288

Name : Dr. Divyalakshmi

Date & Time : 22/6/26, 11 pm

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 23 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SSI PREVENTION CHECKLIST

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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?
   - [x] a. Yes
   - [ ] b. No

2. If No, Reason .....

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

4. Milk flow:
   - [ ] a. Good
   - [x] b. Drops of colostrums
   - [ ] c. Dry

5. Steps for Positioning and attachment:
   - [ ] a. Baby goes to the breast
   - [x] 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: yes
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: Baby NICU.

Date: 23/6/2021

Continuity of Care:

Handover given by D. Sobreevin

Signature D. Sob 0145

Date & Time: 23/06/2021 about 2 pm

Handover taken by .....

Signature .....

Date & Time: .....

Doc

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-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

Treating Consultant Name: Dr. Sheela	Date & Time of Admission: 22/6/2026 at 10.51pm	Date & Time of Transfer Order: 23/6/26 at
	Transfer Ordered by: Dr. Faatima	Reason for Transfer: EMR CRS
From Unit: HDR	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Nil	Number of Imaging Films: CM -	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
M Soheloon	Dr. Sheela.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 23/6/26.

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

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

GUC-00087604 IP18-00036140
Mrs RESHMA CAROLINE ROZARIO
30-11-1994 31 Y 6 M 24 D (F)
Dr. SHEELA M

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: 23/6/26 Time: 2:30PM

Origin: — Height: 149Cm Weight: 81.5Kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☑ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Mother
Signature: Reyula

Name: REJULA

Date & Time: 23/6/26 @ 2:30PM

Dietician's
Signature: A. M (01833G)

Name: A. Sadiya Farheen

Date & Time: 23/6/26 @ 2:30PM

DIETARY NOTES

Date	Time	Notes	Sign
23/06/26.	8:30 AM.	EMERGENCY LSCS → done. - Patient is on liquid diet. - Patient is stable. Oral intake is Better. - Advised to take plenty of Oral fluids like water, fruit juices, Tender Coconut water, buttermilk (etc) Fluids - 2-3 l/d.	A.B (018336)
	10:30 AM. 12:30 PM.	NPO for 2 hours. - Patient is on clear liquid diet. - Patient is stable. Oral intake is Better. To consume clear liquids like water, tender Coconut water, fruit Juices (etc) Fluids - 2-3 l/d.	AN (018336)
24/06/26.	10 AM.	- Patient is on Soft Diet. - Patient is stable. Oral intake is Better. Advised to take protein - Rich foods. Consume Small - frequent meals.	A.D (018336)