BirthRight Rainbow Children's Hospital

GUC-00092914 IP18-00036130
Mrs ASHWINI V
08-03-1997 29 Y 3 M 19 D (F)
Dr. UMA K

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		25/6/2026 at 6AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Name: Ms. Ashwini

UHID No: 92914 IP No: 36130 Consultant: Dr. Uma Dept:

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

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

WARD TRANSFERS

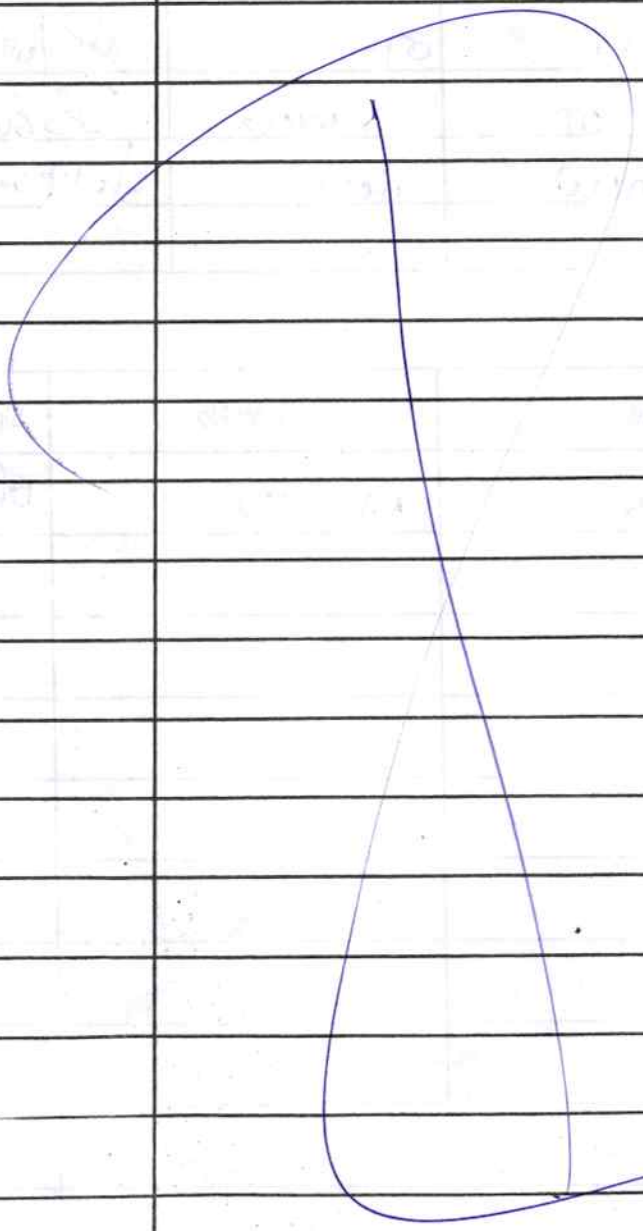
Date	Time	From	To	Signature of Nurse
22/6/26	11.40 am.	MLW	7th floor.	Devi/015760
22/6/26	10pm 10	LDR	OT	[signature]/01170
22/6/26	11.00 pm	OT	MICU	[signature] 607721
23/6/26	3pm	MLW	703	[signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	22/6/26	1715792	[signature]/01170
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/6/26	RBS	26014830	
24/6/26	Complete urine Routine	26019944	
24/6/2026	CBC, ~~Urea~~, ~~Creatinine~~ LFT	26019950	



MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1)	GU - 1			008314	Devi 010760
2)	GU - 2			008314	Devi 010760
3)	GU - 3			008344	Devi 010
4)	Syringe pump	1.00 PM	23/6/26 1pm	1718674	Devi 010760
22/6/26 5)	Infusion	11pm	23/6/2026 at 10pm	1715741	011770
6	GU - 4			08357	011770

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/6/26	IV placement	1	17/5683	[illegible]
22/6/26	Catheterisation	1	17/5678	[illegible]
24/6/26	Diet Counselling	1	1716436	[illegible]
24/6/2026	Physiotherapy	1	1716501	Ok

ANY OTHER INFORMATION:

22/6/26 · Procedure: Emergency by
Surgeon: Dr. Uma
Assist. Surgeon: Dr. Fachime
Anesthetist: mohan
In time: 9:50 pm
Out time: 11:00 pm

Date: 25/6/2026 Time: 5:15 AM Prepared By: .....

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

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 22/6/26

Patient Name: Mrs. Ashwini Date of Birth: 6/3/1997 Age: 29y

Gender: Female Ward : OT UHID No.: 92914 / 36130

Date of Surgery: 22/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Asst.

Time in : 9:50 pm Time Out : 11:00 pm

	NAME	AMOUNT
1. Surgeon	: Dr. Uma	
2. Anaesthetist	: Dr. Mohan	
3. Assistant Surgeon	: Dr. Prashima	
4. OT Technician	: Mr. Sudarshan	
5. Circulating Nurse	: Staff Rosac	
6. Assistant Nurse	: Staff 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 Sasi

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

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

Patient Sticker

Emergency LSCS

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CONSUMABLES OF OT

Circulating staff : ..... Technician : MR. Sudheerjan Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		
HME filter : A / P / N		
Syringes : 10 cc		
05 cc		
02 cc		
01 cc		
Cautery plate : A / P / N		
IV set		
BL		
NS : 10ml / 100ml / 500ml / 1000ml		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		
Tab. Misoprost : 200mg		

Surgical Disposables	Qty Issued	Qty Used
Major Pack		01
Sutures		
		02
		01
		01
Gloves		2
		01
		01
Surgical blade		01
NG tube		01
Cautery pencil		01
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack		
Mop Pack		
Steristrip		
Underpad		
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		01
Plastic Bed Sheet		02
Betadine Solution		01
Microshield		
Cotton Balls		
Latex Gloves		
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit K		1
Cord Clamp		1
Suction Catheter		
Feeding Tube 6Fr		1
Vaccum Suction Set		
Surgical Gloves 6-5 P.F		01
Gauze Pack		01
Syringe 1ml / 2ml		01
Surgical Blade # 20		
Koochies (S)		
Anawin heavy		1
Bupsigesic		1
Inj Emeset		1
Spinal needle 25		1
Needle 26 x 1/2		1
OXITOCIN IV		5
BIOXAMIC		2
Table sheet		01
protogon		01

Surgeon Anaesthesiologist Nurse OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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	IP18-00036130	**Ward**	8F-OT COMPLEX
Patient Name	Mrs ASHWINI V	**Bed Name**	PRE OP 806
Age/Sex	29 Y 3 M 17 D / Female	**Order No**	18-0001715770
Date	23/06/2026 01:17	**Prescription No**	PRIP18-0622567
Payor	SELFPAY	**Dispensed Date**	23/06/2026 06:36
UHID	GUC-00092914		

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 06:36

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	IP18-00036139	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O ASHWINI V	**Bed Name**	CRDL-SUITE713-2
Age/Sex	0 Y 0 M 0 D 8 H / Female	**Order No**	18-0001715772
Date	23/06/2026 01:19	**Prescription No**	PRIP18-0622568
Payor	SELFPAY	**Dispensed Date**	23/06/2026 06:36
UHID	GUC-00092952		

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	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300811T	03/29	1	128.00	128.00
						Total :	**228.00**	**228.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036139	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O ASHWINI V	**Bed Name**	CRDL-SUITE713-2
Age/Sex	0 Y 0 M 0 D 8 H / Female	**Order No**	18-0001715771
Date	23/06/2026 01:19	**Prescription No**	PRIP18-0622565
Payor	SELFPAY	**Dispensed Date**	23/06/2026 06:35
UHID	GUC-00092952		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26B010463	01/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**115.92**	**115.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 06:35

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	IP18-00036130	**Ward**	8F-OT COMPLEX
Patient Name	Mrs ASHWINI V	**Bed Name**	PRE OP 806
Age/Sex	29 Y 3 M 17 D / Female	**Order No**	18-0001715769
Date	23/06/2026 01:17	**Prescription No**	PRIP18-0622564
Payor	SELFPAY	**Dispensed Date**	23/06/2026 06:35
UHID	GUC-00092914		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	1	32.34	32.34
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
10	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010541	01/31	2	525.00	1,050.00
11	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
12	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
14	SPINAL NEEDLE 27 G WHITACARE	VYGON		2509023	08/30	1	637.00	637.00
						Total :	**2,763.45**	**3,700.09**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 06:35

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	IP18-00036130	**Ward**	8F-OT COMPLEX
Patient Name	Mrs ASHWINI V	**Bed Name**	PRE OP 806
Age/Sex	29 Y 3 M 17 D / Female	**Order No**	18-0001715768
Date	23/06/2026 01:17	**Prescription No**	PRIP18-0622566
Payor	SELFPAY	**Dispensed Date**	23/06/2026 06:36
UHID	GUC-00092914		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1O10526	04/29	2	120.00	240.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
11	PROLENE 1 NW 883	ETHICON SUTURES-J&J	C1	0V4O12	08/27	1	550.00	550.00
12	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010526	04/29	1	250.00	250.00
13	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
14	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	1	103.00	103.00
15	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
16	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
17	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
20	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	2	951.00	1,902.00
						Total :	**9,189.46**	**10,981.46**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 23-06-2026 06:36

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00092914 IP18-00036130
Mrs ASHWINI V
08-03-1997 29 Y 3 M 19 D (F)
Dr. UMA K

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		25/6/18 12 Noon			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00092914
Mrs ASHWINI V
06-03-1997
Dr. UMA K

IP18-00036130
29 Y 3 M 17 D (F)

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

BED SIDE CHECK LIST FOR NURSES

Date:	23/6	24/6							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	yes							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :									
Signature :									
Date & Time:	23/6/23	24/6/23							
Hand Over Taken By Name :									
Signature :									
Date & Time:									

BED SIDE CHECK LIST FOR NURSES

Doctor's Orders										
Consult Dr. on Dx										
Bed Side										
Supervised Handwash done										
I.V. Site										
Consult Times										
Monitor Lines										
Foreign Catheter										
Urinary Catheter										
Skin Care										
EW Care										
Wound Care										
Skeletal Board Stabilization										
Suction Bottle cleaned as done & empty										
Antiseptic Tub										
Emergency Tray (Loaded Syringes with Medicines) (Necessary Disp Latex)										
Patient's Name & Identification Band										
Thermometer, Urinal (Non Mercury Blood)										
Intercommunication										
Check all Records (Nursing Notes, Doctors Prescription)										
Feed Pumps & IMO										
Insulin Dose by nurse :										
Dressing :										
Z to A Tests										
H. Sat Oxy. Taken by nurse :										
C Tubes :										
D to A Tests										

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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 : IP18-00036130 **Admit Date** : 22-Jun-2026 **Admit Time** : 07:45 AM **UHID** : GUC-00092914

Patient Details :

Patient Name	: Mrs ASHWINI V		
Guardian	: Mr BALAJI S	**Age**	: 29 Y 3 M 16 D
Gender	: Female	**DOB**	: 06-03-1997
Occupation	:	**Religion**	:
Address (H)	: NO 3 OHM SAKTHI NAGAR TH STREET SR GARDEN NESAPAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Martial Status**	:
		Phone No	: 9710594303/ 9840040170
		E-mail	: N@M.M

Admission Details :

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

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr BALAJI S **Relationship** : Husband

Contact Address : NO 3 OHM SAKTHI NAGAR TH STREET SR GARDEN NESAPAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087 **Phone No** : 9840040170

Signature

Doctor Details :

Doctor Name : Dr. UMA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr Uma K **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 ASHWINI V**	**Age :**	**29 Y 3 M 16 D**
IP No:	**IP18-00036130**	**Sex:**	**Female**
Consultant:	**Dr. UMA K**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

Name: BALAJI S

Relationship: HUSBAND

Date: 22-06-2026 Time: 7145

Witness Name: ASWIN

Witness Signature:

Patient Address:
NO 3 OHM SAKTHI NAGAR TH STREET
SR GARDEN NESAPAKKAM Alwar
Tirunagar Chennai Tamil Nadu INDIA
600087

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 : ASHWINI.V	UHID Number : 9294
Self/Attendant Name : BAJAJI.S	Relation : HUSBAND
Self/ Attendant Signature : Bajaj Phone Number : 9710594303	Name & Signature of Financial Counselor

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

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

Obstetric Formula:
Primi

Obstetric History:
G_1-PP, Spontaneous Conception

Present Pregnancy Record:
NT Scan - (N); FTS - Low risk
Anomaly Scan - Normal

RISK FACTORS:

GHTN since one week
on Tab. NICARDIA R 20mg 1-0-1
Hypothyroid since conception
on Tab. THYRONORM 50mcg PO

Height: 160 cm
Weight: 81 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious
Pallor: No
Icterus: No
Edema: B/L Grade I PE
Temp: Normal
PR:
BP:
DTR:
CVS: $S_1 S_2$ (+)
RS B/L NVBS (+)
Liver/Spleen:
Urine Output:

LMP: 28/09/2025 EDD: 05/07/2026
Corrected EDD: GA: 38 weeks +1 day
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

M/S - 1½ yrs, NCM

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

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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

DIAGNOSIS

Primi	LMP - 28/09/2025	GA - 38 weeks +1 day
M/S 1½ yrs	EDD - 05/07/2026	GHTN
NCM	RMP	Hypothyroid
B+ve		

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Family History:	Surgical History:
Father - HTN Mother - HTN	Nil
Medical History:	**Medication History:**
GHTN since wednesday Hypothyroid since conception	Tab. NICARDIA (R) 20mg 9AM-0-9PM Tab. THYRONORM 50mcg (25mcg → 50mcg)
Plan of Care:	**Investigations:**
C/J/T Dr. Uma - Admission - Parts preparation - Secure IV line. - Informed consent for IOL/NVD - T. MISOPROSTOL 25mcg P/V - ENEMA after labour pain starts - Shift to ward	CTG

Doctor Name: Dr. Akshitha / Dr. Shreedevi
Signature: Dr. 18.7.21
Date & Time: 22/06/2026

Consultant Name: Dr. Uma
Signature: for Dr. 18.7.21
Date & Time: 22/06/2021

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 17 D (F)
Dr. UMA K

7th flood

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/6/26	11 pm	79mg/dl.	Dr Fahima	Sr. Alivetta

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Dr. UMA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26. 9:30AM	S/B Dr. [illegible] / Dr. Shreedevi.	
B/we	pt reviewed	
	no sp. complaints.	
	O/E: afebrile	
BP 125/98 mmHg → Tab. Nicardia R given.	GC fair	
PR 90 bpm.	P° / PE°	
Temp (N)	P/A: uterus @ term	
SpO₂ 99% @RA	Relaxed	
	cephalic	
	FH ⊕	Plan:
	clinically labor ⊖.	- monitor vitals
	P/V: Cervix soft	- w/f pain,
	posterior	bleeding,
	2cms long	leaking P/V.
	1 Finger loose	- post miso CTG
	membranes ⊕	@ 10:30AM.
	PPh -3 station.	- CTG Q4HR
		- DFMC.
	↓ SOP, Tab. miso 25mg P/V kept.	- following orders.
22/6/26. 9:30pm.	C/D/w Dr. Uma. R	
	. Continue Nicardia R 10mg usual dose and timing. 12843	
	. shift to ward.	
	. postmiso CTG.	
	. Enema after contractions.	

Docu. No. : RCH /FRM / CLINICAL / 088 . Antibiotics once in labor off multiple P/V's. 128[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 11:15AM	s/b Dr. Harshita / Dr. Shreedevi:	
B the	pt reviewed	
	no sp. complaints	
	o/E: afebrile	
BP 90/67 mmHg	GC fair	
PR 80bpm	P° / PE°	Plan:
SPO2 99% @ RA	P/A: uterus at term	- monitor vitals
Temp (N)	irritable.	- CTG / DFMC.
	cephalic	- w/f progression
	FH (+)	of labor.
	clinically	- shift to ward
22/6/26 12:20PM	C/D/W Dr. Uma Lalor (+)	- BP Q2hrly.
	- MgSO4 - LD.	- w/f imminent s/s
	- MgSO4 - MD after orders.	- continue drip
	- R/A @ 2pm.	as per orders
	128435	
22/6/26 12:45PM	s/B Dr. Harshita / Dr Shreedevi:	
	pt received in MICU.	
	no sp. complaints	No c/o imminent s/s
BP = 120/90	o/E: afebrile	
PR = 88bpm	GC fair	
SPO2 = 99% @ RA.	P° / PE°	
Temp = (N).	P/A: uterus @ term	
	2/10''/10'	
	cephalic	
	FH (+)	
	clinically liquor (N).	

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan:
		- CTG / DFMC.
		- w/f progression of labor.
		- R/A @ 2 pm today.
		- $MgSO_4$ loading dose.
		- $MgSO_4$ maintenance after orders.
		- follow drug orders.
	(signature) 128435	
22/06/2026 2:05pm	C/D/W Dr. Uma	
	- To keep on clear liquids	
	- T. MISO 25mcg PV based on findings	
	- To give maintence dose	
	P/V - Cx - 2cm long, soft, posterior	
	OS - 1 finger loose	
	Membranes - Present	
	Vertex @ -3	
	↓ SAP. T. MISOPROSTOL 25mcg PV given	
	(signature) 182217	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/2026 3PM.	C/S/B Dr. Parithra	
	Pt reviewed	
T (N) BP 120/90 mmHg PR - 88/min	o/e Able to pfm well	
	No c/o S/S of imminent eclampsia.	
	Pt GC fair	Advice
Urine Albumin - Nil	afebrile	- CTG 4th hourly
	P / Pd	- W/f contractions
	CVS / NAD	- Inj MgSO4 @ 2ml/hour.
CTG - Reactive -	RS	- BP
	P/A - Ut term	
	Mildly acting IC / 15"/10"	
	Cephalic	
	FHS good	
22/6/2026 8:30 pm	S/B Dr Faahima	
	pt reviewed	
BP - 120/80	Able to perceive fetal movements	
80/min	no S/S of imminent eclampsia	
PR	O/E pt afebrile	~~[illegible] CTG [illegible]~~ /4 mm
	no pallor	
CTG Reactive	No PE	Inj MgSO4 [illegible]
	CVS / NAD	BP
	RS	CTG 4th hourly
	P/A : Ut term	W/f contractions
	Cephalic	

FHS good
adv [illegible]

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

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Dr. UMA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	Dr. Uma. K	
9:25 pm	Pt reviewed. Able to PPM well. C/o headache now.	
↓ MgSO4 infusion		
	O/E: pt ac fair, afebrile, po / IPEO	Advice - Plan: Emergency LSCS in view of Imminent symptoms. - Inform OT/NICU - Informed consent - [illegible] - Shift to OT on order
T=N PR=90/min BP=130/88 mmHg SpO2: 99% @ RA	P/A: ut. term 2c/15sec/10 min cephalic FHS good	
I/O - 400 ml / hs clear	P/E: Cx 2cm long OS 2-3cm dilated. membranes (+) Vx -3	
	↓ ASP, ARM done - clear liquor post ARM - FHS good	[signature] 10 w/s

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	pt received in MICU	
22/6/26	S/B Dr. Fahima / Dr. Divyalakshmi	
11pm	pt reviewed	
	No imminent symptom	
POD-0		Advice
	O/E: pt C/C fair, afebrile	
	po/pc	- NPO x 6 hrs.
T=N		- IVF @ 125ml/hr
PR=90/min	CVS RS / NAD	- Inj MgSO4 maintenance
BP=110/70 mmHg		x 12 hrs from 1 Am
SpO2=100% @ RA	P/A: soft	- CBD x 24hrs
	uterus contracted well	↓ CBC, urine r/e
	dressing dry	on removal.
U/o 80ml		- Inj CLEXANE 40mg
clear	L/E: No undue bleeding pv	at 11 AM
		- c/w/f I.F.
Baby m/s		
Breasts soft		
	(signature) 164283	
	C/D/W Dr. Uma	
23/6/26	BP = 160/100 mmHg	
	No imminent symptoms	
6:45AM		
	Advice	
	- Tab. LOBETALOL 200mg PO STAT	
	- TRAMADOL suppository PR SOS	

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

(signature) 164283

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06-03-1997 29 Y 3 M 17 D (F)
Dr. UMA K
IP18-00036130

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/S/B Dr. Savitha / Dr. Shreedevi	
8Am	On INJ. $MgSO_4$ maintanence dose	
POD-1	Pt reviewed, Nil c/o, Pt tolerating liquids well	Advice
T-(N)	No imminent s/s of eclampsia	- Liquid diet
PR-77/min	O/E Pt GC fair, Afebrile	- Kanji diet
BP- 141/93 mmHg	P°/PE(+) Grade I	- Soft diet on orders
	CVS / RS | NAD	- IVF IORL @ 85ml/hr
UO- 150ml, Clear	P/A - Ut well contracted	- W/F Imminent s/s
Baby - M/s	Soft, BS(+)	- Inj. $MgSO_4$ maintence
B/L- Breast soft	L/E - No undue bleeding PV	X 12 hours from 1Am till 1pm
UO- 150ml, Clear		- CBD x 24 hour
		- To send CBC, Urine R/E on CBD removal
		- INJ. CLEXANE 40mg SC @ 11Am
		- I/o charting
		- Inform(SOS)
23/06/2026	C/I/B Dr. Uma	
POD-1	- BP- 140/99 mmHg	Advice
	- No imminent signs/symptoms	- Urea, Creatinine, LFT tomorrow
	- INJ. $MgSO_4$ got over by 1pm	- Urine Albumin Stat
		- To give NICARDIA® @ 6pm
		- To give LOBET 200mg if BP is high around 8-10pm
		- In bed mobilisation.
		- To send CBC, Urine R/E on CBD removal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
2:30pm	INJ. $MgSO_4$ maintence do	
POD-1	Pt reviewed, Nil c/o	
	No imminent S/s	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Kanji if flatus passed - Soft diet on orders
PR-84/min	P° / PE (+)	- Plenty of oral fluids
BP-137/86mmHg	CVS /	- vitals Monitoring
UO-450ml, clear	RS / NAD	- IVF IORL @ 125ml/h
	P/A- ut well contracted	- Liquid diet
Baby-M/S	Soft, BS(+)	- W/F Imminent S/s
B/L-Breast soft	Dressing(+) & Dry	- CBD 24 hrs till 11 pm today
Not passed flatus	L/E - BWNL	- To send Urine R/E after CBD removal
		- To do CBC, Urea, Creatinine, LFT E/m 6AM
Urine Albumin by Dipstick - Nil	18221?	Shift to ward - INJ CLEXANE 40mg @ 11AM (given)
		- I/o charting
		- Inform (SOS)
	Inform BP	- To give NICARDIA (R) BD 7AM-7
		- To give T. LOBET 200mg BD 10AM-1

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 18 D (F)
Dr. UMA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/04/2026 9Am	c/s/B Dr. Pavithra / Dr. Shreedevi	
	Pt reviewed Nil c/o	Advice
POD - 2	No imminent s/s	- Soft diet
	O/E Pt GC fair, Afebrile	- vitals Monitoring
T - (N)	P° / PE⊕	- Plenty of oral fluids
PR - 80/min	CVS /	- Ambulation
BP - 120/80 mmHg	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- W/F ↑ Bleeding PV
Baby - M/S	Soft, BS⊕	- Inform (SOS)
B/L - Breast soft	Dressing⊕ & Dry	- Syp. DUPHALAC 15ml / PO (stat)
voiding freely	LE - BWNL	
Flatus Passed		
Not Passed Stools		
	[signature] 18247	
24/06/26 3:20pm	S/B Dr. [illegible] / Dr Shreedevi	
	pt reviewed.	
POD#2	voiding freely	
B+ve	passed flatus	
	o/E afebrile	Plan:
BP 120/97 mmHg	GC fair	- monitor vitals
PR 86 bpm.	P° / PE°	- soft solid diet
SpO2 99% @ RA	P/A: uterus wc	- plenty of fluids
Temp (N)	soft	- ambulate
	BS⊕	- follow drug orders
	dressing dry	
	L/E: BWNL	[signature] 122435

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Uma /	
24/6/26	S/B Dr. Mohana /	Dr Durgalakshmi
9:40pm	pt. reviewed	
	Nil c/o	
	No imminent	sign
POD-2		
	O/E: pt GC fair, afebrile	Advice
	po / PE	- Tab. LABETALOL
T=N		400 mg po STAT
PR- 80	P/A: soft, BS+	- Continue other
BP=140/89	ut- contracted well	orders
/mts	dressing dry	- W/F IC
Not passed		- Bath & open
stools	L/E: BWNL	dressing c/m
		- Discharge tmrw
Baby m/s		- Remove IV line
Breasts soft.		- Inform SOS
	[signature] 10	- Syp. Duphalac
		(5ml po STAT)

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

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Mrs ASHWINI V
06-03-1997
Dr. UMA K
IP18-00036130
29 Y 3 M 19 D (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

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Mrs ASHWINI V
05-03-1997 29 Y 3 M 19 D (F)
Dr. UMA K

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Manag.....

Type of Referral :
- ☐ Emergency
- ☐ Urgent
- ☐ Non Urgent

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

Signature:

Findings and Recommendations :

24/6/26 S/B Physiotherapist
POD-1
12-10pm Patient conscious, oriented & Afebrile.

Assessment :

Chest B/L symmetry
Type : Abdominal Thoracic breathing

DVT Assessment :
Autar Scale : Score : Nil risk.

Functional Assessment :
FMscore : 7 - Independent.

Consultant : Physiotherapist

Name : Sangavi Signature : Date & Time : 24/6/26, 12-10pm

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

Advice:

- Deep breathing exercise
- Pelvic bridging & Tilt
- Bed mobility exercise
- Posture
- Walking..

Sangari. T
MPT (OBG)

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Patient

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RESULT SHEET

Date	4/6/26	31/3/26	24/6/26			
Time					B- POSITIVE	
Hb	10.7		10.4			
PCV	31.2		31			
RBC	3.92		3.93		HIV I & II	
WBC	11.93		14.67		HCV	Non-Reactive
N/L	72.3/20.4		85/11		VDRL	
Platelets	2.22		2.09		HBsAg	
CRP						
ESR						
PCT						
RBS		FBS - 74 PPBS - 90				
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	21		11		TSH - 3.80	
Creatinine	0.74		0.67		FT3 - 4.15	
ALP	97				FT4 - 1.05	
SGPT	10.2					
SGOT	14.3					
T.Bill/Conj	0.19/0.11/0.08					
T.Protein	5.64					
S.Albumin	3.46					
S.Globulin	2.18					
A/G Ratio	1.58					
Uric Acid	3.9					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells	182917	182217	182917			
N/L						

Date	24/06/21					
Time						
CUE - Alb	+					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Plenty					
CUE						
	Bacteria - Present					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 8/6/2026 SLIUG EFW - 2102 grams

X-Ray : Cephalic

ECHO : Placenta - Posterior

CT : Liquor - Normal

MRI SDP - 5.6

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

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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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	Q-TRAPIC	1 gm	IV	STAT		☐ C ☑ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature]

Date & Time : 22/6/26 10:30pm

Nurse Name & Signature: Ratna

Date & Time : 60774 22/6/26 10:30pm

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

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06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Patient Stic

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. NICARDIA R	20mg	PO	1-0-1		☑C ☐DC
2	T. THYRONORM	25mcg	PO	1-0-0		☑C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 22/06/2026

Nurse Name & Signature: M. Devi

Date & Time : 22/6/26

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

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DRUG CHART

Date of Admission: 22/6/20 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

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Mrs ASHWINI V
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Dr. UMA K

REGULAR PRESCRIPTIONS

Weight. 87kg ...... Ward. 4th floor

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
50mcg	PO	1-0-0	22/6/2[illegible]

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/6	23/6	24/6	25/6
Time	6Am			
	NS			

DRUG : T. NICARDIA R

Dose	Route	Frequency	Start Date
20mg	PO	1-0-1	22/6/2[illegible]

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Inform BP

Daily Doctor's Endorsement by a Sign

Date	22/6	23/6	24/6
Time	9Am		
	NS		
	9pm		

Time change

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5gm	IV	1-0-1	23/6

Name & Signature of the Doctor Starting the Drugs: 164283

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	23/6	24/6
Time	10AM	
	10PM	

Stop

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	OD	23/6

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

One dose only

Daily Doctor's Endorsement by a Sign

Date	23/6	24/6
Time	11AM	

Stop

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Dr. UMA K

Mrs. Ashwini

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 87kg Ward 7th floor

DRUG: Inj: PAN				Date/Time: 23/6, 24/6
Dose	Route	Frequency	Start Dt.	8AM — DR / PK
40mg	IV	1-0-1	23/6	8PM — ES / AA
Name & Signature of the Doctor Starting the Drugs: 16428				Stop
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Inj: TRAPIC				Date/Time: 23/6, 24/6
Dose	Route	Frequency	Start Dt.	6AM
1gm	IV	1-1-1	23/6	2PM — SP / SA
Name & Signature of the Doctor Starting the Drugs: 16428				10PM — PK / DR
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Inj: PARACETAMOL				Date/Time: 23/6, 24/6
Dose	Route	Frequency	Start Dt.	6AM — DR / PK
1gm	IV	1-1-1	23/6	2PM — SP / SA
Name & Signature of the Doctor Starting the Drugs: 16428				Stop
Additional Instructions:				10PM — PK / DR
Daily Doctor's Endorsement by a Sign				

DRUG: TAB NICARDIA -R				Date/Time: 23/6, 24/6, 25/6
Dose	Route	Frequency	Start Dt.	7AM — BB / DR
10mg	P/O	1-0-1	23/6/26	
Name & Signature of the Doctor Starting the Drugs: 128435				
Additional Instructions: inform BP before giving dose				7PM — ES / AA
Daily Doctor's Endorsement by a Sign				

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

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 57kg. Ward 7th floor

DRUG : TAB LOBET

Dose	Route	Frequency	Start Dt.
200mg	P/O	1-0-1	23/1/26

Name & Signature of the Doctor Starting the Drugs: [signature] 129435

Additional Instructions: Inform BP before giving dose

Date / Time			
	24/6	25/6	
10AM	NS	RV	
	NEA	ES	
1pm	PK DR		

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	24/6/26

Name & Signature of the Doctor Starting the Drugs: [signature] 82217

Additional Instructions:

Date / Time			
	24/6	25/6	
8Am	MS	ES	
9pm	PK DR		

Daily Doctor's Endorsement by a Sign D1 D2

DRUG : T. COMBIFLAM

Dose	Route	Frequency	Start Dt.
1Tab	PO	1-0-1	24/6/26

Name & Signature of the Doctor Starting the Drugs: [signature] 82217

Additional Instructions:

Date / Time			
	24/6	25/6	
8Am	MS	ES	
2pm	AA ES		
10pm	PK DR		

Daily Doctor's Endorsement by a Sign

DRUG : T. PAN

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

Name & Signature of the Doctor Starting the Drugs: [signature] 82217

Additional Instructions: Before food

Date / Time			
	24/6	25/6	
7Am	PK DR		
7pm	RV AM		

Daily Doctor's Endorsement by a Sign

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/6	11AM	Syp. DUPHALAC	15ml	PO		N.S	V.A
24/6	9.30PM	Tab. LABETALOL	100mg	PO		P.L	D.R
24/6	10.30PM	Syp. DUPHALAC	15ml	PO		P.L	D.R

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Mrs ASHWINI V
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Dr. UMA K

VITAL SIGNS RECORD

Name :

Date : 22/6/26 GUC No.:

Time	Temperature		Pulse	RR	BP	SPO2	Fluid mgmt	Remarks	Signature
1.00 pm			80	18	123/87	99%	2ml		beni/01/760
1.15 pm			84	20	128/80	98%			beni/01/760
1.30 pm			60	18	21/80	99%			beni/01/760
1.45 pm			65	16	120/80	100%			beni/01/760
2.00 pm	98.2°F	++	70	18	122/80	98%	2ml	100ml	beni/01/760
2.15 pm			72	18	120/80	99%			beni/01/760
2.30 pm			76	20	118/91	99%			beni/01/760
2.45 pm			74	18	119/90	100%			beni/01/760
3.00 pm			80	18	118/84	98%	2ml	100ml	beni/01/760
3.15 pm			82	20	115/86	99%			beni/01/760
3.30 pm			76	24	113/80	100%			beni/01/760
3.45 pm			74	22	112/85	98%			beni/01/760
4.00 pm			76	88	114/83	99%	2ml	50ml	beni/01/760
4.15 pm			72	20	120/80	98%			beni/01/760
4.30 pm			80	18	114/77	99%			beni/01/760
4.45 pm			82	18	120/80	99%			beni/01/760
5.00 pm	99.2°F		76	20	122/84	100%	2ml	100ml	beni/01/760
5.15 pm			74	24	120/86	98%			beni/01/760
5.30 pm			70	20	118/80	99%			beni/01/760
5.45 pm			92	24	125/90	98%			beni/01/760
6.00 pm		++	98	24	126/87	99%	2ml	70ml	beni/01/760
6.15 pm			91	20	123/89	99%			beni/01/760
6.30 pm			80	18	122/84	100%			beni/01/760
6.45 pm			90	20	127/91	98%			beni/01/760

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VITAL SIGNS RECORD

Date : 22/6/26

Name :

GUC No.:

Time	Temperature		Pulse	RR	BP	SPO2	Remarks		Signature
	Foley	[illegible] Juc					Ryrrison	Output	
7.00 PM			80	20	128/92	98%	2ml		[illegible]
7.15 PM			90	18	122/90	99%		60ml	[illegible]
7.30 PM			80	20	148/90	99%			[illegible]
7.45 PM			94	18	120/70	100			[illegible]
8PM			92	18	122/77	99	2ml	200	[illegible]
8.15 PM			94	18	120/74	98			[illegible]
8.30 PM			96	18	120/70	99			[illegible]
8.45 PM	98.4 F	++	97	24	120/80	99		1000ml	[illegible]
9PM			90	18	126/70	99	2ml	1004	[illegible]
9.15 PM			94	18	110/70	99%			[illegible]
9.30 PM			97	18	117/74	98%			[illegible]
9.45 PM			98	18	120/80	99%			[illegible]
10PM			96	20	117/70	99%	2ml.		[illegible]
			→ Shift to OT ←						[illegible]
23/6/26 1AM		++	94	24	110/70	99%	2ml.	100	[illegible]
1.15 AM			94	18	119/74	99%			[illegible]
1.30 AM			98	18	120/70	99%.			[illegible]
1.45 AM			94	17	122/74	100%			[illegible]
2AM		++	98	17	120/72	99%	2ml	150	[illegible]
2.15 AM			97	18	122/74	99%.			[illegible]
2.30 AM			99	18	130/76	99%			[illegible]
2.45 AM			98	16	133/76	98%.			[illegible]
3AM		++	99	18	150/100	99%.	2ml.	200	[illegible]
3.15 AM			99	18	184/94	99%			[illegible]

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VITAL SIGNS RECORD

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 17 D (F)
Dr. UMA K

Name :

Date : 23/8/26

GUC No.:

Time	Temperature		Pulse	RR	BP	SPO2	Remarks		Signature
3.45 AM			84	18	150/90	99%			
4 AM		++	82	18	155/75	99%	2ml	100	
4.15 AM			72	20	150/90	100%			
4.30 AM			74	22	160/98	99%			
4.45 AM			76	24	155/74	99%			
5 AM		++	84	18	150/70	99%	2ml	75	
5.15 AM			82	18	155/74	99%			
5.30 AM			84	18	150/80	99%			
5.45 AM			82	17	140/70	99%			
6 AM		++	74	16	144/74	99%	2ml		
6.15 AM			76	22	150/70	100%		100	
6.30 AM			74	18	140/90	100%			
6.45 AM			76	20	150/70	100%			
7 AM	97.9F	++	74	24	150/74	100%	2ml Tab Dolo	150ml	
7.15 AM			78	22	160/100	99%			
7.30 AM			74	22	154/114	99%			
7.45 AM			80	20	138/106	98%			
8.00 AM	98F	++	74	18	152/88	99%	2ml	250ml	
8.15 AM			80	20	152/114	99%			
8.30 AM			70	18	130/70	98%			
8.45 AM			60	16	130/84	99%			
9.00 AM	98.4F	++	68	20	118/78	99%	2ml	150ml	
9.15 AM			70	18	117/75	100%			
9.30 AM			80	20	120/76	98%			

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VITAL SIGNS RECORD

Date : 23/6/26

Name :

GUC No.:

Time	Temperature		Pulse	RR	BP	SPO2	Remarks inj mg so4 output		Signature
9.45 am			80	20	115/79	100			Sharon 018726
10.00 am	98.2F	++	84	18	122/88	99%	2ml	250ml	Sharon 018726
10.15 am			80	16	111/72	99%			Sharon 018726
10.30 am			80	20	130/90	99%			Sharon 018726
10.45 am			84	20	125/90	99%			Sharon 018726
11:AM	98F°	++	74	22	132/89	98%.	2ml	250ml	Sharon 018726
11:15 AM			77	22	133/98	99%			Sharon 018726
11:30 AM			73	24	133/84	99%			Sharon 018726
11:45 AM			71	22	127/80	99%			Sharon 018726
12 PM	98.4F°	++	76	23	126/87	99%	2ml	200ml	Sharon 018726
12:15 PM			74	24	132/91	99%			Sharon 018726
12:30 PM			75	27	133/77	98%			Sharon 018726
12:45 PM			76	20	131/77	99%			Sharon 018726
1 PM	98F		77	23	128/89	99%	2ml.	250ml	Sharon 018726
1:15 PM			78	23	127/85	99%			Sharon 018726
1:30 PM									Sharon 018726
4pm			77	23	135/80	99%.			607778
6pm			78	22	134/82	99%.			607778
7pm			80 b	20 b	124/87	99%			[illegible]
8pm	98.2°F		80 b/m	20 b	124/84	98%.			P.B 607261
10pm					129/80				P.B 6072
24/6/26 12 AM	98.0°F		80 b/m	20 b/m	134/88	98%.			P.B 607261
4 AM	98.2°F		80 b/m	20 b/m	147/82	96%.			P.B 607261
6 AM	97.6		80 b/m	20 b/m	142/82	99%			P.B 607261

GUC-00092914
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K
IP18-00036130

Patient Stick

(1)

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Early Warning Observation Score Chart - Obstetrics

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

21/6/16

		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	22	22	22	22	20				22							22									
	0 - 10																									
Saturations	94 - 100 %	99	99	99	99	99%				99							99									
	< 94 %																									
Administered O_2 (L/min.)		M	M	M	M	RA				M							RA									
Temp°c	40																									
	39																									
	38																									
	37	98	98		98	98.6				98							98.6									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	80	90		80	80	80				80						80									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	120	140		100	100	146				120						120									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	70	90	80	80	80	90				80						80									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓				✓							✓									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓				✓							✓									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓	✓	✓	✓	✓				✓							✓									
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓	✓	✓				✓							✓									
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0				0							0									
TOTAL ORANGE SCORES		0	0	0	0	0				0							0									
Nurse Initial		M	M	M	M	✓				✓							✓									

GUC-00092914
Mrs ASHWINI V
06-03-1997
Dr. UMA K
IP18-00036130
29 Y 3 M 17 D (F)

(2)

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Early warning Observation Score Chart - Obstetrics

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

23/6/26

Date																							
Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20	20					20	20	20				20				20						20	
	0 - 10																							
Saturations	94 - 100 %	99					100	100	99%				98%				98%						98%	
	< 94 %																							
Administered O_2 (L/min.)		RA					RA	RA	RA				RA				RA						RA	
Temp°C	40																							
	39																							
	38																							
	37	98.4F											98.2°F				98.2°F						98.2°F	
	36						98.4	98.4	97.6F															
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110												80b/m				80b/m						80b/m	
	100																							
	90																							
	80	74					76	76	76															
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150	158																					146	
	140																							
	130						138	136	135				124				134							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50												(99)				(90)						(97)	
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70	88					84	80	80				84				86						82	
	60																							
	50																							
	40																							
NEURO RESPONSE [✓]	Alert	✓					✓	✓	✓				✓				✓						✓	
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓					✓	✓	✓				✓				✓						✓	
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	✓					✓	–	–				–				–						✓	
	Heavy / Foul																							
Liquor	Clear / Pink	–					–	–	–				–				–						✓	
	Green																							
TOTAL YELLOW SCORES		0					0	0	0				0				0						0	
TOTAL ORANGE SCORES		0					0	0	0				0				0						0	
Nurse Initial													PG				PG						PG	

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06-03-1997
Dr. UMA K 29 Y 3 M 17 D (F)

3

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BirthRight™ BY RAINBOW HOSPITALS
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Early Warning Observation Score Chart - Obstetrics

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

Date: 24/6/26

Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box) (>30 / 21-30 / 11-20 / 0-10)	22			22		22			20				20				20				20			20
Saturations (94-100% / <94%)	97%			97%		100			99%				98%				97%				100%			100%
Administered O_2 (L/min.)	RA			RA		RA			RA				RA				RA				RA			RA
Temp °c (40 … <35)	94.6 F			96.2		98.2°F			98°F				98.2°F				98.0°F				97.8°F			97.8°F
Heart Rate (170 … 40)	93 bpm			86					82				90 b/m				90 b/m				80 b/m			80 b/m
Systolic Blood Pressure (190 … 50)	125			132		140			130				147				142				130			150
(MAP)	(88)			(99)		(107)			(?)				(94)				(101)				(80)			(106)
Diastolic Blood Pressure (130 … 40)	78			96		97			84				77				85				76			84
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)	✓ Alert			✓ Alert		✓ Alert			✓ Alert				✓ Alert				✓ Alert				✓ Alert			✓ Alert
URINE mls / hour (>30 / <30)	✓ >30			✓ >30		✓ >30			✓ >30				✓ >30				✓ >30				✓ >30			✓ >30
Proteinuria (Protein ++ / Protein >++)						✓			✓				✓				✓				✓			✓
Lochia (Normal / Heavy / Foul)	– Normal			– Normal		✓ Normal			✓ Normal				✓ Normal				✓ Normal				✓ Normal			✓ Normal
Liquor (Clear / Pink / Green)	–			–		–			–				–				✓				✓			✓
TOTAL YELLOW SCORES	0			0		0			0				0				0				0			0
TOTAL ORANGE SCORES	0			0		0			0				0				0				0			0
Nurse Initial	[illegible]			[illegible]		[illegible]			[illegible]				[illegible]				[illegible]				[illegible]			[illegible]

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

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FLUID CHART

Sheet No. : ....(8)........

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/6/26	08:00 am	water	100ml							100ml	no	[illegible]
	09:00 am	water	100ml								TO Un	S.M
	10:00 am										NO	S.M
	11:00 am	H_2O	150							150		S.M
	12:00 pm										IV	S.M
	01:00 pm										line	S.M
Total Intake: 350ml					2 1mg	Total Output:				250ml		
	02:00 pm	water	100ml		2ml					100	0	ben
	03:00 pm				2ml					50	0	ben
	04:00 pm	Jm	100ml		2ml					100	0	ben
	05:00 pm	TC	100ml		2ml					70	0	ben
	06:00 pm				2ml					60	0	ben
	07:00 pm	H2	100ml		2ml					100ml	0	ben
Total Intake: 400ml + 12ml						Total Output:				470ml		
	08:00 pm										0	[illegible]
	09:00 pm										0	[illegible]
	10:00 pm	N		RL 1500ml.		—	OT	←		80ml	0	[illegible]
	11:00 pm	P O		NS	2ml					-	0	[illegible]
	12:00 am			NS	2ml					75	0	[illegible]
	01:00 am	N		NS	2ml					100	0	[illegible]
Total Intake:		1,881ml,				Total Output:				255		
	02:00 am	P O		NS	2ml					150	0	NM
	03:00 am			125	2ml					200	0	NM
	04:00 am	N		125	2ml.					100	0	NM
	05:00 am	P O.		125	2ml					75	0	NM
	06:00 am	Hw	30ml	125	2ml					100	0	NM
	07:00 am	Hw	30ml	125ml	2ml					150	0	[illegible]
Total Intake:		: 822ml.				Total Output:				775ml		

Total 24 hrs. Intake	3,465ml.	Total 24 hrs. Output	1,750ml

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

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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.

23/8/26		Intake				Output						
Date	Time	Nature of Fluid	Route: Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					200ml	0	V.A
	08:00 am	lf20	100ml	125ml	2ml					100ml	0	V.A
	09:00 am	+C	150ml	125ml	2ml					250ml	0	V.A
	10:00 am	lf20	100ml	125ml	2ml					250ml	0	V.A
	11:00 am	lf20	100ml	125ml	2ml					250ml	0	V.A
	12:00 pm	lf20	150ml	125ml	2ml					200ml	0	V.A
	01:00 pm	lf20	100ml	125ml	2ml					250ml	0	V.A
Total Intake :		1468ml								Total Output : 1250ml		
	02:00 pm	lf20	100ml	125						200ml	0	V.A
	03:00 pm	lf20	200ml	125						200ml	0	V.A
	04:00 pm			125						[illegible]	0	V.A
	05:00 pm	lf20	200ml	125						300ml	0	V.A
	06:00 pm	lf20	200ml	125						250ml	0	V.A
	07:00 pm			125						300ml	0	V.A
Total Intake :		700ml + 750ml = 1450ml								Total Output : 1450ml		
	08:00 pm			125						250	0	P.U
	09:00 pm	H20	50	125						250	0	P.U
	10:00 pm			125						250	0	P.U
	11:00 pm			WF STOP					CBD Removed		0	P.U
	12:00 am	H20	200								0	P.U
	01:00 am										0	P.U
Total Intake :		250 + 325ml = 575ml								Total Output : 750ml		
	02:00 am										0	P.U
	03:00 am										0	P.U
	04:00 am									160ml	0	P.U
	05:00 am	H20	200								0	P.U
	06:00 am										0	P.U
	07:00 am	Milk	100								0	P.U
Total Intake :		300ml								Total Output : 160ml		

Total 24 hrs. Intake	3787ml	Total 24 hrs. Output	3610ml

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FLUID CHART

Sheet No. : 3

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

24/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	300ml								0	VA
	09:00 am										0	VA
	10:00 am	H2O	300ml							200ml	0	V.A
	11:00 am	Soup	200ml								0	V.A
	12:00 pm	H2O	200ml								0	V.A
	01:00 pm									200ml	0	VA
Total Intake : 1000ml						Total Output : 400ml					0	V.A
	02:00 pm	H2O	100ml								0	AA
	03:00 pm	H2O	200ml							250ml	0	AA
	04:00 pm	H2O	100ml								0	AA
	05:00 pm	H2O	150ml								0	AA
	06:00 pm	Milk	50ml							300ml	0	AA
	07:00 pm										0	AA
Total Intake : 600ml						Total Output : 550ml						
	08:00 pm	H2o	100								0	P.U
	09:00 pm										0	P.U
	10:00 pm	milk	200							400	NO	P.U
	11:00 pm										IV	P.U
	12:00 am	H2o	100									P.U
	01:00 am									150	IVL	P.U
Total Intake : 400ml.						Total Output : 550 ml						
	02:00 am										NO	P.U
	03:00 am	H2o	100							200		P.U
	04:00 am										IV	P.U
	05:00 am											P.U
	06:00 am	H2o	100								IVL	P.U
	07:00 am	milk	250							250		P.U
Total Intake : 450 ml						Total Output : 450 ml						

Total 24 hrs. Intake	2,450ml.

Total 24 hrs. Output	1750 ml.

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Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi | Staus tidey | Hypothyroidism | GHTN

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	22/6/26 M	22/6/26 E	22/6 N	23/6 M	23/6/26 E	26/3/26 N
Medical Condition (Any special condition to be noted):	Hypothyroidism		Hypothyroidism GHTN	Hypothyroidism GHTN	Hypothyroidism GHTN	GHTN
Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	liquid	soft diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2		98.4°F	98°F	98°F	98.2°F
Res:	20		24	20bpm	18	18
SpO_2:	100		100	99%	100%	100%
Pulse:	80		84	76bpm	76	76b/m
BP:	110/70		140/70	130/80	138/80	134/88
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	20	30	30
Pain Score:	0/10	0/10	1/10	2/10	1/10	1/10
Skin Integrity	Intact	Intact	Intact	Intact	Normal	Normal

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
Special Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	liquid	soft
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):			Dependent	Dependent	Dependent liquid	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Ravi	Shalini	Devi	Sharmila	Poovi	P. Kanimozhi
Signature / ID :	09760	Shalini	011746	011746	Poovi	P/460
Date:	22/6/26	22/6/26	22/6	23/6/26	23/6/26	24/6/26
Time:	2pm	8pm	8pm	2pm	P. Kani	8am
Taken Over By Name :	Shalini	Nurse	Sharmila	Poovi	P. Kani	Harini
Signature / ID :	Shalini	011746	011746	Poovi	23/6/26	Harini
Date:	22/6/26	22/6	23/6	23/6	8pm	24/6/26
Time:	2pm	8pm	8AM	2pm		8am

Rainbow's Children's Hospital

BirthRight BY RAINBOW HOSPITAL

Patient Sticker

NURSING SHIFT HAND OVER FORM

DIAGNOSIS	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
	Surgery / Procedure:	Post OP Day:

	Date / Shift						
CONDITION	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP NIV, VENT):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
PLAN/PROBLEM	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Dr. UMA K

(1)

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NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9.00 am	Relieve pain and discomfort	8.30 am	Administer analgesis as prescribed. Position patient comfortably. Monitor effectiveness of pain relief measure.	Pt feel better	Reassessment done.	[illegible]
Afternoon	2pm.	Relieve pain and discomfort.	2.30 pm	Administer analgesis as prescribed. Position patient and comfortance	Pt feel better.	Reassessment done	[illegible]
Night	8pm	Achieve Pain using comfortable discomfort	8pm	⇒ Assess the pain using pain scale ⇒ position change ⇒ Provide non pharmacology measure.	Patient vital stable	Reassessment done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 23/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Achive acceptable pain control & comfort	2pm	Assess pain using pain scale regularly. Administer Angigesics as prescribed	patient Feel better	Patient pain level reduced	[signature] 023226 23/6/26 e2pm
Afternoon		Achieve acceptable pain control & comfort		Assess the level of pain. use pain scale administer medication as per doctor order.	reduced pain	Reassessment is done	[signature]
Night	8pm	Assess the patient condition monitor vitals Administer medication	7AM	Assessed the patient condition monitored vitals administered medication	Reduced pain I/O maintain	reassessment is done	[signature] 60226

Docu. No: RCH /FRM / CLINICAL / 148

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Dr. UMA K

Patient Sticker

①

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	am	Admission Notes on 22/6/26	
22/6/26	8.00	Pt got admitted in 8th	
		floor under Dr. Uma Pt	
		consious & oriented Pt cam	
		for TOL primi 38wks 2day /	
		GHTN / Hypertension. Pt vital	
		checked & recorded CTG	
		connecting FHR is good FHR	
		is 140-142 b/min. Pt general	
		condition is good.	— Devi/01860
	9.00 am	Pt vital checked & recorded	
		BP 128/90 mm Hg the condition	
		Informed Dr. Uma order in	
		Tab- Nicardia 20mg P/O 9am as	
		per doctors order patient pass	
		urination done TOL consent and	
		vaginal birth consent form CTG	
		disconnecting order by Dr Akshita ma	— Devi 01860
	9.30 am	S/B Dr. Akshita mam T-miso	
		25mcg kept in P/V as per	
		doctors order Pt after 1 hour post	
		from CTG to be followed	— Devi/01860
	10.30 am	Pt vital checked & recorded	
		CTG connecting FHR is good	
		FHR is 140-142 b/min.	— Devi/01860
	11.00 am	Pt post CTG disconnecting Pt	
		condition Informed Dr. Uma mam	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		order in pt. Shifted to ward	
contin		Pt 4th nomy ocu shony vitay	
		monitoring to be followed →	
	11.40 am.	Pt shifted to ward Pt handing	
		Om to 7th floor staff →	
		Receiving Notes	
22/6/20	11:40AM	pt's details Hand over taken	
		from LDR staff. pt's Conscious,	
		oriented, vitals are stable.	
		CTG Q4Hrly. last CTG at 11AM,	
		BP-Q2Hrly monitored,	
		Follow drug chart, W/F	
		contraction /pain/PV bleeding,	
		pt's having Ndiet. →	607383.
	12pm	pt's vital signs checked and	
		recorded, vitals are stable	
		maintained Iochart. No c/o	
		PV bleeding /pain. →	607383.
	12:30pm	pt's BP-146/91mmHg Inform to	
		Dr. Akshita mam A/B Immediately	
		shifted to LDR. →	607383.
	12:40pm	pt's shifted to LDR, details	
		Hand over given to LDR staff →	Sireel 607383
	12.40pm	Pt received ward to muy	
		Pt consious & oriented Pt condition	
		Informed to Uma mam Ony	
		in Pt H/O IV line Inside.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Dr. UMA K

②

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
continue		IBU vention ① side Motaetnic	
		hau is good Inj: mgso4 2ml	
		20mins ann 20mins start	
		pt vital check & recorded.	
		pt general condition is good.	ravi/018760
	1.00pm	pt vital check & recorded	
		pt vital checking BP - 120/80	
		mmHg Informed to uma mam	
		order in Inj. mgso4 2ml maintain	
		start pt general condition is	
		good.	ravi/018760
	1.30pm	pt condition. good. down urin	
		out put clean by Dr Ackshita	
		mam. pt in clean arnt diet	ravi/018760
	2.00pm.	SIB Dr Akshita mam ppv	
		examination done cb 2cm long soft	
		posterior os - 1 finger loose; non-pre	
		vertex -3 pt condition Informed	
		to uma order in transfer labour	
		PIV given as per doctors order	ravi/018760
	3.00pm	post tran ura connating	
		FHR is: good Inj: mgso4 2ml	
		on flow urine out put clean	
		pt general condition is good	ravi/018760
	5.00pm	pt vital check & recorded	
		pt taken light diet Inj mgso4	
		2ml on flow urin out put clean	ravi/018760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	6:00 pm	pt vital checked & received pt general condition is good. Inj. MgSO4 2ml on flow pt vital are stable.	[signature] 10/6/26
	7:30 pm	Patient file handing over to night duty staff to be followed doctors and pt in clear liquid diet	[signature] 10/6/26
22/6/26	7:30pm	⇒ Night duty ⇒ Patient report hand over taken from our duty staff She is conscious & oriented afebrile taking orally & tolerating well, CBXO urine drained clear & adequate, Patient vital signs stable - General condition fair	⇒ [signature] 10/1/26
	9pm	⇒ S/B Dr. Uma K ma'am Advice to ARM done clear liquor. NPO. Patient shift to Emergency LSCS -	⇒ [signature]
	10:10pm	⇒ Inj Supacef 1.5gm IV Inj Pan 40mg IV, Inj Emeset 4mg given to as per doctors order ⇒	[signature] 10/1/26
		⇒ Patient shift to OT hand over to OT staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092914
Mrs ASHWINI V IP18-00036130
06-03-1997
Dr. UMA K 29 Y 3 M 16 D (F)

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting Note	
22/6/20	9:50 pm	Patient recieved in to OT-III patient is conscious & oriented. IV line present Foley's catheter present. patient vital signs are stable	6077
	10:00 pm	SA given positioning done. vital signs stable. IV fluid on flow.	
	10:05 pm	Skin incision given. no bleeding is preent. IV fluid on flow. vital signs stable	6077
	10:08 pm	Baby girl delivered. 2.722 kg weight. Baby shifted to MICU for further observation	6077
	10:50 pm	Procedure done. no bleeding is present. dressing intact.	
	11:00 pm	Patient shifted to MICU. Hand over given to MICU staff	6077
		⇒ Receiving note ⇐	
22/6/20	11pm	Receiving the patient from OT with IP & OP case sheet, while received the patient conscious & oriented, afebrile. NPO. IVF RL 120ml/hr on flow CBD urine	

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	12Am	patient Checked vital	
		signs vital are stable	
		p/v bleeding minimal	
		patient conscious and oriented	
		General condition Fair	
		B-Breast was seen	
		provide DBF	
		U - uterus well	
		contraction P/v bleeding	
		minimal.	
		B-Bowels movement	
		present	
		B-patient was CBD.	
		12Am output 75ml.	
		L-Lochia present	
		No evidence foul smelling.	
		E-REEDA Assessment	
		Not applicable.	
		H-Homan's sign Negative	
		E-Emotional status	
		good.	[illegible]
	1Am	→ Patient vital signs	
		stable General condition fair	[illegible]
	2Am	→ Patient slept to sleep	
		well during night no other	
		complaints	[illegible]
	4Am	→ Patient vital signs stable.	

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GUC-00092914 IP18-00036130
Mrs ASHWINI V 29 Y 3 M 18 D (F)
08-03-1997
Dr. UMA K

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 22/6/26	6AM	→ Tab. Thyronorm 50mg p/o.	
		Inj Para 1gm IV. Inj Tranexa 1gm	
		100 IV give as per dr orders.	→ [illegible] / 01170
	7AM	→ Patient vitals [illegible]	
		stable. General condition fair.	→ [illegible] / 01170
	7:30 AM	→ Patient report hand	
		over to morning duty staff	[illegible] / 01170
		← morning duty 23/6/26 →	
23/6/26	7:30AM	patient details handing over taken	
		from night duty staff nurse →	[illegible] 23/6/26
	8 AM	patient is on hemodynamically	
		stable checked and recorded →	[illegible] 23/6/26
		Inj: MgSO4 2ml/hr onflow to	
		the patient. IVF 125ml/hr	
		onflow to the patient. Baby	
		mother side.	S/N parameswari 01688
	8.30 am	orals encouraged. Direct	
		breast feeding given. Baby	
		mother side. Baby sucking	
		well.	S/N parameswari 01688
	9 AM	Dr. pavithra saw the patient	
		checked bleeding advised	
		kanji after pass flatus	
		Due medication given as	
		per doctor advice.	S/N parameswari 01688
	10 am	patient side no complaints.	
		PV bleeding normal. I/O chart	

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GUC-00092914 IP18-00036130
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06-03-1997
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NURSES NOTES

☐ ~~No Known~~ Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26		maintain. patient flatus not	
		passed.	S/N paramagesh 016808
	11 am	orals encouraged. PV	
		bleeding normal. vitals are	
		as continue monitor.	
		baby mother side.	S/N paramages 016808
	12pm	patient general condition	
		fair. vitals are checked &	
		recorded. I/O chart maintain	
		urine output clear.	S/N paramagesh 01
	1 pm.	patient flatus not passed.	
		IVF 125ml/hr on flow to the	
		patient. PV bleeding normal.	S/N paramagesh 016808
		Inj: MgSO4 stopped as per	
		doctor advice.	
		Evening duty	
	1:30pm	pt care hand over taken	
		from morning duty staff.	
		pt consciously oriented.	
		IV line ⊕ 4 pattern. PV	
		bleeding is minimal. she is	
		on liquid diet. pt have no	
		c/o pain. Encourage to	
		mobilize. Breast soft.	
		milk secretion ⊕.	S/N Poo[illegible]

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	2pm	pt is stable. maintain	
		Pus chart. DVT, Braden Q,	
		pain assessment morse fall	
		risk assessment done.	Pooja
		B - Breast soft	
		U - uterus contracted	
		B - She is on CBP	
		B - Bowel movement (+)	
		L - lochia rubra (+)	
		E - REEDA assessment not applicable	
		H - Homans sign negative	
		E - pt emotional status good.	
	2:30pm	Dr. Afshar / Dr. Shree devi	Pooja
		advice to shift ward follow	
		drug chart. check urine albumin	
		order carried out. bed side urine	
		albumin nil. Informed Dr. Afshar	
		advice to shift ward, follow	
		drug chart. order carried out	Pooja
		pt shifted to ward as	
		per doctor order. pt care	
		hand over given to 4th	
		floor staff	Pooja
		Receiving Notes On 23/6/26	
	2:30pm	patient details handing over	
		taken from S/N pooja. patient	
		conscious and oriented. patient	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/8/24	2:30pm	is on clear liquid diet.	
		patient is on CBD. patient IVF RL	
		125ml/hr on flow of the patient	
		patient flatus Not passed →	Sh.
	4pm	vital sign checked and	
		Recorded. IVF RL 125ml/h on flow of	Sh.
		the patient →	
		B - Breast soft. No Engorgement	
		U - Uterus contracted. Involution	
		present	
		B - Bowel movement passed	
		B - Patient is on CBD.	
		L - Lochia Rubra present.	
		E - REEDA is Not applicable.	
		H - Homan's sign Negative	
		E - Emotional status good. →	Sh.
	4:30pm	patient flatus passed informed	
		Dr. Akshitha mam advised by	
		give Kanji. Now →	Sh.
	6pm	maintain Intake and output	
		chart. Low medication given	
		as per Doctor's order →	Sh.
	7:30pm	patient details handing over	
		to Night duty staff →	Sh.

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

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 18 D (F)
Dr. UMA K

(10)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty	
23/6/26	7.30Am	patent details handover	
		taken over from Evening	
		to Night duty staff.	
		patient is CBD⊕, Remove	
		11 pm today, liquid diet,	
		CBD Removed urine alt todo	
		CBC, urea, creatini, LFT	
		IVF-125ml / hour	→ P. Kanimoz 607261
	8.00pm	patient vitells Checked	
		and recorded.	→ P. Kanz 607261
	9.00Pm	patient due medication	
		given and recorded.	
		B-Breast is soft, No engorgement	
		U-uterus is contracted well	
		B-Bowel movement is present	
		B-urine voided frequently	
		L-Lochia Rubra is present	
		H-Reed a not applicable	
		E-Emotional status	
		good.	→ P. Kanimoz 607261
	10.00pm	Dr. uma & vinitha Mam	
		come and see advised	
		changed oral medicine,	
		CBD removed after 12 clock	
		vitells B4H, after 4H 12H	
		vitals followed.	→ P. Kanz

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No. : RCH /FRM / CLINICAL / 089

Patient Sticker

NURSES NOTES

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☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/8/26	10.30pm	patient is walked and OBD removed, patient vitals cheked and recorded. T. lobet with hold.	P. Kanmani 60789
24/8/26	12.00Am	patient vitals checked and recorded. BP-134/88 Inform Dr. Vinitha mam phone call order T-lobet 200mg given and recorded.	P. Kanmani
	2.00Am	patient is sleeping, No other compliants	P. Kanmani 600
	4.00Am	patient voided urine to send to urine sample lab and bill raised, patient vitals checked and recorded BP-147/90 Inform Dr. Vinitha mam after recheck one hour	P. Kanmani 60789
	6.00Am	patient due medication given and recorded	P. K 607261
	7.00Am	patient - BP checked 142/82 Inform Dr. Vinitha mam advised T. Nifidine 10mg given oral and recorded, Intake output maintained	P. K 60
	7.30Am	patient details handover given to morning duty staff	P

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29 Y 3 M 18 D (F)

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/26		Morning duty	
	7:30pm	pt details handing over taken from night duty staff pt on normal, today bath out doing no other complication pt on 2 hrly bp monitoring	607728
	8:00Am	vitals was checked and recorded maintained s/o chart.	607728
	10:00Am	Bp was checked and inform Dr. paulin mam (?) suggest to given T. labetalol 100mg medication was given	607728
	12:00pm	B - Breast is normal U - uterus is contracted B - bladder is normal B - Bladder is normal L - Lochia Rubra is Quant E - Apeda is not applicable H - Homan's sign is negative E - emotional status was normal	607728
	1:00pm	Bp was checked and recorded, maintain s/o chart and recorded	607728

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1:30pm	Pt details handing over	
		given by evening duty staff	[illegible]
		Evening duty	
	2pm	patient case file handover	
		taken from the morning duty	
		staff. patient vitals are checked	
		and recorded. patient vitals	
		are stable. →	[illegible]
	3pm	patient maintain o/o chart	[illegible]
		and continues PPF - patient	
		side there is no c/o pain. →	[illegible]
	4pm	B - Breast soft is no engorgement.	[illegible]
		U - uterus is contracted.	
		B - Bladder is normal	
		B - Bowel movement is present	
		L - lochia rubra is present	
		E - Reed is no applicable.	
		H - Homan sign is negative	
		E - Emotional status is good.	
	4pm	patient vitals are stable.	
		vital signs checked & Recorded —	[illegible]
	6pm	Due medication given as	
		per Doctor's order —	[illegible]
	7-30 PM	pattent Handing over to	
		Night duty Staff. —	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092914 IP18-00036130
Mrs ASHWINI V
05-03-1997 29 Y 3 M 19 D (F)
Dr. UMA K

(8)

NURSES NOTES

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☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/26	7.30AM	Night duty	
		patient details handover	
		taken over from Evening	
		to Night. patient in bed	
		Syp. Duphalac 15ml still NOW	
		motion NOT passed, BP WNL	
		Tommorow Discharge plan	P. Kamoz 609261
	8.00PM	patient due medication	
		given and recorded. Vitals	
		Checked BP - 147/77 mmHg	
		Duty Doctor checked 9.30PM	P. Kamoz 609261
	9.20PM	Duty Doctor come see BP	
		checked 135/89 T-Lonet	
		100 mg given and recorded.	
		Syp. Duphlac 20ml given and	
		recorded.	
		B-Breast is soft, NO Engorgment	
		U-Uterus is contracted well	
		B-Bowel movement present	
		B-voice voided frequently	
		L-Lochia Rubra is present	
		E-Redness NOT Applicable	
		H-Homan Sign's Negative	
		E-Emotional status is good	P. Kamoz 609261
	10.00PM	Dr. Uma Mam come and	
		see patient Remove IV line	
		dressing done Tm DS plan	P. Kamoz 609261

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Patient Sticker

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
05/6/26	12.00AM	patient vitals checked and Recorded BP-142/88(101) Inform Dr. mohana advise again check 4AM, patient is sleep now	P. Karimore 60326
	2.00AM	patient is sleeping, No other specific complaints	P. Karimore 60326
	4.00AM	patient vitals checked and Recorded.	P. Karimore 60325
	6AM	Patient due medication given as per doctors order	[signature]
	7AM	BP: 150/84 mmHg Informed Dr. Mohana mam ph call Advised to give T Nicardia 10 mg P/O is given	[signature]
	7:30AM	patient clinically handover to morning duty staff nurse	[signature]

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Uma K.	Date of Delivery: 22/6/16
Assistant Surgeon: Dr. Fahima	Time of Delivery: 10:08 pm
Anaesthetist's Name: Dr. Mohan	Gender of Baby: 2.722kg GIRL
Type of Anaesthesia: LSA	Weight of Baby: 2.722kg
Neonatologist: Dr. Gayathri	AGPAR Score:
Scrub Nurse: SN Sasi	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Severe Preeclampsia with imminent symptoms

Urgency

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

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

CTG Description: Reassuring

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

Surgical Procedure: EMERGENCY LSCS.

Post Operative Diagnosis: P1L4 / Emergency LSCS / DOS. / UHTN / hypothyroidism

Peri-Operative Complications: grade 0 Abruption

Amount of Blood Loss: 1200ml. Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

NIL

Examination Findings when Appropriate:

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

5th Palpable: 3/5

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Cervical Dilatation: .... cm

Fetal Position: ....

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Urine: ☐ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☐ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: Grade 0 Abruption .... Cord around the neck ☐ Yes ☑ No

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

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

Uterine Closure: ☐ One Layer ☑ Two Layers .... Vicryl .... Suture

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

.... Vicryl .... Suture

Sheath Closure: .... chromic catgut .... Suture

Fat Closure: ☑ Yes ☐ No .... prolene .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress

post wall hematoma of size 1cm x cm evacuated

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..24hrs.. 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 6hr

UP < 20 ml / 100ml/hr

R/ trapic 1g IV tds

R/ Sulpacef 1.5g IV x 3 dose

R/ Enoxaparin 0.4mg SC 12hr after

R/ pan 40mg IV BD

R/ para 1g IV infusion sos

R/ tramadol 2cc IM bd (sos) → tramadol suppository w/ fundus bleeding

R/ Rimnet 2cc IM (sos)

T. Ncaidia 20mg 1 OD

Doctor Name: L.VMA

Doctor Signature: [signature]

Date & Time: ....

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Patient's Name:...

MRD GUC-00092914 IP18-00036130 No.:..................
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Age :. Dr. UMA K ..Sex: ☐ M ☐ F

Const...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/6/26 Time: 12.25 Pm

Location : (Rt) Side Metacarpal.

Size : 18G

Cannula inserted by : Sino Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/6/26	1Pm.	☐Yes ☐No	☐Yes ☐No	Obser	ber
	3Pm	☐Yes ☐No	☐Yes ☐No	Obser	ber
	5Pm	☐Yes ☐No	☐Yes ☐No	Obsw	bw
	7Pm	☐Yes ☐No	☐Yes ☐No	Obsw	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
23/6	12AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	pattern	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	pattern	[illegible]
	12PM	☐Yes ☐No	☐Yes ☐No	Obsee	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
	4PM	☐Yes ☐No	☐Yes ☐No	Obsey	P.R
	6PM	☐Yes ☐No	☐Yes ☐No	Obse	P.R
	8PM	☐Yes ☐No	☐Yes ☐No	Obse	P.R
	10PM	☐Yes ☐No	☐Yes ☐No	Obse	P.R
24/6/26	2AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	Observe	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obsow	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obs.	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	Obse	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time : 24/6/26 10.30 pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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Patient's Name:..

MRD NO:............................Room No.:..................

Age :..................... Weight :..............Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

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 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-00092914 IP18-00036130
Mrs ASHWINI V 29 Y 3 M 16 D (F)
06-03-1997
Dr. UMA K

Patient Sticke

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PAIN ASSESSMENT FORM

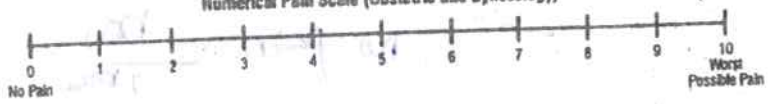
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	8.00 am	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[illegible]
22/6/26	12 pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no pain	[illegible]
22/6/26	4 pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain.	[illegible]
22/6	8PM	1/10	Abdomi pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position change	[illegible]
23/6	12AM	1/10	Abdomi pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	[illegible]	[illegible]
23/6	6AM	2/10	Suture site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comforts pos	[illegible]
23/6	12 pm	1/10	Suction site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfort position	[illegible] 01830
23/6/26	2pm	1/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
23/6/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 608
24/6/26	2Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 608

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.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092914 IP18-00036130
Mrs ASHWINI V
08-03-1997 29 Y 3 M 18 D (F)
Dr. UMA K

(2)

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PAIN ASSESSMENT FORM

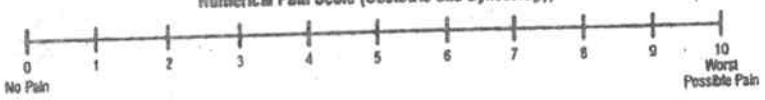
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	8Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607976
24/6/26	2pm	o/w	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
24/6/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] 6007
25/6/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] 607261
25/6/26	8Am	o/w	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

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

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 22/6/26	F 22/6/26	N 22/6/26
		Score	15	15	15
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0	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			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			15	15	15
		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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time / Score	M 23/6/26 5	23/6/26 2pm	N 23/6/26 8pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	0	0
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	
	Normal /On Bed Rest /Immobile	0	0		0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			15	30	30
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
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(3)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 24/6	E 24/6	N 25/6
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15		
	No	0		0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	20	20
		Signature	[signature] 60776	[signature]	[signature] 60776

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

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

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

Patient Sticker

GUC-00092914
Mrs ASHWINI V
08-03-1997
Dr. UMA K
IP18-00036130
29 Y 3 M 19 D
(F)

Morse Fall Risk Assessment Form

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

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

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- ☐ Hourly safety check
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High Risk (≥ 51) Apply all low and moderate risk interventions, and.

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

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BRADEN 'Q' SCALE

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					Date : 22/6/26	22/6	22/6	23/6
					Time : M	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	20	20	22
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

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1997
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29 Y 3 M 17 D (F)

BRADEN 'Q' SCALE

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					Date : 23/6	23/6	23/6	24/6
					Time : 9am	2pm	N	M
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	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.	1	2	2	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	23	23	23
				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

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BRADEN 'Q' SCALE

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				Date : 24/6	24/6	25/6/12	
				Time : E	N	M	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	
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	
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	
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	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	2	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	
				TOTAL SCORE	23	27	27	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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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-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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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 Primi Postday
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		
22/6/26	8.00 am.	Medication therapy	Pt explain to labour pain process pain and and medication therapy	Patient	Education level	Oral	Respect values	verbalizes understanding	Good	
23/6/26	3PM	medication therapy	patient Explained about Pain management and Breast Feeding	patient	Education level	Oral	Respect value	verbalized	Good	
24/6/26	10pm	yes	Explain about nutrition	patient	Education level	oral	None	Agrees	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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/6/26 Date of Removal: 23/6/26 @ 10.30PM

Parameters	Date / Shift Time	22/6/26 Evening	22/6/26 Night	23/6/26 Morning	23/6/26 Evening	Removed		
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		[illegible]	[illegible]	S/o [illegible]	[illegible]	P. [illegible]		
Signature of the Nurse		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Uma. K
Asst. Surgeon :
Anaesthetist : Dr. Mohan
Scrub Nurse : S.N. Sasi

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Age : Gender :
Name : Em-lscs
Date : 24/6/26. In-time : 9:55 p.m. Out-time : 11:00 p.m.

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 10:00 p.m.

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 : [signature]
Name : Indu (24/6)

Before Skin Incision ➤ ➤

TIME OUT Time: 10:03 p.m.

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 : [signature]
Name : Dr. Uma

Before Patient Leaves Operating Room

SIGN OUT Time: 10:55 p.m.

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded	☑ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☑ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☑ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☑ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☑ Yes ☐ No

Signature : [signature] 607721
Name : Rajini

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

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

PRE - OPERATIVE CHECK LIST

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Date: 22/06/2026

Patient's Name : MRS. Ashwini Age : 29 Gender : ☐ M ☒ F

Blood Group : B+ve. UHID : UHL-92914

Planned Surgery : EMR LSCS Surgeon : DR. UMA. K

Anesthetist : DR. mohan Date & Time of Operation : 22/06/2026 at 10pm.

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	☑	☐	☐
	Remove all ornaments, etc and sterile gown given	☑	☐	☐
	od arranged as required?	☑	☑	☐
	ood has been ordered - is Blood bag ready?	☐	☑	☐
	Cannula to be placed / IV fluids if Indicated	☑	☐	☐
	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
	Skin Preparation	☑	☐	☐
	Site is marked	☑	☐	☐
	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐
14.	Implants are available	☑	☐	☐
15.	Equipment is avaialble	☑	☐	☐
16.	Other (if any)	☐	☑	☐

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

Billing Clearance taken

Billing Executive Name : ..... Nurse In-Charge Name : D. Sabeelan

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

Date & Time : ..... Date & Time : 22/06/26 at 10pm

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

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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

UHID.No : .. .. Date: .....

You are scheduled for an induction of labor on 22/6/26 (date) at 38 weeks + 1 day (weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient
Signature: V. Ashwini
Name: Mrs Ashwini
Date & Time: 22/6/26 at 9 AM

Patient Attendant:
Signature: S. Balaji
Name: BALAJI. S
Relationship with Patient: HUSBAND
Date & Time: 22/6/2026 @ 9:05 AM

Doctor:
Signature: [signature]
Name: Dr. Shreedevi
Date & Time: 22/06/2026

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

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : .. GUC-00092914 Mrs ASHWINI V 06-03-1997 Dr. UMA K IP18-00036130 29 Y 3 M 16 D (F) ..... UHID No : .....

Gender: ☐ Male Date : ..... Time : .....

I hereby authorize performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Uma

Consentee :

Signature : S Balaji

Name : BALAJI.S

Date & Time : 22/06/2026 @ 9:24 am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: husband

Date & Time : 22/6/26 at 9.00 ~

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreedevi

Date & Time : 22/06/2026

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Patient Name : .....

UHID No : .....

Gender: ☐ Male ☐ Female Age : .....

Date : 22/6/26

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION upon Mrs. ASHWINI (Name of the Patient)

(Ind: Failure to progress, Imminent signs.)

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, eclampsia, seizures, risk of thromboembolism, injury to bowel, bladder, NICU 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. Uma K

Consentee :

Signature : .....

Name : Mrs ASHWINI - V

Date & Time : 22/6/26 at 9pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : Mr. BALAJI S

Relationship with Patient: Husband

Date & Time : 22/6/26 at 9pm

Doctor (who is taking the consent) :

Signature : for .....

Name : Dr. UMA K

Date & Time : 22/6/26

CONSENT FORM FOR ANAESTHESIA

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Patient Name : .... GUC-00092914 IP18-00036130 Mrs ASHWINI V 06-03-1997 29 Y 3 M 16 D (F) Dr. UMA K .... Age : .... Gender : Male ☐ Female ☐

UHID NO: ....

Anaesthesiologist : .... Surgeon Name: Dr. Uma K

Operative procedure planned : ... Surgery Lscs ...

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : [signature]

Name : MRS: ASHWINI.V.

Relationship with Patient: Patient

Date & Time : 22/6/26

Witness :

Signature : [signature]

Name : MR: BALAJI.S

Date & Time : 22/6/26

Doctor (who is taking the consent) :

Signature : [signature]

Name : [signature]

Date & Time : 22/6/26 10:40pm

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVA...

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GUC-00092914 IP18-00036130
Mrs ASHWINI V 29 Y 3 M 16 D (F)
06-03-1997
Dr. UMA K

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

Date: .... Time: .... Proposed Operation: Emergency LSCS

Diagnosis: Primi imminent eclampsia

B.P / CRT: 120/90 H.R: 88 bpm Weight: 84 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 10.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea: 21	Alb:	HBS Ag: NR	ECG:
WBC:	Creat: 0.7	Total Bill:	HCV:	2D Echo:
Plate: 2.28	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	urine alb - negative
INR:	Mg++:	Amylase:	TSH 3.80	
	Cl-:	SGOT/SGPT:	**Allergies:** — Nil —	

BT/CT

Medical History: CVS:

RESP: Diabetes:

CNS: GHTN on Nicardia &

Renal: GHTN on Rx, now c/o Headache. Mg sulp injection.

Hepatic / GE: Physical Activity:

Others: No other comorbidities.

Past Anaesthetic History:

Physical Exam:

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

Lungs:

Heart: CVS / RS NAD

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
Nicardia	
Rpzolozan	
Magsof injection.	

Pre-Operative Instructions:

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

Signature: .... Name: Sham.

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

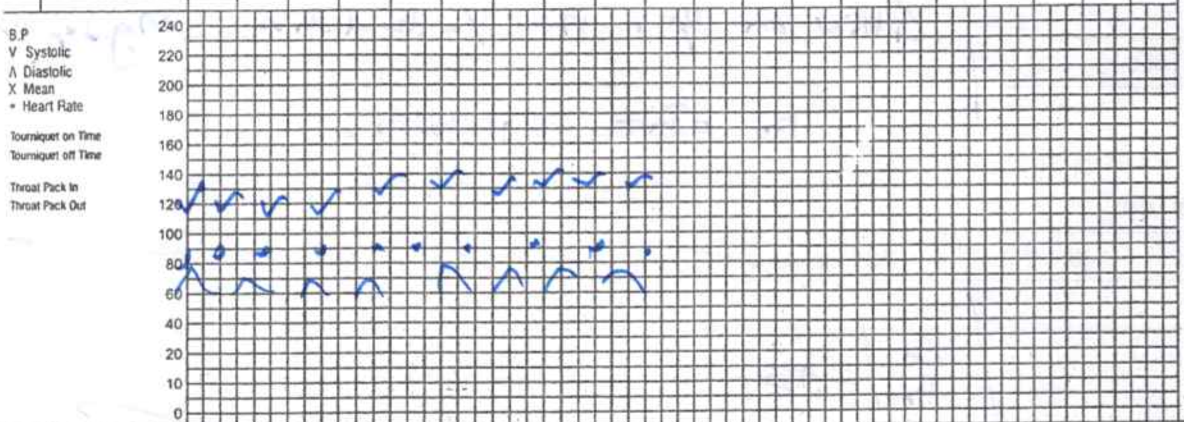
Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: > 6 hrs,	
Physical Status:	Patient Identified ✓	☐ Consent Present	☐ Chart Reviewed

H.R: 85/min	B.P / CRT: 110/70	SpO_2: 100%,	R.R: 14/min	Last Feed:

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

Surgeon: Dr. [illegible] Anaesthesiologist: Dr. [illegible] Technician: [illegible]

TIME		Antibiotic
N_2O /AIR /O_2 LPM		
HALO /ISO /SEVO		
Drugs:		Suppository
Inj. [illegible]	20 U [illegible]	
2. [illegible]	1 gm (ATD)	
		Blood Loss
FIO_2 / SaO_2	100 / 100 / 100	
$ETCO_2$		
ECG	[illegible]	NOTES
Temperature		
Urine Output		
Fluids / Blood	RL [illegible]	



LAB Values	
	ABG
	GRBS
	Others

☑ Equipment Checked and Functional ☑ BP ☐ Cuff Site: Rt arm ☐ Art Site: ...... ☑ EKG Lead ☑ Temp Site ☐ FIO_2 Monitor ☑ Agent Monitor ☑ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: Supine ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☑ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: 10.05 pm OP Start: 11.05 pm OP End: ...... Leave OR: ...... Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☑ Regional Line (Size & Location) ☐ CVP ☐ ART ☑ IV: Rt hand 18 G (Insite) ☐ IV ☐ IV	Induction ☐ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# ...... at ...... cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ...... ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# ...... Attempts: ...... Difficulty Why? ...... ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Regional: Extremity Specify: ...... ☑ Spinal ☐ Epidural ☐ Caudal Others: ...... Position: sitting Site: L3-L4 Needle Size: 25 G Depth: ...... Parasthesia ☐ Yes ☐ No Whitacre Catheter at skin ...... cm Drug Name & Conc: ...... Bolus: 2, [illegible] Infusion: [illegible] Heavy + Block Level: 30 mcg fentanyl Comments: ...... Transportation to ☐ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor: [signature] Signature of the Doctor: ...... (PMU)

Patient Sticker

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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Rissa Time Received : 11:00pm Time Discharged : 11:00pm

RESP · PULSE > < BLOOD PRESSURE (chart scale 250 – 0, SPO₂)

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
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2					Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2					
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
			Adv. as per surgeon's order	
			Inf @ 12ml/hr RL/DNS	
			2 Paracetamol 1gm IV TDS.	
			Monitor vitals	

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

Anaesthesiologist Name :
Anaesthesiologist Signature: Dr. [illegible] (SH16)
Date & Time: [illegible]/6/26 10:00pm

PACU Nurse Name : Rissa
PACU Nurse Signature: [illegible]60771
Date & Time: 22/6/26 @ 10pm

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

Transferred to Unit by (PACU): MICU
Date & Time: 22/6/26 @ 11:00pm

Patient Sticker

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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 : .....

Patient Sticker

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/6/26 Time of Arrival: 2:00 pm Time Seen by Nurse: 2:05 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: Pt came for Tou

3) **Vital Signs:** Temperature: 98.2 Pulse: 80 RR: 20 SpO_2: 100% BP: 110/70 Weight: 37

4) **Gestational Criteria:**

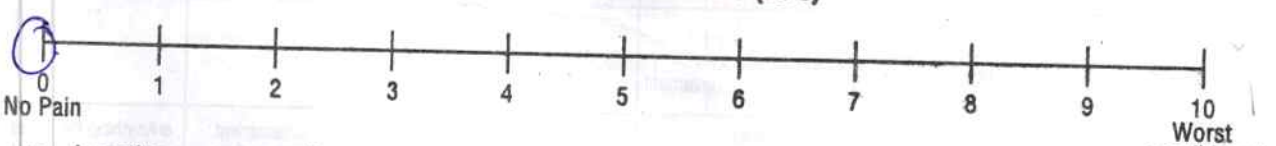
Gravida:	G Prim1	P	L	A

LMP: 28/9/25 EDD: 5/7/26 Gestational Age: 38wks 1day

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

a) Surgeries: Nil

b) Medical: C.H.T.N. Hypothyroidism

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 Tab. Nifecardia 20mg (od)
Tab. Thyronorm 50mg (od)

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8.00 am

Nurse Name : N. Devi Nurse Signature: .....

Date: 22/6/26 Time: 8.00 am

GUC-00092914
Mrs ASHWINI V
06-03-1997
Dr. UMA K

IP18-00036130

29 Y 3 M 16 D (F)

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 22/6/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to Husband

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

If yes, identify ....

Chief Complaints: Pt came for IOL.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Harshita

Time Notified: 8:00 am.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
CHTN Hypothyroidie.	—	—

Blood Group: B+ve. LMP: 28/9/25 EDD: 5/7/26 Gestational age during admission: [illegible]

Contractions: — Vaginal Discharge: —

Obstetric History: Primi P .... L .... A .... Previous LSCS —

Height: 160 Weight: 87 BMI: ....

Temp: 98.8 HR: 80 RR: 20 BP: 110/70 SpO2 100

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Mother | father.

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score ....0 | 10..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ...23..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....family.....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to .....Mrs. Ashwini.....

Name of Person Orientation was given to: .....Patient.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....M. Devi.....

Date & Time: ...22/6/26 at 3.00 pm.

PATIENT TRANSFER FORM

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GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

	Date & Time of Admission: 22/6/26 @ 7:45 AM	Date & Time of Transfer Order: 22/6/26 @ 11:00 pm
Treating Consultant Name: Dr uma.	Transfer Ordered by: Dr. mohan	Reason for Transfer: for further management
From Unit: OT	To Unit: NICU	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 1 file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received : 22/6/26 @ 7:46

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

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Dr. UMA K

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/6/26 @ 11:00pm OT TRANSFERRED TO: MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**	✓	
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	✗	
3	**Circulation & Hemodynamic Stability**	✓	
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	✗	
	e.Dressing Intact	✓	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	✓	
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	✓	
	b.All drains fixed, output noted	✗	
	c.Catheter secure & urine output recorded	✓	
	d.Splints/casts/traction devices stabilized	✗	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	✗	
	b.Bed/side rails up and brakes applied	✓	
	c.Special positioning maintained as per surgery	✗	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level		
	b.Epidural catheter secure, infusion checked	✓	
	c.Pressure areas protected (heels/elbows)	✗	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	✗	
10	**REPORTS AND LABS HANDED OVER**	✗	
11	**BIOPSY/HPE SENT**	✗	
12	**Documentation**	✗	
	a.Documentation completeness	✓	
	Transferring Nurse:	0860727	
	Receiving Nurse : S/N parameswari/016808		
	Signature of Incharge: 607721		

RCH/GDY/FRM/CLINICAL/598

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

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

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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05-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - [x] a. Yes
   - [ ] b. No

2. If No, Reason .....

3. Nipple condition:
   - [x] a. Nipple well formed
   - [ ] 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
   - [ ] b. Mother always sits with a back support
   - [ ] c. Ear-shoulder-hip should be in a straight line
   - [x] d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Date: .....

Continuity of Care:

I - 2
A - 2
T - 2
C - 2
H - 1
9

Handover given by ... S.N. parameswari

Signature ... 016808

Date & Time: 23/6/2026

Handover taken by ... E. Pavani

Signature ...

Date & Time: 23/6/26 @ 2pm

PATIENT TRANSFER FORM

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GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr Uma	22/6/26 at 7.45 am	22/6/26 at 11.40 am
From Unit	**Transfer Ordered by**	**Reason for Transfer**
NICU	Dr. B'Akshita	Pt Shifted to ward.
Number of Sheets in Clinical File	**To Unit**	**Information to Attendant**
Iptime - 0	7th floor	Yes ☑ No ☐
	Number of Imaging Films	**Personal belongings including clinical documents. If any handed over to attendant**
	CT - (2)	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 ☐

Pt Shifted to ward Orders by Dr Akshita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Mirdev	Dr Akshita

Patient & Clinical Records Received by :

S. Madhuri Reg 3053 at 11:40AM.

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 16 D (F)
Dr. UMA K

Date & Time of Admission	Date & Time of Transfer Order
22/6/26 at 7.48am	22/6/26 at 12:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Uma i/c	Dr. Akshita	ICU
From Unit	**To Unit**	**Information to Attendant**
7th Floor	CDR	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Ip files	CT br - (2)	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
Sumathi	Dr. Akshita

Patient & Clinical Records Received by : Sowmya

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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GUC-00092914 IP18-00036130 Mrs ASHWINI V 06-03-1997 29 Y 3 M 17 D (F) Dr. UMA K	Date & Time of Admission: 22/6/26 at 7.45pm	Date & Time of Transfer Order: 23/6/26 3pm
Treating Consultant Name: Dr. Uma K	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: PN care
From Unit: CDR	To Unit: 203	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP + DP file	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐ Dr. Akshitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Pooja	Dr. Akshitha

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 23/6/26 @ 3pm

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-00092914 IP18-00036130
Mrs ASHWINI V
06-03-1997 29 Y 3 M 18 D (F)
Dr. UMA K

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/6/2026 Time: 02:40 P.M

Origin: — Height: 160 Cms Weight: 87 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS.

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic GHTN Since Wednesday. Hypothyroid.
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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 Husband.

Signature: S. Balaji

Name: S. BALAJI

Date & Time: 24/6/2026 & 02:40 pm

Dietician's

Signature: A. M. (018336)

Name: A. Sadiqa Farheen.

Date & Time: 24/6/26 @ 2:40 P.M.

DIETARY NOTES

Date	Time	Notes	Sign
22/06/26	08:30 AM.	- Patient is on Normal Diet. - Patient is Stable. Oral intake is Adequate. - Advised to take well Balanced diet. - Consume plenty of oral fluids. RDA - Energy - +450 Kbl Protein - +23g/d.	A.M (018336)
	02:05 PM.	- Patient is on clear liquid diet Advised to take tender Coconut Water, fruit Juices, butter milk (etc) - Consume plenty of fluids. Fluids - 2.5-3 l/d.	A.M (018336)
23/06/26	8 AM. POD-1	- Patient is on Liquid Diet. EM-LSCS → done - Patient is Stable. Oral intake is Better. - Include sips of fluids	A.M (018336)
	2:30 PM.	Plan to give Kanji - if flatus passed. Followed by Soft Diet on Orders	A.M (018336)
24/06/26	08:50 AM.	- Patient is on Soft Diet. - Patient is Stable. Oral intake is Better. Consume easy-digest foods. Take small frequent meals. RDA Values - Energy - +600 Kbl Protein - +17-19g/d.	A.M (018336)
25/6/25	8:30 AM.	- Patient is on Soft Diet. Patient is Stable. Oral is good. Stools not passed.	A.M (018336)