180K

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 10 D (F)
Dr. SELF

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		27/6/2020 at 6PM					
Activity Sheet update by Pharmacy							

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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

ACTIVITY RECORD FOR BILLING

Name: Mrs. Udhayalakshmi

UHID No: 92946 IP No: 36177 Consultant: Dr. Poorani Dept: LOR

Date of Admission: 25/6/20 Time: 5:35 AM Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/20	8.25am	MICU	OT	016808
25/6/20	10AM.	OT	MICU	001891
25/6/20	1.10pm	MICU	4th floor	[illegible]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC [OP]	22/6/20.		011742
2.	Dr. Rekhasudhan	26/6/20	1717585 to be seen	[illegible]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Docu. No: RCH/ FRM/ GENERAL/ 145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/6/26	RBS	26020048	
25/6/26	Fallopian Tubes.	26020148	
26/6/26	CBC	26020256	
27/6/2026	FBS.	26020367	
	Urea RFT	26020374	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/	CTG - ①			008451.	[signature]/01170
25/6/20	Infusion	9AM	25/6/2026 at 10pm,		Nivetha

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6	IV Placement	1	1716880	
25/6	Catheterization	1	1716880	
26/6/26	Diet Counselling	(1)	1717575	A. B (618336)
26/6/26	Physio	(1)	1717794	

ANY OTHER INFORMATION:

procedure name: Elective LSCS T sterilization

Surgeon Name: Dr. Poovizhi

Assist Surgeon name: Dr. vinitha

Anaesthetist Name: Dr. mohan, Dr. priyadharshini

In time: 8:25 AM

out time: 10 AM. 25/6/26 DVT to be review at 10AM. stop 6.30 pm.

Date: 27/6/2026 Time: 5.40 AM Prepared By:

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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

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SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. Udhayalakshmi Date of Birth: 17/04/1991 Age: 35y

Gender: Female Ward : OT UHID No.: 92946/36/17

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

Name of the Surgery : Elective Repeat LSCS & Steilization.

Time in : 8:25 AM Time Out : 10 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Poovizhi	
2. Anaesthetist	: Dr. mohan, Dr. priyadharshini	
3. Assistant Surgeon	: Dr. vinitha	
4. OT Technician	: Mr. Raja	
5. Circulating Nurse	: S/N. Thanushya	
6. Assistant Nurse	: S/N. Sasi	

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

(FOR) 12113
Signature of the Surgeon

601891.
Signature of Circulating Nurse

Record finalized done

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

Inj Taxim 1gm @ 8:20 AM.

Baby details

Baby : Boy

Time : 8:42 AM

wt : 3.319 kg.

mrs Udhaya Lakshmi

Patient Sticker

LSCS

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Thanushya Technician : Raja Date : 25/6/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj Vit.K		1
LMA			Sutures 2347		1	Cord Clamp		1
ECG leads : A / P / N		3	2317		1	Suction Catheter		
HME filter : A / P / N			1326, 9352		1/1	Feeding Tube 6F		1
Syringes : 10 cc		2	4241		1	Vaccum Suction Set		
05 cc		3	Gloves P.F 7½, 7		1/2	Surgical Gloves 6.5 P(F)		1
02 cc		2	S.care 7½		1	Gauze Pack		1
01 cc			P.F 6½		2	Syringe 1ml / 2ml 5mL		1/1
Cautery plate : A / P / N		1	Surgical blade 22		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		4	Cautery pencil		1	D water 10mL		1
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			Caritec		1
			Ointments			Efipress		1
Fentanyl			Suction Catheter			Mawin (H)		1
Morphine			Cap, Mask			Rupriogesic		1
Ketamine			Gauze Pack R10, ~~[illegible]~~		2/4	5mL Emarold Syringe 2		1
Propofol			Mop Pack		1	26 ½ Needle		1
Rocuronium			Sterlstrip			Spinal needle 25G (90mm)		1
Glycopyrolate			Underpad		1	Quick Table Sheet		1
Myopyrolate			Draw sheet			Proto gown		1
Ondansetron	1		Abgel					
Pencan 25g/ Spinal Needle 22			Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics			Romodrain bag					
			Bandage					
Suppositories			Tegaderm 8591		1			
Anamol : 80mg / 250mg / 170 mg			Ioban					
Supridol : 100mg			Double J Stent					
Justin : 12.5 mg / 25mg / 100mg	1		Vaccum Suction set		1			
Tab. Misoprost : ~~200mg~~ Goopro	1		Plastic Bed Sheet Apron		2			
New mom pad	1		Betadine Solution		2			
New mom Fixation	1		Microshield					
Baby diaper	1		Cotton Balls					
Baby wipes	1		Latex Gloves		10pc			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036177	**Ward**	8F-OT COMPLEX
Patient Name	Mrs UDHAYA LAKSHMI .R	**Bed Nan**	MICU 801
Age/Sex	35 Y 2 M 8 D / Female	**Order I**	18-0001717140
Date	25/06/2026 13:53	**Prescription No**	PRIP18-0623081
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:09
UHID	GUC-00092946		

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**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 25-06-2026 14:09

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036186		
Patient Name	Baby B/O UDHAYA LAKSHMI .R	**Ward**	7F-PVT/SUITE
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Bed Name**	CRDL-PVT705-1
Date	25/06/2026 14:02	**Order No**	18-0001717154
Payor	SELFPAY	**Prescription No**	PRIP18-0623080
UHID	GUC-00093055	**Dispensed Date**	25/06/2026 14:08

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

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 25-06-2026 14:08

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036177	**Ward**	8F-OT COMPLEX
Patient Name	Mrs UDHAYA LAKSHMI .R	**Bed Name**	MICU 801
Age/Sex	35 Y 2 M 8 D / Female	**Order No**	18-0001717138
Date	25/06/2026 13:53	**Prescription No**	PRIP18-0623078
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:05
UHID	GUC-00092946		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1O10526	04/29	2	120.00	240.00
3	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	2	123.00	246.00
4	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
5	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
6	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5119	09/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2542SF037	06/29	1	1,020.00	1,020.00
9	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
10	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
13	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5001	03/30	1	1,026.00	1,026.00
14	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
15	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606021	06/31	1	775.00	775.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC26011	12/27	2	103.00	206.00
17	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260401261T	04/29	2	128.00	256.00
18	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A109	12/30	1	91.00	91.00
19	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R03260906	02/29	1	814.50	814.50
22	TRUGUT CHROMIC CATGUT SN4241	Sutures India		A250728	10/30	1	223.00	223.00
23	UNDERPADS CARE 60 X 90 (FRIENDS)			06062026	12/30	1	205.00	205.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010031	02/31	1	739.00	739.00
25	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J	C1	T5063	11/30	1	888.00	888.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5O63	08/30	1	951.00	951.00

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	IP18-00036177	**Ward**	8F-OT COMPLEX
Patient Name	Mrs UDHAYA LAKSHMI .R	**Bed Name**	MICU 801
Age/Sex	35 Y 2 M 8 D / Female	**Order No**	18-0001717138
Date	25/06/2026 13:53	**Prescription No**	PRIP18-0623078
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:05
UHID	GUC-00092946		

Total :	**12,798.97**	**13,747.97**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 25-06-2026 14:05

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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DL NO :

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036177	**Ward**	8F-OT COMPLEX
Patient Name	Mrs UDHAYA LAKSHMI .R	**Bed Name**	MICU 801
Age/Sex	35 Y 2 M 8 D / Female	**Order No**	18-0001717139
Date	25/06/2026 13:53	**Prescription No**	PRIP18-0623079
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:06
UHID	GUC-00092946		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	CARITEC INJ 100MG	Sun Pharmaceutical Industries Ltd		F702601G	01/29	1	467.81	467.81
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
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	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254574	10/28	1	2.58	2.58
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
11	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
12	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	17032026	12/29	1	1,275.00	1,275.00
14	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
15	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**2,486.83**	**2,835.88**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Printed Time : 25-06-2026 14:06

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	IP18-00036186	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O UDHAYA LAKSHMI .R	**Bed Name**	CRDL-PVT705-1
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	18-0001717153
Date	25/06/2026 14:02	**Prescription No**	PRIP18-0623077
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:04
UHID	GUC-00093055		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	10062026	12/30	1	255.00	255.00
2	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
4	KLICK CLAMP	ROMSONS		G26A040003	12/30	1	39.00	39.00
						Total :	**522.00**	**522.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

nted Time : 25-06-2026 14:04

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036186	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O UDHAYA LAKSHMI .R	**Bed Name**	CRDL-PVT705-1
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	18-0001717152
Date	25/06/2026 14:02	**Prescription No**	PRIP18-0623075
Payor	SELFPAY	**Dispensed Date**	25/06/2026 14:02
UHID	GUC-00093055		

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	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**52.92**	**52.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 10 D (F)
Dr. SELF

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

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		07/6/18 @ 12pm			
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-00092946
Mrs UDHAYA LAKSHMI .R
17-04-1991
Dr. SELF
IP18-00036177
35 Y 2 M 9 D
(F)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	25/6/24	26/6							
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	Yes	Yes							
Skin Care	Yes	Yes							
Eye Care	Yes	Yes							
Mouth Care	Yes	Yes							
Sterillum Bottle, Stethoscope	Yes	NA							
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)	Yes	Yes							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	PBG	Suj							
Signature :	PBG	Suj							
Date & Time:	25/6/24 8P	26/6 8AM							
Hand Over Taken By Name :	Suj	PBG							
Signature :	Suj	PBG							
Date & Time:	26/6/30 M	26/6/24 8P							

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 : IP18-00036177 **Admit Date** : 25-Jun-2026 **Admit Time** : 05:35 AM **UHID** : GUC-00092946

Patient Details :

Patient Name	: Mrs UDHAYA LAKSHMI .R	**Age**	: 35 Y 2 M 8 D
Guardian	: PRASANNA .S	**DOB**	: 17-04-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: no 37 kutty street vepery Vepery Chennai Tamil Nadu INDIA 600007	**Phone No**	: 9884991975/ 9952617047
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : PRASANNA .S **Relationship** : Husband

Contact Address : no 37 kutty street vepery Vepery Chennai Tamil Nadu INDIA 600007 **Phone No** : 9884991975

Signature

Doctor Details :

Doctor Name : Dr. SELF **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.POOVIZHI HINDU MISSION HOSPITAL **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 UDHAYA LAKSHMI .R**	**Age :**	**35 Y 2 M 8 D**
IP No:	**IP18-00036177**	**Sex:**	**Female**
Consultant:	**Dr. SELF**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

Name:

Relationship:

Patient Address:

no 37 kutty street vepery Vepery
Chennai Tamil Nadu INDIA 600007

Date:

Time:

Witness Name:

Witness Signature:

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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 : UDHAYALAKSHMI. R	UHID Number : 36177 92946
Self/Attendant Name : PRASANNA.S	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

N

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to PFM well.
Admitted for EL-Rpt LSCS + ST.

LMP: 02/10/2025 EDD: 09/07/2026
Corrected EDD: GA: 38 weeks

Obstetric Formula: G3 P1 L1 A1

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History:
I - Spontaneous abortion, 2020, GDM on OHA
II - 0, FTLSCS (CPD), 3.15kg, Lakshmi sundaram, A&H - 5 years old.
III - PP, spontaneous conception

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

M/S: 7 years, NCM

Present Pregnancy Record:
- Booked & immunised
- NT (N), FTS low risk
- Anomaly scan (N) (Lt) renal pelviectasis
- Growth scans (N)

RISK FACTORS:
Previous LSCS.
GDM on OHA.
Fetus - Left Renal pelviectasis (7-8mm) ↓ 13.8mm

Per Speculum Examination (-)
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

Height: 166 cm
Weight: 109 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Icterus: NO
Temp: (N)
BP: 128/68 mmHg
CVS: S1 S2 (+)
Liver/Spleen: soft
Pallor: NO
Edema: NO
PR: 81/min
DTR: (+)
RS B/L AE (+)
Urine Output: adequate

DIAGNOSIS

G3 P1 L1 A1, B positive | Prev. LSCS, LCB - 5 years | 38 weeks | GDM on OHA | EL. Rpt LSCS + ST

Fetus (Lt) Renal Pelviectasis

(P.T.O)

Patient Sticker

Family History:
Mother - T_2DM
Father - T_2DM

Surgical History:
LSCS x 2021

Medical History: GDM on OHA

Medication History:
Tab. METFORMIN 250mg 1-0-1

Plan of Care: I/c Dr. Poorizhi

Advice
- Admission.
- parts preparation.
- Secure IV line.

Plan: Elective repeat LSCS with sterilization at 8 AM 25/6/26.
- NPO
- IVF @ 125ml/hr (RL)
- Informed consent.
- Inform OT/NICU.
- follow premeds
- Bladder catheterization
- Shift to OT on orders
- Inform SOS.

Investigations:
CTG
CBG - 100 mg/dl

Doctor Name: Dr. Mohana / Dr. Dhivyalakshmi
Signature:
Date & Time: 25/6/26, 5:40 Pm

Consultant Name: Dr. Poorizhi
Signature:
Date & Time: 25/6/26, 5:40 Pm

Patient

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 8 D (F)
Dr. SELF

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RESULT SHEET

Date	19/4/20	7/6/20	26/6/20			B POSITIVE	
Time							
Hb	10.1	11.5	10.6				
PCV	31.2		32				
RBC			3.94				
WBC	7720		13.06			HIV	NR
N/L			84/11			HBSAg	
Platelets	3.21		3.44			VDRL	
CRP							
ESR							
PCT							
RBS	F-84	F-86				17/3	
Na	PP-103	PP-140				TSH	1.66
K							
Cl							
Ca/Mg							
Phosphate						17/3	
Urea						OGTT	
Creatinine						F -	82
ALP						2hr -	138
SGPT							
SGOT						Hb electrophoresis	N
T.Bill/Conj							
T.Protein							
S.Albumin							
S.Globulin						27/5	
A/G Ratio						ECG	N
Uric Acid						Echo	
S.Amylase							EF - 61.64%
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

19/6/26 Olivia Medical Centre

Radiology : USG : SUIUG - 37+1 weeks
Cephalic
placenta - anterior
AFI - adequate
EFW - 2.951 g / 39-3 centile

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 6 D (F)
Dr. SELF

Docu. No.: RCH

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

Patient Sticker

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10AM	Patient received in MICU	
POD - 0	C/S/B Dr. Vinitha / Dr. Shreedevi	
	Pt reviewed, Nil c/o	
T-(N)	O/E Pt GC fair, Afebrile	Advice
PR- 66/min	P°/ PE°	- NPO x 2 hours
BP- 90/60mmHg	CVS /	- IVF 10 RL @ 125ml/hr
UO- 30ml, clear	RS / NAD	- Vitals monitoring
	P/A - ut well contracted	- Follow drug chart
Baby - m/s	Soft	- CBD removal @ 10pm
B/L - Breast soft	Dressing (+) & Dry	- CBC C/M 6AM
	L/E - BWNL	- Inform (SOS)
		- Sedation hs
	[signature] 182217	
25/6/2026 12:30pm	C/S/B Dr. Vinitha / Dr. Shreedevi	
	Pt reviewed; Pt tolerating liquids well	
T-(N)	O/E Pt GC fair, Afebrile	
PR 55/min	P°/ PE°	
BP 110/60 mmHg	CVS /	
	RS / NAD	
Baby - m/s	P/A - ut firm & well contracted	
B/L - Breast soft	Soft, BS(+)	Adv
UO- 150 ml clear	Dressing (+) & Dry	- Shift to ward
	L/E - BWNL	- Liquid diet
		- Kanji @ 6pm
	[signature] 182217	- Soft diet @ 8pm
		- Vitals monitoring
		- IVF 10 RL @ 125 ml/hr

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- CBD removal @ 10pm
		- CBC C/M 6Am
		- Inform (SOS)
		- Sedation hs
	182217	
25/6/2026 7PM	C/S/B Dr. Pavithra	
	Pt reviewed	
	O/E	Advice
	Pt GC fair	
T - (N)	afebrile	- Kanji Diet
BP - 110/70	P̄ / PC̄	- Vitals monitoring
PR - 82/min	CVS	- Follow drug chart
	RS / NAD	- CBD @ 10PM
Baby - M/S	P/A - Ut firm soft, BS (+), & cont well	- Sedation hs
	Dressing Dry	- CBC C/M 6Am
	L/E - No undue bleeding P/V.	
Not passed flatus		
		144687

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

Patient S

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026	S/B Dr Poovizhi	
10:00pm	pt afebrile	
	Ambulating.	
	No pallor	
	Wound dressing intact not soaked.	
	P/A : BS (+)N.	
	L/E : No undue bleeding PV	
	T-N PR - 86 bpm Bp 110/60mmHg.	
	CBD Can be removed.	
	Vitals Monitoring.	
	Follow drug chart.	
		Dr. K. Poovizhi

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/2026	C/S/B ~~Dr.~~ Vinitha / ~~Dr.~~ Shreedevi	
9 AM		
POD - 1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Soft diet
T-(N)	P° IPE°	- Plenty of oral fluids
PR- 78/min	CVS |	- Vitals Monitoring
BP- 116/78mmHg	RS | NAD	- Follow drug chart
	P/A- ut well contracted	- W/F ↑ Bleeding P/V
Not passed stools	Soft, BS(+)	- Inform (SOS)
Flatus passed	Dressing (+) & Dry	- Ambulation
Voiding freely	L/E - BWNL	
Baby - M/s		
B/L - Breast soft	182219	
26/6/2026.	S/B Dr. K. Poonithi.	
1:30 pm	POD (1)	
T-N		Pt afebrile
PR- 86 bpm		No pallor
BP- 110/70 mmHg		T-N
Flat nipple ~~to~~ To give nipple		P/A: ut involution
Milk secretion good. Pull in		L/E: Lochia healthy.
Not passed motion & nipple		
Having normal diet - Shield.		Normal diet.
Ambulating well.	To send mine Routine.	

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 9 D (F)
Dr. SELF

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1) To continue Antibiotic inj Taxim ...	
	2) Thrombophobe ointment	
	3) T. Pan 40mg 1-0-0	
	4) T. Livogen 0-0-1 x 3month	
	5) T. Shelcal 500mg 0-1-0 x 3month	
	6) T. Aceclo OR 1gm 1-0-1 x 3 days	
	7) T. Ultracet 0-1-0 SOS	
		Dr. K. Poovizhi. 87037
26/6/20 3pm	S/B Dr. Vijayalakshmi / Dr. Shreedevi	
POD 1	pt reviewed	
	O/E: pt AC fair, afebrile	
	pd/PE⁰	
T = (N)		Advice
PR = 89/m	P/A: Soft, BS⊕	- Continue same orders
BP = 110/68 mmHg	Ut contracted well	
passed flatus	dressing dry	- To send urine routine
voiding freely	H/E - BSNM	- Oral meds
		- Ambulate
	Baby m/s	- Inform SOS.
	Breasts soft	- FBS / PPBS 4n 6am
	Sd/- 104788	

Docu. No. : RCH /FRM / CLINICAL / 086

Nipple flat

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/S/B Dr. Pavithra	
26/6/26	Pt reviewed	
9pm.		
POD 1	O/E	
	Pt a/c fair	Advice
T (N)	afebrile	- Soft Diet
BP - 118/72mmHg	P/Pu	- Plenty of orals
PR - 84/min	CVS / RS NAD	- Vitals monitoring.
		- Follow drug chart.
	P/A - Soft, BS (+)	- Duphalac Syrup stat 15ml HS.
Baby m/s	Ut firm & cont well	
B/L Breast soft.	Dressing Dry.	
Passed flatus	L/S - No undue bleeding P/V.	
Not passed stools		
	S/B Dr. Akshitha / Dr. Divyalakshmi	
27/6/26	Pt reviewed	
9Am	All c/o	Advice
POD-1		- Collect FBS, PPBS
	O/E; pt a/c fair, afebrile	- Soft diet
T = N	pol / PE	- Oral fluids
PR: 80		- monitor vital
BP: 110/70 mmHg	P/A: Soft, BS (+)	- follow drug chart
Not passed stools	ut-contracted	- Ambulation
	dressing dry	16/6/26
Baby m/f	L/E: BWNL	
Breasts soft		

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 10 D (F)
Dr. SELF

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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

Patien

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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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: 2 ICU ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. METFORMIN	250 mg	PO	BD		☐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 : 104288 Dr. Divyalakshmi

Date & Time : 25/6/20, 5:40 Am

Nurse Name & Signature: S. Neetu / 011746.

Date & Time : 25/6/20, 5:40 Am

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 10 D (F)
Dr. SELF

Hospital : .....

.....

Referred for : ☐ Opinion ☐ ..... ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

26/6/26

S IB (OBG1) Physiotherapist

Patient oriented, Afebrile ~~& AVF~~

Assessment

Chest B/L symmetry
Type: Abdominal thoracic breathing

DVT: Autar scale: No risk.

FIM score: (7) independent

Consultant : Physiotherapist

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

RCH / FRM / CLINICAL / 049

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: OP Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ EMELET	4mg	IV	STAT	25/6	☐C ☐DC
2	INJ CARBENICEN	1000mg	IV	STAT	25/6	☐C ☐DC
3	INJ Supacef	1.5gm	IV	bd		☐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 Bhuvi R

Date & Time : 25/6/26

Nurse Name & Signature: Thanushya

Date & Time : 25/6/26 @ 10 A.M.

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

Patient Sticke

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 8 D (F)
Dr. SELF

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 25/6/20 Drug Allergies: ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : JUSTIN SUPPOSITORY				Date / Time
Dose	Route	Frequency	Start Date	
100mg	PR	SOS	25/6/20	
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 Da	
Doctor's Signature		Valid Period	Pharm	
Additional Instructions:				

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

Patient Sticker

REGULAR PRESCRIPTIONS

Weight: 104 Ward: 12

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	25/6/24

Date/Time: 25/6 9am; 9pm — Stop

Name & Signature of the Doctor Starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	25/6/24

Date/Time: 25/6/24 7Am; 7pm — Stop

Name & Signature of the Doctor Starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. EMESET

Dose	Route	Frequency	Start Date
4mg	IV	1-0-1	25/6/24

Date/Time: 25/6/24 8Am E.S V.A; 8pm — Stop

Name & Signature of the Doctor Starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	25/6/24

Date/Time: 25/6 8Am; 26/6 E.S V.A; 2pm 6:30; 10pm — Stop

Name & Signature of the Doctor Starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Rainbow Children's Hospital

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 10 D (F)
Dr. SELF

Udhayalakshmi

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

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

REGULAR PRESCRIPTIONS

DRUG : INJ. TAXIM

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

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions:

Date / Time	25/6	26/6	27/6
9AM		E.S	TP / VA
9PM	P.U / D.R	P.U / D.R	
Daily Doctor's Endorsement by a Sign.	D1	D2	D3

DRUG : T. Pan

Dose	Route	Frequency	Start Dt.
40mg	oral	od	26/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time	26/6	27/6
7AM		P.U / D.R
7PM	SS / AA	

Daily Doctor's Endorsement by a Sign.

DRUG : T. Acfon OR

Dose	Route	Frequency	Start Dt.
1gm	oral	bd	26/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: X 3 days

Date / Time	26/6	27/6
8AM		TP
8PM	P.U / D.R	

Daily Doctor's Endorsement by a Sign.

DRUG : T. Livogen

Dose	Route	Frequency	Start Dt.
(1)	oral	bd	26/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: X 3 month

Date / Time	26/6	27/6
8AM		TP
8PM	P.U / D.R	

Daily Doctor's Endorsement by a Sign.

CIN : U85110 TG1998 PTC029914

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 9 D (F)
Dr. SELF

Weight. 104 Ward. 220B

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : T. Shelcal 500mg		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: Oral / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

Signature .... VERIFIED BY ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	6:5pm	Inj: TAXIM	0.1ml	ID	16428	SD SS
25/6	7Am	Inj: PAN	40mg	IV	16428	SD SS
25/6	7Am	Inj. EMESET	4mg	IV	16428	SN SS
25/6	8.20am	Inj. TAXIM	1gm	IV	16428	SP SA
25/6	8.40am	INJ EMESET	4mg	IV	15464	PT SK
X/6	8.45am	INJ CARBETOCIN	100mg	IV	15464	PT SL
25/6.		INJ. SUPACEF	0.1 ml	Id	18221	[illegible]
26/6/m	6.30pm	INJ. PETHIDINE	50mg	Im	18221	DR PK
28/6/m	12.30 pm	INJ. PHENERGAN	12.5mg	Im	18221	DR PK

Patient Sticker

Mrs. Vathayalakshmi

I.V. FLUIDS CHART

Weight. 108 kg. Ward. 7th floor

Date	Time	Composition of I.v. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/6	6 AM	IVF RL 1 (1)	IV	125 ml/hr	16428		25/6		
25/6	8:30 AM	IVF RL 1 (1)	IV	Inched		PT SK	25/6		PT SK
25/6	8:45 AM	IVF RL 1 (1)	IV	Inched		PT SK	25/6		P.K D R

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R (F)
17-04-1991 35 Y 2 M 10 D
Dr. SELF

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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
7/6	1:30pm	Syrup Duphalac	15ml	HS PO		A.A	B.S

Patient Sticker

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 8 D (F)
Dr. SELF

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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	25/6/26																						
		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														20				20				20			
	11 - 20		18		24					22																
	0 - 10																									
Saturations	94 - 100 %		99%	99%	97%	99%				99%					97%				98%				99%			
	< 94 %		RA	RA	RA	RA				RA					RA				RA				RA			
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		98.4	98.2	98.2	98.2				98.2					97.6°F				97.9°F				97.2°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		84	88	88	80				82					76bpm				78bpm				78bpm			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		116		112					97	110				110				114				110			116
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		64	60						54	60				60				64				78			
	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																										

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 9 D (F)
Dr. SELF

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Warning Observation Score Chart - Obstetrics

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

Date: 26/6/26

Time	8	12	4	8	12	4
RESP (write rate in corresp. box) (>30 / 21-30 / 11-20 / 0-10)	22	20	22	20	18	20
Saturations (94-100% / <94%)	99%	97%	99%	98%		
Administered O_2 (L/min.)	RA	RA	RA	RA	RA	RA
Temp °c (40 / 39 / 38 / 37 / 36 / 35 / <35)	96.2F	97.6F	97.8F	98.4F	98.2F	97.4F
Heart Rate (170 – 40)	82bpm	82bpm	94b/t	74b/mt	80b/mt	80b/mt
Systolic Blood Pressure (190 – 50)	108	110	118	1?8	110	110
Diastolic Blood Pressure (130 – 40)	66	80	72	50	60	70
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)	✓	✓	✓	✓	✓	✓
URINE mls / hour (>30 / <30)	✓	✓	✓			
Proteinuria (Protein ++ / Protein > ++)	✓	✓	✓	✓	✓	✓
Lochia (Normal / Heavy / Foul)	✓	✓	✓	✓	✓	✓
Liquor (Clear / Pink / Green)	✓					
TOTAL YELLOW SCORES	0	0	0	0	0	0
TOTAL ORANGE SCORES	0	0	0	0	0	0
Nurse Initial	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R (F)
17-04-1991 36 Y 2 M 6 D
Dr. SELF

Patient

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FLUID CHART

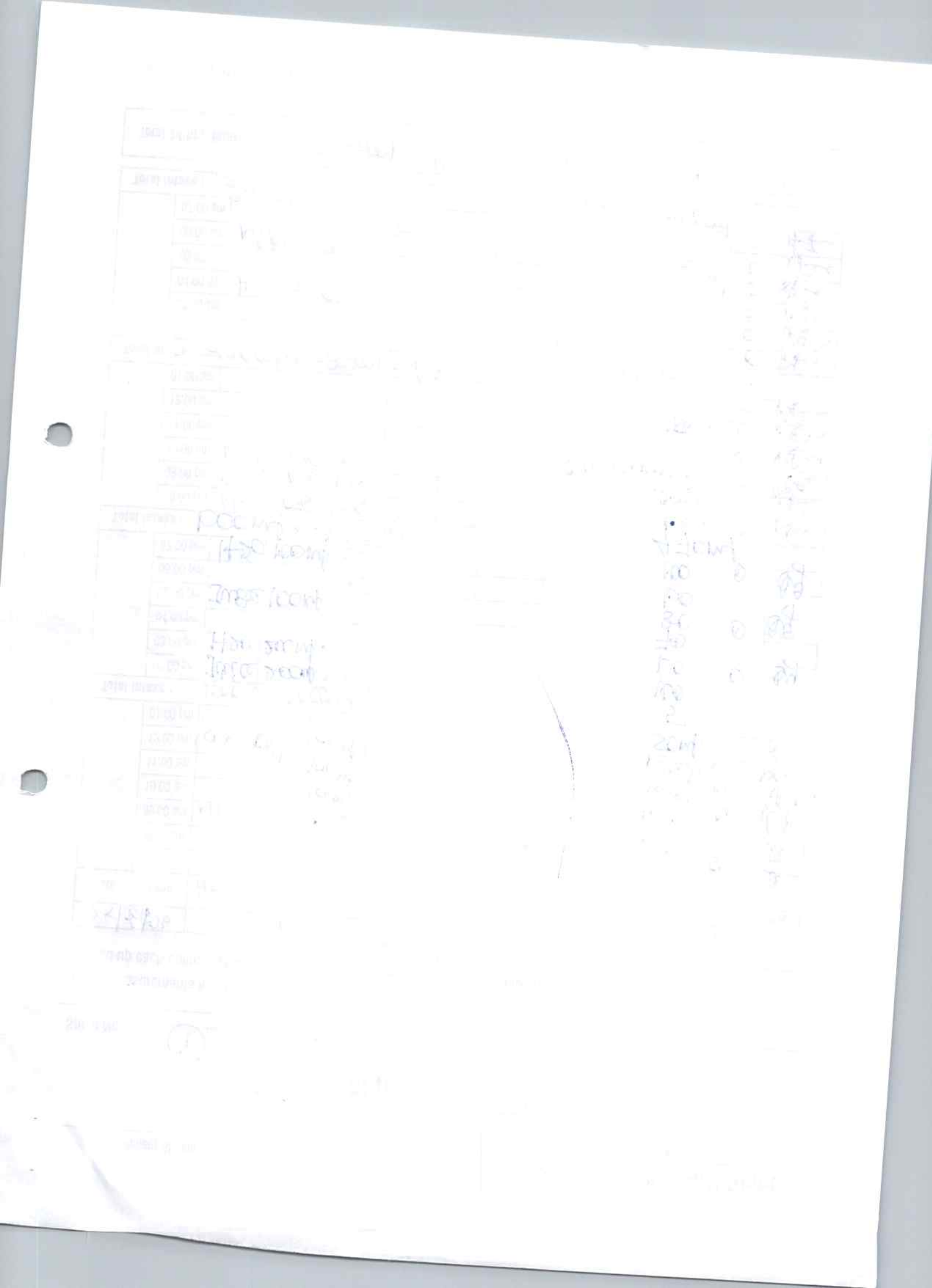
Sheet No. : (1)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/04/26												
	08:00 am									50 ml	0	
	09:00 am	NPO		100ml						100ml	0	
	10:00 am			100ml						100ml	0	
	11:00 am			100ml						150ml	0	ben.
	12:00 pm	Water	50 ml	100ml						50ml	0	
	01:00 pm											
Total Intake : 400ml + 500ml.						Total Output : 450 ml						
	02:00 pm	Juice	200ml	125						100		
	03:00 pm	H2O	200ml	125						60	0	
	04:00 pm			125						70		
	05:00 pm	Juice	100ml	125						80	0	
	06:00 pm			125						60		
	07:00 pm	H2O	100ml	125						100	0	
Total Intake : 600ml + 750ml						Total Output : 470ml						
	08:00 pm	H2O	100	125						250ml	0	
	09:00 pm	H2O	100	125						250ml	0	
	10:00 pm	Kanji	100	125					OBS	Removed	0	
	11:00 pm										0	
	12:00 am									150ml	0	
	01:00 am										0	
Total Intake : 300ml + 385ml = 685ml						Total Output : 650ml						
	02:00 am										0	
	03:00 am										0	
	04:00 am	H2O	200								0	
	05:00 am									850ml	0	
	06:00 am	NPO	150								0	
	07:00 am											
Total Intake : 350ml						Total Output : 850ml						

Total 24 hrs. Intake	3225ml

Total 24 hrs. Output	1820ml



GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 9 D (F)
Dr. SELF

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

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/6/26											0	V-A
	08:00 am	H2O	300ml							200ml	0	V-A
	09:00 am										0	V-A
	10:00 am	H2O	300ml							160ml	0	V-A
	11:00 am	Soup	200ml								0	V-A
	12:00 pm	H2O	300ml							200ml	0	V-A
	01:00 pm										0	V-A
Total Intake : 1,100ml						Total Output : 860ml						
	02:00 pm	water	200ml								0	
	03:00 pm	water	300ml							300ml	0	
	04:00 pm	milk	200ml								0	
	05:00 pm	water	200ml								0	
	06:00 pm	water	200ml							300ml	0	
	07:00 pm	water	100ml								0	
Total Intake : 1200ml						Total Output : 600ml						
	08:00 pm	H2O	100								0	
	09:00 pm										0	
	10:00 pm	milk	200							300	0	
	11:00 pm										0	
	12:00 am	H2O	100								0	
	01:00 am									200	0	
Total Intake : 400ml						Total Output : 500						
	02:00 am										0	
	03:00 am	H2O	100							200	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	milk	100							300	0	
	07:00 am	H2O	100								0	
Total Intake : 400ml						Total Output : 500ml						

Total 24 hrs. Intake	3,100ml	Total 24 hrs. Output	2,060 ml

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Mrs. Udhaya Lakshmi

Patient Sticker

AUC-92946

NURSING CARE RECORD

Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9.30 AM	TO Maintain fluid Balance		Improve & maintained by Administer IV fluid.	Evaluate by Input & output chart	Fluid Maintain well & Normal	
Afternoon	2pm	to maintain fluid Balance.	2.30 pm	Improved and maintained by Administered IV fluid.	Evaluate By input and output chart	Fluid Maintain well and Normal	
Night	8pm	→TO Relieve from pain & discomfort	11PM	→Assessed the pain level of the child →monitored vital signs → maintained IV chart → Administered medication as per doctor's ordered	Relieved from pain & discomfort	Reassessment was done	

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 9 D (F)
Dr. SELF

NURSING CARE RECORD

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

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

Date: 26/6/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7:30 am	To maintain fluide Balance		Improved and Maintained by Administation of Iv fluide.	Evaluated I/o chart	fluied maintain will normal	
Afternoon	2:30 PM	~~Assess the patient~~ → To maintain good nutritional status	5pm	→ Assessed the nutritional states of the patient → maintained I/o chart → Encouged to take more oral fluids	Improving & maintaing good nutritional states	Reassessment was done	
Night	8pm	→ To Relieve from pain & discomfort.	11pm	→ Assessed the pain level of the patient → monitored vital sign → maintained I/o chart → Administered Analgesics as per ordered	Relieved from pain and discomfost	Reassessment was done	020749

GUC-00092946 IP18-00036177 (1)
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Patien

IRSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
25/6/26	6pm	=> Admission notes
		Mrs. Udhaya 35yrs 1 FM under Dr. Poornima man. She is G3P1L1 38w GDM on OHA
		while receiving the patient conscious & oriented, afebrile, NPO, IVF RL 125ml on flow, patient vitals are stable.
		CBG: 100mg/dl. Info to Dr. Sowmya man.
		=> CTG connected reactive FHR good, foetal movement good. => [illegible]
	7am	=> Under aseptic technique parts preparation was done. Patient cooperated well. S/B Dr. Sowmya man. Advice to urinary catheterization was done. Patient cooperated well. => [illegible]
		=> Inj Cefoperazone 1 gm IV given as per doctors order => [illegible]
		=> Inj Pan 40mg IV, Inj Emeset 4mg IV given as per doctors order
	7:30 AM	=> Patient report hand over to morning duty staff => [illegible]
		Morning duty.
	7:30 AM	patient Handover taken from night duty staff Nurse and patient was conscious & alert

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

Rainbow® Children's Hospital
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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		patient was under room air and IV
		line present
	8AM	vitals are monitored and recorded
		and vitals are stable. — [signature] OT330
		Due medication given as per
		drug chart order & documented.
	8.25am	patient shifted to OT as per
		the doctor's order and handed
		over to OT staff Nurse [signature] OT330
		OT Notes
25/6/26	8:25 AM	=> patient received from LDR to OT.
		while receiving patient ID Band, consent
		checked. patient conscious and stable.
		=> Anaesthesia given by Dr. priyadharshini
		under Spinal Anesthesia.
		=> painting and draping done under Aseptic
		precaution. surgery successfully done.
		=> B/L Tubectomy done.
		Baby details
		Baby: Boy
		Time: 8:42 Am
		wt: 3.319 kg.
		Baby shifted to mother side.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092946
Mrs UDHAYA LAKSHMI .R IP18-00036177
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

P

(2)

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		→ patient vitals checked & recored.
25/6/26	10AM	→ pt shifted to MICU and patient handover to MICU staff.
		Sd/- 001891
		Post op receiving notes
25/6/26	10AM	pt received from OT to MICU. pt care hand over taken from OT staff. pt conscious & oriented IV line ⓟ and pattern. she is on NPO. 500ml 125ml/h connected on infusion. PV bleeding mt is minimal. vital signs checked & record patient vital are stable minimal of bleeding pt general condition fair → Sd/- 01808
	11AM	⇒ B - Breast is soft No Enlorgment
		U - Uterus was contracted & well
		B - Bowel movent present
		B - CBD present a clear output
		L - Lochia Rubra present
		E - REEDA not applicable
		H - Homan signs negative
		E - pt Emotional good → Sd/- 01808
	12pm	⇒ patient vital are stable minimal of bleeding IV fluids on going pt was stable pt general condition fair → Sd/- 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
25/6	1.10pm	vital signs checked & Recorded. vitals are stable. Pt shifted to ward [signature] 60250
		Receiving Notes
	1.50pm.	Handover Received from. LDR staff. Patient is active and ambulatory. IV line present. CBD present. DVT present. patient clear liquid.. [signature] 01958.
	3pm	IVF - RL - 125ml/hr on flow
	4pm	Checked vital sign and Recorded.
	6pm	Monitored the chart and recorded. Kanji @ 6:30pm. [signature]
	7:30pm	Handover given to Night Duty Staff [signature]
25/6/26	7³⁰pm	Night Duty notes on 25/6/2026
		Patient details taken over from evening duty staff nurse using ISBAR method. On Assessment, Patient is conscious, oriented and afebrile [signature] 60249
		GCS - 15/15, Skin Assessment done. IV line is patent and patent no pain or redness

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 10 D (F)
Dr. SELF

(3)

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ..... NOT KNOWN .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continue note →	
		BUBBLE Assessment done	
		B - Breast is soft and no engorgement	
		U - Uterus is well contracted	
		B - Bowel Pattern was noted	
		B - On CBD	
		L - Lochia Rubra is present	
		E - REDA assessment not applicable	
		H - Homan's Sign is negative	
		G - Emotional response was good	
	4PM	vitals checked and recorded all are hemodynamically Stable	
	9PM	Due medication given as per the drug chart, Dr. POOVIZHI seen the patient	
	10PM	under Aseptic technique, foley's Catheter was removed	
26/6/26	12AM	vitals checked and recorded all are hemodynamically Stable	
	18.30PM	patient voided 150ml Diaform Dr. Akashitha patient due medication Inj. pethadine 50mg, Inj. phenergan 50mg given Im and recorded.	→ P. Kaimal
	2.00AM	patient is sleeping well, NO complians	→ P. Kaimal
	4.00AM	patient vitals checked and Recorded.	→ P. Kaimal

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	6.00 AM	patient due medication given. Intake/output pad maintained, CBC sended.	P. Kam 609761
	7.30 AM	patient details handover given to Morning duty staff	P. Kaimos 609261
		MORNING DUTY	
	7:30 am	patient details handover taken from night duty staff. Pt is conscious and oriented.	60734
	8:00 pm	vitals were checked and recorded, maintained i/o chart. medication was given as per drug chart	60734
	10:00 am	B - Breast is normal U - Uterus is contracted. B - Bowel is normal B - Bladder is urine voided L - Lochia rubra is present E - Feeding is not applicable H - Homans sign negative E - Emotional status was normal	60734
	12:00 pm	vitals were checked and recorded maintained i/o chart	60734

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 30 Y 2 M 6 D (F)
Dr. SELF

(u)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1:00pm	Dr. [illegible] came to see her to continue antibiotic oral medicine was charged. IV [illegible] no other complaints maintained to chart and recorded	6077
	1:30pm	Patient details handing over given to evening duty staff	6077
		Evening Duty	
26/6/26	1:30pm	The patient details handing over taken from morning Duty staff. Patient is conscious and oriented. Patient is on room air. IV line present IV line pattern	6071
	2pm	Due medications are given as per Doctor's order. B - Breast is soft	6071
		U - Uterus contracted B - Bowel movement normal B - Urine voided L - Lochia rubra (A) E - Reed is not applicable H - Homan's sign negative E - Emotional stability is good	6071

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ ~~No Known~~ Drug Allergies

☐ Drug Allergies ...... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6	4 Pm	vital signs are checked	
		and recorded vital	
		signs are stable.	
	6 pm	No any other fresh	
		complaints Patient is	
		stable	
		I/o chart maintained	[signature] 6072
	7.30 pm	Pt details handing	
		over given to	
		night duty staff	
	7.30 pm		[signature] 6072
		Night duty notes on 26/6/26	
		Patient details taken over from	
		evening duty staff nurse using	
		ISBAR method. On Assessment	[signature] 020749
		Patient is conscious, oriented and	
		afebrile. ores 15/15, skin [illegible]	
		done. IV line is present and patent	
		no pain or redness	
	8pm	Vitals checked and recorded	
		all are hemodynamically stable	[signature] 02749
		B - Breast is soft & no engorgement	
		U - Uterus is well contracted	
		B - Bowel movement was normal	
		B - on self voiding	
		L - lochia Rubra is present	
		E - EFTOA not applicable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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

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

Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 25/6/20 Time: 6AM

Location : (L) metacarpal

Size : 18G

Cannula inserted by : S/N [illegible]/011 [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
25/6	6AM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	6PM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	8PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
26/6	12AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
26/6	8AM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	12PM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	2Pm	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	4Pm	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	6Pm	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	8PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10PM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
27/6	12AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
"	2AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
"	4AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
"	6AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
		☐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

Patient Sticker

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PAIN ASSESSMENT FORM

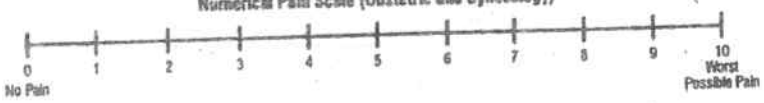
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

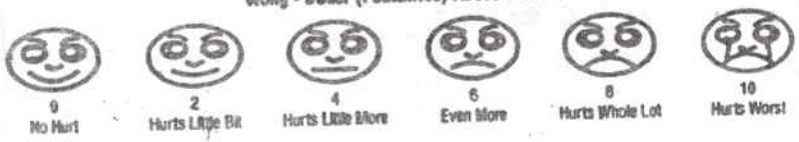
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   - a) At least every 2 hours for the first 24 hours
   - b) Then every 4 hours.
   - c) Prior to pain pain-relieving intervention.
   - d) Within 30 – 60 minutes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

Patien

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 9 D (F)
Dr. SELF

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

Mrs. Uthayalakshmi
QWC192946 / Female
Dr. Poovizhi

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	N 26/6/26	M 28/6/26	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20	20	20	
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
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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

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Patient ID

BRADEN 'Q' SCALE

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BirthRight
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				Date :	10	M	E	N
				Time :	24/6	25/6	25/6	25/6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				02/24

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓫ Use same protocol as for **"High Risk"** Patients ⓫ 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-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 9 D (F)
Dr. SELF

BRADEN 'Q' SCALE

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					Date :			
					Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
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				TOTAL SCORE	20	22	22	22
				Evaluator's Name	Hari			

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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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 G3P1 4 pre LSS | EL:LSS
2. Treatment and Care
Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
25/6	6AM	Yes	Health education given to Pain management	Patient	Learn barri	Verbal	None	good	~	[signature]
25/6	8AM	09	Health education given about treatment & care	Patient	Language Barrier	verbal	None	good	—	[signature] OP30
26/6	8PM	Yes	Health education given to the feeding for parents (father, mother)	patient	Learn Barrier	verbal	none	good	-	Hari 50705
27/6	8AM	09	Health education given about Nutrition & diet	Patient	No	verbal	None	good	—	[signature] OP37

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

Doc No. : RCH / FRM / CLINICAL / 187

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Poovizhi	Date of Delivery:
Assistant Surgeon: Dr. Vimitha.	Time of Delivery: 8:42am
Anaesthetist's Name: Dr. Mohan.	Gender of Baby: Boy
Type of Anaesthesia: Spinal anaesthesia.	Weight of Baby: 3.319 kg
Neonatologist:	AGPAR Score:
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: $G_2P_1L_1$

☑ Elective ☐ Emergency Indication: Previous LSCS.

Urgency

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

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

CTG Description: Reactive.

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

Surgical Procedure: Elective Repeat LSCS with Sterilisation.

Post Operative Diagnosis: $G_2P_1L_1$ | Prev LSCS.

Peri-Operative Complications: nil.

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

Name and Number of Surgical Specimen sent for examination:

2 tubes.

Examination Findings when Appropriate:

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

5th Palpable: ..... Fetal Position: .....

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

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

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

Skin Incision: ☑ 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: normal. Cord around the neck ☑ Yes ☐ No

Appearance of placenta: normal Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers 1 vicryl. 2'o' vicryl. Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None 1 vicryl. Suture

Sheath Closure: 1 PDS Suture

Fat Closure: ☑ Yes ☐ No 1 vicryl. Suture

Skin Closure: ☑ Subcuticular ☐ Mattress 3'o' Monocryl. Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions 10cm in the right

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

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

Post-Operative Notes: under strict aseptic precautions, patient in dorsal position panta painted and draped, abdomen opened by pfannenstial incision, uterus opened by Iceri's incision, lower uterine segment thinned out, baby delivered as cephalic cord one around the neck, cordclamped and cut placenta and membrane removed in toto, uterine wound closed in layers. Bilateral tubal Sterilization done by modified pomeroy's method after being perfect haemostasis wound abdomen closed in layers clear urine drained at the end of procedure.

Doctor Name: Dr. K. Poonish Doctor Signature: .....

Date & Time: 25/6/2026

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 10 D (F)
Dr. SELF

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 25/6/26 Date of Removal: 25/6/26 @ 10pm

Parameters	Date / Shift Time	25/6 morning	25/6 E	25/6 N				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		[illegible] 016808	[illegible]	R Seeru				
Signature of the Nurse								

DIC Removed

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

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

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Birthright
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sl.No. 2853

NARCOTIC PRESCRIPTION FO
(PATIENT COPY)

Patient Name: UDHAYA LAKSHMI
UHID No: AVI-0002946 IP No: IP 12-00036177 Age: 35
Diagnosis: P212N1 POD#10 (1) LSCS-1ST. Date: 26/6/26 Time:

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DR. AKSHITA
Signature:
122035
Doctors Medical Council Registration No.
122035

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

IP Registration No: IP 12-00036177
Aadhaar No. of the patient (optional):
Date: 26/6/26

1.	**Name**	
2.	Complete postal address (with contact number, if any)	2, Bully Shed, Vepery, Chennai - 600007
3.	Brief description of the illness	POD#10/P212N1/LSCS-1ST.
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	
5.	Details of essential narcotic drugs dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
26/6/26	1115. PETHIDINE.	(1)		

Dispensed by (Name & ID No): R. Anuraj EP 018335
Received by (Name & ID No.):
Time: 12.23pm
Signature:
Signature:

Docu. No: RCHBH /FRM / CLINICAL / 133

PRE - OPERATIVE (

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 8 D (F)
Dr. SELF

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Date: 25/6/24

Patient's Name : Mrs. [redacted] Age : ..... Gender : ☐ M ☐ F

Blood Group : 'B' Pos +ve UHID : 92946

Planned Surgery : Excision Surgeon : Dr. Bouzhi

Anesthetist : ..... Date & Time of Operation : 25/6/24

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?	☑	☐	☐
	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐
5.	Remove all ornaments, etc and sterile gown given	☐	☑	☐
6.	Is Blood arranged as required?	☐	☐	☐
7.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐
8.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
11.	Skin Preparation	☑	☐	☐
12.	Site is marked	☑	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐
14.	Implants are available	☑	☐	☐
15.	Equipment is avaialble	☑	☐	☐
	Other (if any)	☑	☐	☐

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

Billing Clearance taken

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

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

Date & Time : ..... Date & Time : 25/6/24

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Patient Name : Mrs ..... Gender: ☐ Male ☐ Female Age : 35 years

UHID No : ..... Date : 25/6/26

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)

ELECTIVE REPEAT LOWER SEGMENT CESAREAN SECTION WITH STERILIZATION upon (Name of the Patient) MRS. UDHAYA LAKSHMI

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, injury to adjacent structures, need for blood transfusion, adhesions, risk of thromboembolism, anesthesia related complications, sterilization failure, 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. Poonizhi

Consentee :
Signature : Udhaya
Name : Mrs. Udhayalakshmi
Date & Time : 25/6/26 at 6.30 pm

Patient Attendant :
Signature : S. Prasanna
Name : S. PRASANNA
Relationship with Patient: husband
Date & Time : 25/6/26 at 6.30 pm

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

Doctor (who is taking the consent) :
Signature : 164288
Name : Dr. Dhanalakshmi
Date & Time : 25/6/26.

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

CONSENT FORM FOR ANAESTHESIA

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GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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

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

Anaesthesiologist : DR MOHAN / DR PRIYA Operative procedure planned : ELECTIVE LOWER SEGMENT CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☑ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others HYPOTENSION, BRADYCARDIA, PPH

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : Mrs. Udhaya Lakshmi

~~Relationship with~~ Patient: Patient

Date & Time : 25/6/26

Witness :

Signature : .....

Name : S. PRASANNA

Date & Time : 25/6/26

Doctor (who is taking the consent) :

Signature : ..... Name : Dr Priya R Date & Time : 25/6/26 6.15 am

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Name: Mrs. Udhaya F UHID.No :

Date: 25/6/26 ed Operation: Elective LSCS

Diagnosis: G2P1L1A1 / prev LSCS / GDM

B.P / CRT: 128/68 H.R: 81/min Weight: 109 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 10.1	Glucose: 86/140	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: (N)
WBC: 7720	Creat:	Total Bill:	HCV: NR	2D Echo: EF 61%
Plate: 3.12	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1.66.	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS :

RESP : Diabetes : GDM on OHA

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: H/o prev LSCS 5 yrs back under SAB, U/E

Physical Exam:

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

Lungs :

Heart: WNL

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. Metformin	500 mg BD

Pre-Operative Instructions:

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

Signature: [signature] Name:

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: 6hrs

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

H.R: 119/min — B.P / CRT: 110/70 — SpO_2: 100% — R.R: 16/min — Last Feed:

Pre-OP Diagnosis: G2P1L1 A9 prev LSCS — Operation: Repeat LSCS — 28/6/2

Surgeon: Dr Poornima — Anaesthesiologist: Dr Mohan/Dr Priya — Technician: Raju

TIME: 8:30am — 9:30am

N_2O /AIR /O_2 LPM

HALO /ISO /SEVO

Drugs:
Inj. Emeset 4mg IV
Inj. Carbetocin 100mcg IV

Antibiotic

Suppository

Blood Loss

FIO_2 / SaO_2

$ETCO_2$

ECG: sinus rhythm

Temperature

Urine Output

NOTES

Fluids / Blood: 1000RL 300RL 200RL

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

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

Position: Supine
✓☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 8.30am
OP Start:
OP End:
Leave OR: 9.30am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 18G (L) VL
☐ 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 Quincke — Depth
Parasthesia ☐ Yes ☐ No
Catheter at skin ... cm
Drug Name & Conc: 2.2 ml (0.5% H)
Bolus:
Infusion: Bupivacaine
Block Level: + 0.2ml
Comments: Buprenorphine
Transportation to ☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Priya
Signature of the Doctor: [signature] 1846hr

Patient Sticker

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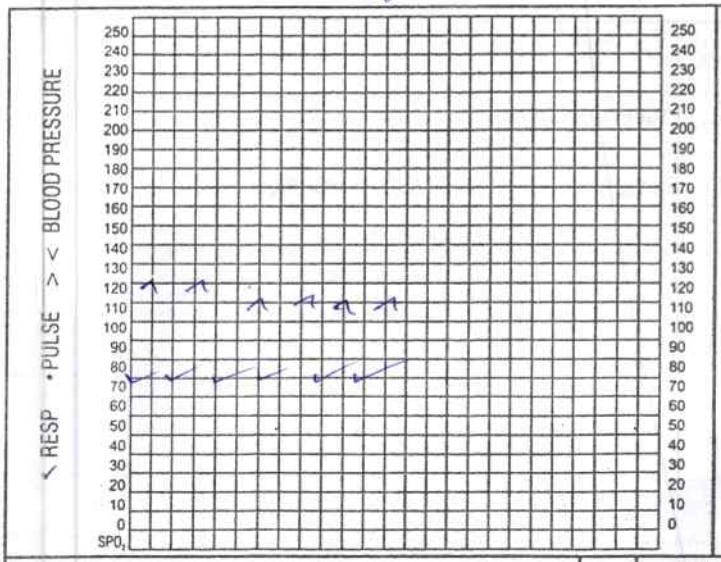
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanuja. Time Received : 10 AM Time Discharged : .....



IV Cannula Site : .....

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

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
25/6		0/10	NPO x 2 hours	

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

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

Anaesthesiologist Name : Dr Priya
Anaesthesiologist Signature: .....
Date & Time: 25/6/26 9.30am

PACU Nurse Name : Thanuja.
PACU Nurse Signature: .....
*Date & Time: 25/6/26. @10AM

Transferred to Unit by (PACU): 10.10
Date & Time: 25/6/26 @ 10 AM.

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 : .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: UDHAYA Age: 35Y Sex: F UHID.No :

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

Diagnosis:

B.P / CRT: 100/70 H.R: 80/min Weight: 109 ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5 (HTS-4)

Laboratory Data:

Hgb: 11.5	Glucose: 86	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag:	ECG:	
WBC:	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 3.21	Na:	Dir. Bill:	Blood group:	Stress/Anglo:	
PT:	K:	LDH:	T3	Other: ECHO WNL	
PTT:	Ca++:	Alk phos:	T4	ECG WNL	
INR:	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: NIL

Medical History: CVS :

RESP : Diabetes (+) : OHA

CNS : No H/o Hypothyroid / HT / Fits / Wheezy

Renal : NV

Hepatic / GE : Physical Activity:

Others : LSCS – 2021

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (+)

Heart: S1S2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: S.L Name: SATHYA

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

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

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

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

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids / Blood

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

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

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

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

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

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

Name of the Doctor : .....
Signature of the Doctor : .....

Patient Sticker

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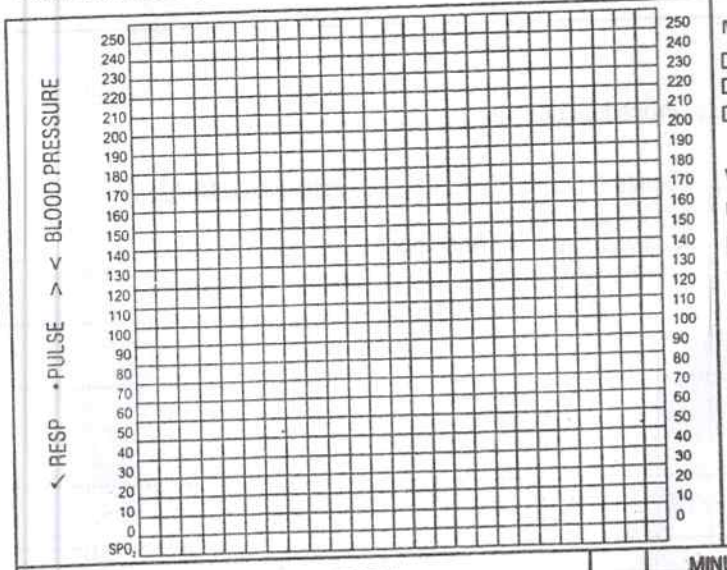
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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SSI PREVENTION CHECKLIST

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

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 25/6/26 @ 8:20 at DR **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	NA	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	yes	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized		
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	~~YES~~ NO	
10	**REPORTS AND LABS HANDED OVER**	YES	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	YES	
	Transferring Nurse: S/N paramasivam / 016808		
	Receiving Nurse : 007291		
	Signature of Incharge: S/N Anusya		

SURGICAL SAFETY CHECKLIST

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Surgeon : Dr poovizhi
Asst. Surgeon : Dr vinitha
Anaesthetist : Dr Mohan & Dr priyadharsini
Scrub Nurse : S/N Sasi

Age : ..... Gender : .....
ery Name : .....
Date : ..... 8.25AM Out-time : 10 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:20AM

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

Signature : .....
Name : Dr Priya

Before Skin Incision ➤➤

TIME OUT Time: 8:33AM

Confirm all team members have introduced themselves by Name and Role	☑Yes ☐No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☑Yes ☐No
Correct Site	☑Yes ☐No
Correct Procedure	☑Yes ☐No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	☐Yes ☑No ☐NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	☑Yes ☐No ☐NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☐Yes ☑No ☐NA
Is Essential Imaging Displayed?	☐Yes ☑No ☐NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☑Yes ☐No

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

Before Patient Leaves Operating Room

SIGN OUT Time: 10AM

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

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

Signature : .....
Name : S/N Sasi

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Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 25/6/26 @ **TRANSFERRED TO :** MICU

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

PATIENT TRANSFER FORM

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GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Date & Time of Admission	Date & Time of Transfer Order
25/6/26 @ 5:35Am	25/6/26 @ 10Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Poovizhi	Dr. priyadharshini	For Fluid management
From Unit	**To Unit**	**Information to Attendant**
OT	NICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 IP file.	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
007891	

Patient & Clinical Records Received by : 28/6/26 at 10.00 am

Date & Time of Patient Received :

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Vidhaya Lakshmi	25/6/2600 5.35AM	25/06/2600 1.10pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Poovizhi	Dr. Nivitha	further Management
From Unit	**To Unit**	**Information to Attendant**
MICU	705	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP file	(1)	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
Sugany [signature] 60257?	

Patient & Clinical Records Received by : Sowmya 0653? 25/6/26 @ 1.50pm.

Date & Time of Patient Received :

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

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

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

Patient Sticker

GUC-00092945 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 8 D (F)
Dr. SELF

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OBSTETRIC THIAGE ... FORM

Date: 25/6/26 Time of Arrival: 6 AM Time Seen by Nurse: 6AM

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: N.K

3) **Vital Signs:** Temperature: 98.4 F Pulse: 84/mt RR: 24/mt SpO_2: 100% BP: 110/70 Weight: 109 kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: ..... EDD: ..... Gestational Age: .....

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: LSCS x 2021

b) Medical: GDM on T. O. MA

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

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: ..... 6AM .....

Nurse Name : ..... S. Nantu ..... Nurse Signature: ..... 10/1/26 .....

Date: ..... 25/6/26 ..... Time: ..... 6AM .....

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Mrs UDHAYA LAKSHMI .R (F)
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Dr. SELF

Patient

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 25/6/26

Baseline Information:

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

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: G3P1L1 38wks. Prev LSC. Elective LSCS

Doctor Notified on Admission: ☐ Yes ☑ No

Name of the Doctor: [illegible]

Time Notified: 6AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on OHA	LSCS x 2021	

Blood Group: 'B' Positive LMP: 2/10/25 EDD: 9/7/26 Gestational age during admission: 38wk

Contractions: – Vaginal Discharge: –

Obstetric History: G 3 P 1 L 1 A 1 Previous LSCS 1year

Height: 166 Weight: 109 BMI:

Temp: 97.4 HR: 84/wt RR: 24/wt BP: 110/70 SpO_2 100%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Fertile cy Mother .....

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..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 ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Mrs. Uddin .....

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

Orientation not given Reason: .....

Nurse Signature: ....

Nurse Name: ..... Mrs. Nusrat .....

Date & Time: ..... 25/6 Dec at 6PM .....

Patient Sticker

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 6 D (F)
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 25/6/26

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		1
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	✓	1 or 2
Obesity		1
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		2
Caesarean section in labour	✓	1
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		
Signature of the Nurse		
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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17-04-1991 35 Y 2 M 8 D (F)
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Patient Sticker

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☑ a. Yes ✓
- ☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
- ☑ b. Please explain football hold ✓

8. NICU admission: CMM

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: Baby in mother side

Continuity of Care: Date: 25/6/26

L - 1

A - 1

T - 2

C - 2

H - 2

8

Handover given by SIN M. Devi

Signature [signature] 9760

Date & Time: 28/6/26 at 11.00 am

Handover taken by [signature]

Signature [signature] 25/6/26

Date & Time:

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-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 35 Y 2 M 8 D (F)
Dr. SELF

Date & Time of Admission	Date & Time of Transfer Order
25/6/26 @ 5.35AM	25/6/26 @ 8.25am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Poorvi	Dr. Vinitha	Elective LSCS
From Unit	**To Unit**	**Information to Attendant**
MICU	O+	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pp file - (1)	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N paramedical 01/6/26	Dr. Vinitha

Patient & Clinical Records Received by : Sowmya @ 1.30pm

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

BirthRight

PATIENT TRANSFER FORM

GUC-00092946 IP18-00036177
Mrs UDHAYA LAKSHMI .R
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/06/2026 Time: 3PM

Origin: — Height: 166 cm Weight: 109 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~~30~~ kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband.

Signature: S.Prasanna

Name: S. PRASANNA

Date & Time: 26/06/26 @ 3 PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Farheen

Date & Time: 26/06/26 @ 3PM

DIETARY NOTES

Date	Time	Notes	Sign
25/06/26	10 AM.	ELECTIVE-LSCS → done @9:45am	A.N (018336)
		NPO x 2 hours.	
	12:20PM.	Patient tolerating liquids well. · Liquid Diet. · Patient is stable. Oral intake is Better - Advised to take plenty of Oral fluids like water, tender coconut water, fruit Juices, Buttermilk (etc) Fluids - 2.5 - 3 l/d.	A.N (018336)
26/06/26.	8:20AM.	· Patient is on Soft Diet. · Patient is stable. Oral intake is Better. Advised to take easy-digest foods like Idly, ~~Soft dosa~~, mashed rice, easy-digest foods (etc) Consume Small-frequent meals. RDA Values: Energy - +600 Kcl. Protein - + 17-19 g/d.	A.N (018336).