Name	Mrs S GAYATRI	**UHID**	HNH-00015745
Father/Guardian	Mr S RAMESH	**Age/Gender**	31 Y 7 M 19 D/ Female
Address	5-6--139/1 MANIKYAMMA COLONY, Rajendra Nagar, Hyderabad, Telangana, INDIA, 500030		
IP No	IP26-00006476	**Admission Date**	02-06-2026
Ref Doctor	SELF		
Discharge Date			

DISCHARGE SUMMARY

Consultant:
Dr. SANTHI ANTHARVEDI
MBBS, M.S (OBGYN)
49827

Diagnosis: G3P1L1A1 WITH 11+3 WEEKS WITH PREVIOUS LOWER SEGMENT CESAREAN SECTION WITH THREATENED ABORTION FOR OBSERAVTION

History:
LMP: 10.03.2026 Obstetric formula: G3P1L1A1
C.EDD: 19.12.2026 Gestation at admission: 11^{+3} weeks

Obstetric History:
G1- missed abotion (5-6 weeks), MERPC f/b SERPC done
G2- 2021-LSCS (indn- Oligohydramnios), female, wt 2.5kg , A&H
G3- Present pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Nil
Allergies: Nil
Family History: Parents- DM

Antenatal Details:
Mrs S GAYATRI was booked to Rainbow hospital at 11^{+3} weeks of gestation. Previous ANC's elsewhere.She had regular antenatal checkups and investigations as advised. Viability Scan done on 16.05.2026 showed SLIUP at 9 weeks with fetal cardiac activity. She was admitted at 11+3 weeks with complaints of Bleeding PV for observation.

Name	Mrs S GAYATRI	UHID	HNH-00015745
IP No	IP26-00006476	Admission Date	02-06-2026

Investigations: Enclosed
Blood : "B" Positive

Management: Pt. came with complaints of Bleeding Per vagina since 1 hour with passage of clots. On examination, vital were stable, Per speculum examination showed cervix long, Os closed, Minimal bleeding through Os noted. FHS confirmed on Bedside scan. She was started on conservative line of management and started on Hemostatic agents with progesterone support. **Dietician and Physician(for dry cough) opinion taken and advised followed accordingly.** NT Scan done on 02.06.2026 showed NT measures - 1mm,Placenta - Anterior low reaching the OS, Small subchorioniv collection noted at the lower end of placenta measuring 23*10*19 mm, Nasal bone visualised, Dopplers normal, cervical length - 30mm, EDD- 18.12.2026. Pt. recovered well with this management. There were no further episodes of Bleeding Pv at the time of discharge.

Advice:

1. Continue antenatal medication.
2. Tab Susten 200mg twice daily (7am-7pm) till further advise.
3. Tab Tranexamic acid 500mg SOS
4. Tab.MCBM 69 Once daily (2pm) till further advise.
5. Tab.Folvinext once daily (8pm) till further advise.
6. Cap. Pan-40 once daily (7am) 10 days before breakfast.
7. Tab. Zofer 4mg SOS (for nausea or vomitings).
8. Plenty of oral fluids.
9. Physician opinion in view dry cough since 1 day

Review with **Dr. SANTHI ANTHARVEDI,** after 2 **week** on **17.06.2026** at Rainbow Children's hospital with prior appointment **(Review consultation will be charged).**

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow children's hospital just dial one toll free number - 18002122.

Name	Mrs S GAYATRI	**UHID**	HNH-00015745
IP No	IP26-00006476	**Admission Date**	02-06-2026

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. SANTHI ANTHARVEDI
MBBS, M.S (OBS&GYN)
49827

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 20 D (F)
Dr. SANTHI ANTHARVEDI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	3			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	—			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	- 1			
8	~~Consultation~~ sheet pain assessment	- 1			
9	General consent for treatment				
10	~~Consent for Surgery~~ More Patient Consent	- 2			
11	Consent for blood transfusion				
12	Consent for chemotherapy	—			
13	Consent for high risk	—			
14	Consent for Restraint	—			
15	LAMA consent	—			
16	Consent for special procedure / Sedation	—			
17	Consent for Formula feed	—			
18	Consent for MTP	—			
19	Consent for Radiological Investigations	—			
20	Consent for HIV test	—			
21	Anaestesia notes (Pre Anaesthesia& post)	—			
22	Neonatal Admission/Delivery/Physical Exam	—			
23	Medication Reconciliation	2			
24	Emergency Triage record				
25	Pre operative check list	—			
26	Surgical safety checklist	—			
27	Operation Theatre notes	—			
28	Nurses clinical Presentation				
29	TPR & BP chart	- 3			
30	Intake and Out take chart (fluid chart)	- 3			
31	Drug chart (Regular Prescription)	- 1			
32	Investigation Values (result sheet)	- 1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart	- 3			
44	RBS monitoring chart				
	Total No. of Pages	29			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 3/6/26

(P.T.O)

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006476 **Admit Date** : 02-Jun-2026 **Admit Time** : 12:02 AM **UHID** : HNH-00015745

Patient Details :

Patient Name	: Mrs S GAYATRI	**Age**	: 31 Y 7 M 19 D
Guardian	: Mr S RAMESH	**DOB**	: 14-10-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5-6--139/1 MANIKYAMMA COLONY Rajendra Nagar Hyderabad Telangana INDIA 500030	**Phone No**	: 6301961603/ 6301997539
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr S RAMESH **Relationship** : Husband

Contact Address : 5-6--139/1 MANIKYAMMA COLONY Rajendra Nagar Hyderabad Telangana INDIA 500030 **Phone No** : 6301961603

Signature

Doctor Details :

Doctor Name : Dr. SANTHI ANTHARVEDI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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DIET PLAN FOR PREGNANT WOMEN

Dear Mum-to-be,
Nutrition is an important aspect of your care during pregnancy and "eating right" can make all the difference I On an average, a pregnant woman needs 300 calories extra to cater to the increased demands of pregnancy. To achieve an ideal diet you do not necessarily need to "eat for two" but only modify your diet with a little thought.

To make it easy for you we have designed a very user-friendly diet plan.

HOW TO USE THIS DIET PLAN :

- In this diet plan we have divided the daily food into various groups and have suggested the number of servings from each food group that you need to take.
- We have clarified how much each serving is so that you can plan your daily diet from the variety recommended here
- This diet plan gives you the flexibility to choose various types of foods and create different menus everyday.
- We suggest you divide these servings into six meals :

  -Breakfast (08 :30 am - 09:30 am) -Mid morning snack (11:00 am - 11:30 am)
  -Lunch (01:00 pm - 02:00 pm) -Evening Tea (05:00 pm - 06:00 pm)
  -Dinner (08:30 pm - 09:30 pm)-Before bed time (10:30 pm - 11:00 pm)

Bread, Cereal, Rice & Pasta
8-10 Serving per day
One serving equals
- 1 Slice of bread (OR)
- 30 gms ready-to-eat cereal (OR)
- 1/2 Cup cooked rice or pasta (OR)
- 1 Chapathi

Vegetables :
4 - 5 Servings per day
One serving equals
- 1 Cup leafy, green vegetables (OR)
- 1 Cup cooked or chopped raw leaf vegetables (OR)
- Y *Cup vegetable juice (OR)
- A Cup of chopped vegetables, cooked or raw.

Fruit :
3 - 4 Servings per day
One serving equals
- 1 Medium whole fruit
(such as a banana, apple or orange) (OR)
- 1/2 Cup fruit juice

Milk, Yogurt & Cheese :
3 Servings per day
One serving equals
- 1 Cup milk (OR)
- 1 Cup yogurt (OR)
- 45 gms Cheese

Meat, Poultry, Fish, Dry Beans & Eggs :
3 Servings per day One serving equals
- 60 - 90 gms cooked meat, poultry or fish (OR)
- 1/2 Cup cooked beans (OR)
- I Egg

Dry Fruits & Nuts :
1 Servings per day
One serving equals
- Ground nuts boiled one fist full (OR)
- Almonds : 8 - 10 (OR) - Walnuts : 8 - 10 (OR)
- 2 table spoons peanuts butter.

FLUID INTAKE :

It is extremely important to keep yourself very well hydrated at all times.
- Drink at least six to eight glasses of water daily. - Limit or avoid caffeine.

FATS, OILS AND SWEETS : Eat sparingly. But there is no need to cut them out from your diet entirely

Happy eating !!

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ACTIVITY RECORD FOR BILLING

Name: ----------

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

UHID No : ---------- ultant : ---------- Dept : ----------

Date of Admission : ----- · Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/6/25	Blood grouping	HN26009188 ✓	[illegible]
2/6/26	CUG, Urine cs	HN26009188 ✓	[illegible]
2/6/26	~~NSP~~ NT scan	6620 ✓	[illegible]
2/6/26	Double Marker (FTS)	9228 ✓	~~[illegible]~~
		Counselled done	
		3.6.26 BR	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/6/26	IV placement	①	26-00002036 24 ✓	[illegible]
2/6/26	NHA	①	203705 ✓	[illegible]

Cross check done 3/6/26 11:00Am

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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I.P. ADMISSION SHEET - OBSTETRICS & GYNECOLOGY

Date of Admission : 2/6/2026. Time of Admission : 12:05 AM

Allergies: – ~~Not know any drug allergies~~

PRESENTING COMPLAINTS :

C/o- bleeding P.V. ÷ 1 hour.
a/w pain abdomen on & off.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 4 1/2 year.	Parity : G3P1L4A1, Missed Abortion.
Previous Periods :	Mode of Delivery : I - [illegible] at 1 1/2 mA DLC done.
LMP : 30/4/26.	Last Child Birth : II - LSCS / Female. 2021 4½ yrs (Alys)
Contraception : LLMP : 1/4/26.	III - pp, spont conceph.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Nil

HNH-00015745
Mrs S GAYATRI IP26-00006476
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

Mother } DM (+).
Father }

MEDICATION HISTORY:

T. folic acid 5mg OD

T. METHYLCOBALAMIC PYRIDOXINE 1tab OD.

INITIAL ASSESSMENT :

Date 2/6/2026 Ht. 160cm Wt. 72.4kg BMI B.P 120/80 mmHg. Pallor — CVR S1S2 (+) Respiratory System B/L AE (+) Thyroid	Breasts Normal Abdominal Examination P/A soft AIS (+) seen in scan.	Local/Speculum Examination P/S – Cx long os-closed. Minimal bleeding through os (+) Bimanual Pelvic Examination Cx long os-closed.

PROVISIONAL DIAGNOSIS : G3P1L1A1 c̄ 11^{+3}wk c̄ 1 prev LSCS c̄ threatened Abortion

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
send. – BGT – CUE – Urine for C/S 15/5: 11g / 10,900 / 2.4. 16/5 Single Intrauterine gestation. Fetal cardiac activity (+) 9wk EDD : 19/12/2026.	→ Absolute Bed Rest → Pad for observation. – Inj Tranexa 1g in 100ml NS – Inj Susten 200mg IM/stat f/b Tab Tranexa 500mg. BD for 2day. Tab Susten 200mg BD. – CUE, urine for C/S, NT scan tomorrow.

Name of the Doctor : Dr. Shanthi

Signature of Doctor

Date & Time : 2/6/2026.

HNH-00015745
Mrs S GAYATRI
14-10-1994
Dr. SANTHI ANTHARVEDI
IP26-00006476
31 Y 7 M 19 D (F)

(1)

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ıESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 AM	C/S/B Dr. Durga	
	G3P1L1A1 + 11+3 wks + Previous LSCS + threatened Abortion.	
	CC Pain Afebrile Vitals (N). P/A soft P/E Minimal spotting (+) PV	Adv. - Vital Monitoring - W/F bleeding PV. - Pad for observation. - Drugs as charted - Scan today
02/06/2026 9:30 AM	C/S/B Dr Manisha G3P1L1A1 / 11+3 wks / Previous LSCS / threatened Abortion	
	CC Few Episode Vitals Stable P/A Soft P/E Pad dry	Adv - W/F vitals & BPV - Apply Sterile Pads - Drugs as charted - Collect urine (C&S) report / CUE - NT Scan today - Inform SMO Dr Manisha

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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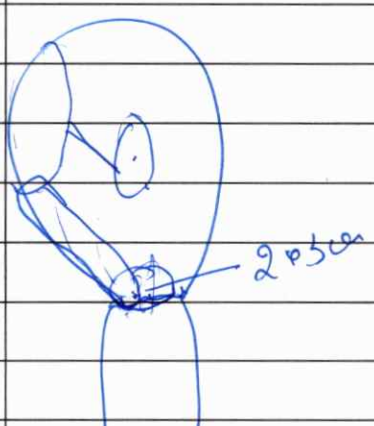
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 (14/10)	C/s by Dr Santh	
		(i) Absolute Bed Rest
	Cefori	
		T. Tranexa 500mg BD
Adv NT scan + (~) Doppler Scan	Tree	
	Acco	T. Susten 200mg BD
	P/D - Safe	
		T. MCBM-6 OD
3/7/26 OBS Clinician - Viability Cervical length Scan at 16 wks		T. Folinext 5mg OD
		Show to dietician
		Tomorrow Discharge
		Stable discharge for observation
		Show to pulmonologist c/o cough.

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5pm	c/s/B Dr. Veena $G_2P_1L_1A_1$ / 11+3 wks. / Prev. LSCS + Threatened abortion	
	@ No c/o O/E GC-fair ~~Afebrile~~ BP - 94/66 mmHg PR - 72 bpm SpO_2 - 98% on RA P/A - Soft, NT, FHR (+) L/E - No bleeding P/V Pad - dry.	Adv - Absolute Bed rest. - Send sample for Double marker (FTI) - Drugs as charted. - Physician r/w if c/o dry cough - Vital monitoring - Pad for observation - Inform SOS
2/6/26 6 10pm	c/s/B Dr. Veena $G_3P_1L_1A_1$ / 11+3 wks. / Prev. LSCS + Threatened abortn	
	Pt is stable, No c/o O/E - GC-fair Vitals - stable P/A - Soft, NT L/E - No bleeding P/V Pad - dry.	Adv - Absolute bedrest. - Drugs as charted - Vital monitoring - Physician r/w tmrw - Pad for observation - Inform SOS

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 2am	c/s/B Dr. Veena R/O - $G_2P_1L_1A_1$ / 11^{+4} wks c threatened abortion	
	No complaints o/e GC-fair Vitals - stable P/A - Soft, NT P/v - No Bleeding p/v	Adv - Absolute bedrest - Drugs as charted - Pad for observation - Vital monitoring - Inform SOS
3/6/26 7am	c/s/B Dr. Veena $G_3P_1L_1A_1$ / 11^{+4} wks c threatened abortion	
	No complaints No further bleeding eps. o/e GC-fair, Afebrile BP - 107/62 mm/Hg PR - 85 bpm SpO_2 - 99% on RA P/A - Soft, NT FHR (+) (checked on bedside USG) o/e - NAD. Pad - dry	Adv - Absolute bedrest - Drugs as charted - Vital monitoring - Pad for observation - Inform SOS

UV ✓
FV ✓
S ✓

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 20 D (F)
Dr. SANTHI ANTHARVEDI

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2026 10.30am	c/o/w Dr. Shanti	
	patient can be discharge.	
	patient attenders wanted to get physician opinion for cough from outside hospital.	
		Dr. Naveena
		Noted by Alcai

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	2/6/26					
Time	12:45 AM					
CUE - Alb						
CUE - Sugar						
CUE - Ketones	negative					
CUE - PUS Cells	6-8					
CUE - RBC Cells	Nil					
CUE						
Epithelial Cells	20-22					
Leucocytes	negative					
Protein	Trace					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group	'B' positive					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015745
Mrs S GAYATRI
IP26-00006476
14-10-1994
31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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CATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. FOLIC ACID	5mg	PO	OD.		☐ C ☐ DC
2	T. METHYLCOBALAMIC.	1tab	PO	OD		☐ C ☐ DC
3	PYRIDOXINE HYDROCHLORIDE T. ONDANSETRON.	1tab 4mg	PO	SOS		☐ C ☐ DC
4	VITAMIN D	1tab	PO	once in 2week.		☐ 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. Dua.

Date & Time : 2/6/2026 12:05 AM.

Nurse Name & Signature: Sujatha Rj

Date & Time : 2/6/26 @ 12:5 AM

HNH-00015745
Mrs S GAYATRI
14-10-1994
31 Y 7 M 19 D
Dr. SANTHI ANTHARVEDI
IP26-00006476
(F)

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

REGULAR PRESCRIPTIONS

Weight. 42.4 kg Ward. 204

DRUG : T. TRANEXAMIC ACID	Date / Time	2/6	3/6
Dose: 500mg · Route: PO · Frequency: BD · Start Date: 2/6/26	6AM	1 tab	1 tab
Name & Signature of the Doctor Starting the Drugs: Dr. Dina			
Additional Instructions:	6PM	After food	
Daily Doctor's Endorsement by a Sign			

DRUG : T. PROGESTERONE	Date / Time	2/6	3/6
Dose: 200mg · Route: PO · Frequency: BD · Start Date: 2/6/26	6AM	1 tab	1 tab
Name & Signature of the Doctor Starting the Drugs: Dr. Dina			
Additional Instructions:	6PM	After food	
Daily Doctor's Endorsement by a Sign			

DRUG : T. MCBM-69	Date / Time	2/6
Dose: 1TAB · Route: PO · Frequency: OD · Start Date: 2/06	10PM	1 tab
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.		
Additional Instructions:		
Daily Doctor's Endorsement by a Sign		

DRUG : T. FOLIC ACID + METHYLCOBALAMIN	Date / Time	2/6
Dose: 1TAB · Route: PO · Frequency: OD · Start Date: 2/06	2PM	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.		
Additional Instructions:		
Daily Doctor's Endorsement by a Sign		

HNH-00015745
Mrs S GAYATRI
14-10-1994
Dr. SANTHI ANTHARVEDI
IP26-00006476
31 Y 7 M 19 D
(F)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 72.9kgs Ward 2DK

DRUG : SYP. ASCORIL – D

Dose	Route	Frequency	Start Dt.
5ml.	P/O	BD	3/8/26

Date / Time: 3/6 — 10AM — 10pm

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Sheet No: ....

GULAR PRESCRIPTIONS

Weight .... Ward L04

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

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Weight. 72.4Kg Ward. HDU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	12AM	Inj TRANEXAMIC ACID	IV. 1g in 100ml NS.	IV	[signature]	Siatha / Anosha
2/6/26	12:40AM	Inj PROGESTERONE	200mg	IM	[signature]	Siatha / Anosha

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

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I.V. FLUIDS CHART

Weight. 72.4kg Ward. LDR

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

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

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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

2/6

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																			20	20		20		20	20
	0 - 10																									
Saturations	94 - 100 %																			99	99		99		99	99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36																			98F			97F		98	98
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																			80	85	82			80	85
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																			110	112	114			108	110
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																			65	68		68		62	65
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
TOTAL ORANGE SCORES																					0	0			0	0
Nurse Initial																					P	P			S	P

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

		Date	9/6/26																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20		20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10																									
Saturations	94 - 100 %	100		100	99	96	97	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37	99					98.6						98.4					98.6			97.8		98.6		98.6	98.6
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	90		86		96	96		72		74		78		86			77			80		82	85	
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	106		106		99	110		94		103		104		99			103			106		110	107	
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	60		77		76	76		66		73		52		78			67			68		72	67	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

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(3)

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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

3/6

		Date	4th cy		4th cy																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	99		100																						
	0 - 10																									
Saturations	94 - 100 %	100		100																						
	< 94 %																									
Administered O2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			97.6F																						
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	80		65																						
	60										DLC															
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	100		99																						
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70		65																						
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓																						
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓																								
	Heavy / Foul																									
Liquor	Clear / Pink	✓																								
	Green																									
TOTAL YELLOW SCORES		0		0																						
TOTAL ORANGE SCORES		0		0																						
Nurse Initial		0		T																						

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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
2/6	12:00 am	NS	H_2O	100ml						✓	0	
	01:00 am											
Total Intake :		taken				**Total Output :**						
	02:00 am		idly									
2/6/16	03:00 am									✓		
	04:00 am		H_2O									
	05:00 am											
	06:00 am		H_2O							✓		
	07:00 am											
Total Intake :		taken				**Total Output :**				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/6/26	08:00 am		Idly									
	09:00 am		H2O									
	10:00 am		H2O									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
2/6/26.	02:00 pm		H2O									
	03:00 pm		H2O									
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :	Taken					**Total Output :**	Passed					
2/6/26.	08:00 pm											
	09:00 pm		H2O									
	10:00 pm		idly									
	11:00 pm											
	12:00 am		H2O									
	01:00 am											
Total Intake :	taken					**Total Output :**	passed					
	02:00 am											
	03:00 am		H2O									
	04:00 am											
	05:00 am											
	06:00 am		H2O									
	07:00 am											
Total Intake :	taken					**Total Output :**	passed					

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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.

3/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
3/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/6/26 Time of Arrival: 12:15 AM Time Seen by Nurse: 12:19 AM

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

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

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

3) **Vital Signs:** Temperature: 98.6 Pulse: 85 RR: 20 SpO_2: 99% BP: 110/70 Weight: 12.4kg

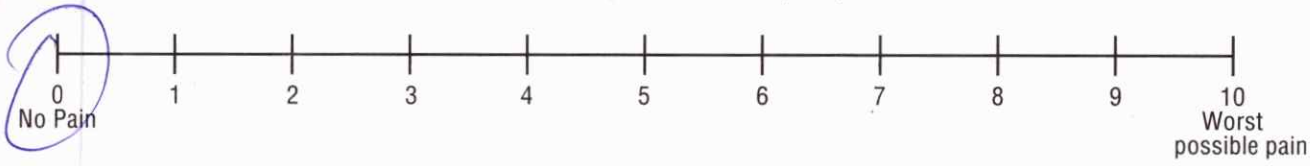
4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 30/4/26 EDD: 19/1/26 Gestational Age: 11+3 weeks

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

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



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

6) **Past History:**

a) Surgeries: NIL

b) Medical: .....

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No, If Yes : .....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12:00PM

Nurse Name : Sujatha Nurse Signature: Sg

Date: 2/6/26 Time: 12 AM

HNH-00015745
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI
IP26-00006476

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			NA	NA	NA	NA	NA			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Sujatha

Signature of Ward In Charge :

Signature : ..... Name : Kavitha

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00015745
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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	2/6	2/6	2/6/24
		Score		MB	2pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	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

HNH-00015745 IP26-00006476
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Morse Fall Risk Assessment Form

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

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					Date : 2/6	2/6	2/6	2/6
					Time : 8pm	~~8pm~~ 6	2pm	8pm
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	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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BRADEN 'Q' SCALE

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					Date : 3/6			
					Time : 8 AM			
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			
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				TOTAL SCORE	28			
				Evaluator's Name				

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

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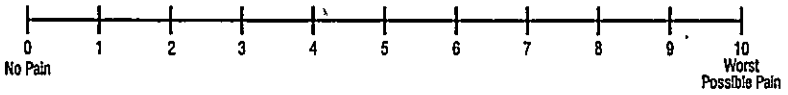
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/6	1AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/6	7AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/6/26	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/6/26	8pm	0/10	NR	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	1AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	7AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

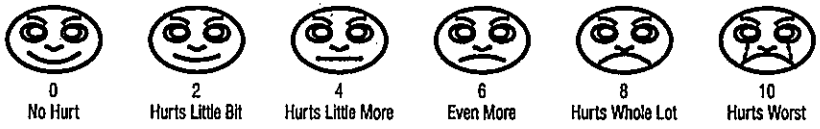
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 – 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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	1/6 8PM	2/6 M	2/6/26 2pm 8pm	2/6/26 2PM	3/6 M	
	Medical Condition (Any special condition to be noted):	NA	NA		NA	NA	
	Diet:	Soft	Soft	Soft	Soft	Soft	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98F	98°F	98F	98.6F	98°	
	Res:	20	20	20	20	20	
	SpO_2:	99%	99%	100%	99%	100%	
	Pulse:	85	86	94	90	90	
	BP:	100/75	110/70	103/73	104/72	100/70	
	LOC:	—	—	—	good	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
	Skin Integrity	—	—	Good.	good	—	
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Soft	Soft	Soft	Soft	Soft	
	Critical Lab Test / Values:		—		—	—	
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA		NA	NA	
Handed Over By Name :		Sujata	Cloud	Alex	Alex	Cloud.	
Signature / ID :		S.	CL	Alex	Alex	CL	
Date:		2/6/26	Alex	Anusha D	Anusha D 2/6/26		
Time:		8PM	Alex		8PM	DLC	
Taken Over By Name :		Cloud	Sujata	Anusha D	Cloud		
Signature / ID :		CL	2PM	2/6/26 8PM	CL		
Date:		2/6/26	2/6/26		3/6/26		
Time:			2:05pm		8AM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00015745 IP26-00006476
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI

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NURSING CARE RECORD

Date: 1/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8PM To 8AM	→ Assess the pt condition → plan for vitals → plan for IV placement	8PM To 8AM	→ Assessed the pt condition → vitals are checked & recorded → IV placement done	D/o chart maintained	patient is stable	Sriath

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00015745
Mrs S GAYATRI
14-10-1994 31 Y 7 M 19 D (F)
Dr. SANTHI ANTHARVEDI
IP26-00006476

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BirthRight
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NURSING CARE RECORD

Date: 2.6.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the patient condition ⇒ plan for vital ⇒ plan for Blochart	8AM to 2pm	⇒ Assessed the patient condition ⇒ maintain vital & Record ⇒ maintain Blochart	patient is stable.	vital is normal	Cauly
Afternoon	2pm 8pm	- Assess the Patient condition - plan for vital & record - plan for Blochart - plan for medications	2pm 8pm	- Assessed the patient (condition) - maintain vital - maintain Blochart - medication given as per chart	- Patient stable	- vital Normal	
Night	8PM 8AM	- plan for vitals - plan for FHR - plan for medi-cation as per chart	8PM 8AM	- vitals Normal - FHR checked - Medication given as per Chart	Stable	Normal	Anusha.

Patient Sticker

NURSING CARE RECORD

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Date: 3/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	=> Assess the patient condition => plan for vitals => plan for Discharge	8AM to 2pm	=> Assessed the patient condition => maintain vitals & Record => maintain Discharge	patient is stable	vitals is warned.	Clerk
Afternoon				Dis c			
Night							

Patient Sticker

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							