UC-00042705 IP18-00036526
re VARSHITHAA S
I-11-1995 30 Y 8 M 4 D (F)
. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

RID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIM E	OUT TIME	NAME & SIGNATUR E	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		21/7/24 @ 6AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

Name: Mrs:- Varshithaa

UHID No: GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Consultant: ..... 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
19/7/26	5 PM	LDR	7th flob	
19/7/26	9.30.	7th floor	LDR	
20/7/26	1.05pm	LDR	7th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/26	CBC	2002396.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7/26	CTG - ①			00-97410	[illegible]
19/7/26	CTG - ②			00-97410	[illegible]
19/7/26	CTG - ③	8:40PM	9:18PM	009785	[illegible]
20/7/26	CTG ④			009747	[illegible]
	CTG ⑤			009747	[illegible]
	CTG ⑥			009747	[illegible]
	CTG ⑦			009747	[illegible]
	CTG ⑧			009747	[illegible]
	CTG ⑨			009785	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/2	IV line insert	(1)	1729788	

ANY OTHER INFORMATION:

Delivery Details: Normal vaginal Delivery
Date: 20/2/26
Duration: 1 hour
Date & Time: 7.15AM - 8.15AM
Dr. Mathangi
Dr. Vinitha (Infusion Pump Not used)

Date: 21/2/26 Time: 6pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	21/7/26 at 9AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		21/7/26 at 9AM	Suf for Dr		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

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 : IP18-00036526 **Admit Date** : 19-Jul-2026 **Admit Time** : 12:32 PM **UHID** : GUC-00042705

Patient Details :

Patient Name	: Mrs VARSHITHAA S	**Age**	: 30 Y 8 M 3 D
Guardian	: SUMESH S	**DOB**	: 16-11-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: NO 8 BASHYAM LAYOUT, GANESH NAGAR Adambakkam Chennai Tamil Nadu INDIA 110005	**Phone No**	: 8438957521
		E-mail	: varshitaa16@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 804 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 804 **Admission Type** : First Visit

Contact Details :

Name : SUMESH S **Relationship** : Husband

Contact Address : NO 8 BASHYAM LAYOUT, GANESH NAGAR Adambakkam Chennai Tamil Nadu INDIA 110005 **Phone No** : 9600534238

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VARSHITHAA S**	**Age :**	**30 Y 8 M 3 D**
IP No:	IP18-00036526	Sex:	Female
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 804**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the 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: Suresh
Relationship: Husband
Date: 19/07/2026 Time: 12.32
Witness Name: Jeevitha
Witness Signature:

Patient Address:
NO 8 BASHYAM LAYOUT, GANESH NAGAR Adambakkam Chennai Tamil Nadu INDIA 110005

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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 : Mst. Vasishtha. S	UHID Number : Guc-00042705
Self/Attendant Name : Sumosh	Relation : Husband
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்
Government of India

வர்ஷிதா
Varshithaa
பிறந்த நாள் / DOB : 16/11/1995
பெண்பால் / Female

7213 5607 9851

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Unique Identification Authority of India

முகவரி
தந்தை : தாய பெயர் ஸ்ரீ குமார்,
8 பாஷ்யம் லேஅவுட், கணேஷ்
நகர், கிண்டி, அதம்பாக்கம்,
காஞ்சிபுரம் அதம்பாக்கம் தமிழ்
நாடு 600088

Address:
D/O: Sree Kumar, 8 BASHYAM
LAYOUT, GANESH NAGAR,
GUINDY, Adambakkam,
Kancheepuram, Adambakkam,
Tamil Nadu, 600088

7213 5607 9851

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Mrs. Varshitha

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 (N/A)

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours (N/A)

9. Additional notes: Baby Mothorsside

Continuity of Care: Date: 20/7/26

L - 2	21/7/26
A - 1	L - 2
T - 2	A - 2
C - 2	T - 2
H - 2	C - 1
9	H - 1
	8
	P.P 60226

Handover given by Sh Tamilselvi.T

Signature [signature] 16-120

Date & Time: 20/7/26 at 2pm

Handover taken by S. Madhumitha

Signature S. Mad 605373

Date & Time: 20/7/26 @ 2. pm

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Varshithaa. S

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Admitted for IOL
FM ⊕

Obstetric Formula:
$G_2P_1L_1$

Obstetric History: ?Kiwi
G_1: 2023 ; 37wt | ~~SVD~~ | Rainbow | 2.5kg | Girl
A&H
G_2: PP ; Spont conception

Present Pregnancy Record:
16/1 : 12w3d | NT: 1.4MM ; NB+
FTS: low risk ; PE < 37 1:77
19/3 : 21w2d | Anomalies Nil ; Pl-post

RISK FACTORS:
Nil

Height: 160.5 cm
Weight: 58.8 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema:
Temp: Afebrile PR: 89/min
BP: 100/60 DTR:
CVS: S_1S_2 ⊕ RS NVBS
Liver/Spleen: Urine Output:

LMP: 21/10/25 EDD: 28/7/26
Corrected EDD: GA: 38w5d
Menstrual History: Regular: ☑ Yes ☐ No

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

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

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

DIAGNOSIS
$G_2P_1L_1$ | 38w5d | Previous Kiwi assisted delivery (LCB: 3yrs)
Admitted for IOL

Patient Sticker

Family History:	Surgical History:
Father – BP	Nil
Medical History:	**Medication History:**
Nil.	T. Ecospirin 150mg OD until 36w.
Plan of Care:	**Investigations:**
• Admission • IV line • Inj. Supacef 1.5g IV STAT after test dose 19/7/26 1:15pm ↓ SAP, pt in lithotomy position Foleys induction done and bulb inflated with 60 ml distilled water Post Foleys FH good Adv: • CTG @ 2:15 PM • w/F contractions; DPV; Foleys expulsion • CTG Q4H • Shift to ward • Reshift to LDR at 9PM.	CTG.

Doctor Name: Dr. Vinitha

Signature: 12/11/3

Date & Time: .....

Consultant Name: Dr Mathangi

Signature: 12/11/3

Date & Time: .....

GUC-00042705 IP18-00036526
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RESULT SHEET

Date	3/7/26	21/7/26				
Time						
Hb	11.2	10.9				
PCV	33	32				
RBC	3.64	3.63				
WBC	7400	11,590				
N/L		84/13				
Platelets		2.69				
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						

Bl grp: O positive

ECG: NSR
?T wave abnormality

ECHO: Normal
EF: 62%

13/4 FBS: 79
PP 1hr: 143
PP 2hr: 122

23/12/25
T3: 1.25
T4: 7.60
TSH: 1.17

HIV 1&2
Hbs Ag
VDRL
HCV
NR

Hb electrophoresis - Normal

182217

(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 : .....

.....

.....

.....

Radiology : USG : 4/7/26 36w4d

X-Ray : Cephalic ; Placenta - Posterior

ECHO : SDP : 4.8 ;

CT : EFW : 2323 g (11th ile)

MRI Doppler Normal

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

GUC-00042705 IP18-00036526
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Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	S/B Dr. Vinitha	
3:30 pm	Pt reviewed.	
	C/O foley's expulsion	
	O/E: GC fair; Afebrile	
	P° /PE°	
BP: 100/60	P/A: Uterus @ term;	
PR: 80	Cephalic	
SpO_2: 98% RA	Relaxed; FH good	
	P/V: Cx: 2cm long	
	OS: 2 finger loose	
	Vx: -3 station	
		Adv:
		· Shift to ward
		· CTG Q4H
	19/7/26	· Re shift to LDR @ 9 pm
19/7/26	S/B Dr. Vinitha	
9:45 pm	Pt received in LDR	
	C/O mild abd pain	
	O/E: GC fair; Afebrile	
	P/A: Ut @ term;	
	Cephalic; 3/10"/10'	
	FH good	
		4D/W Dr Mathangi
		WIF contractions
		R/A @ 5 am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	S/B Dr Vinitha	
5am	Pt reviewed; c/o mild abd pain	
	O/E: GC fair; Afebrile	
	P: PE	
	P/A: Ut term	
	Cephalic; 3/10" / 10'	
	FH good	
	P/V: Cx 2cm long;	
	os: 2 finger loose	
	Vx: -3 station	
		C/D/W Dr Mathangi;
		continue CTG
		PGE_2 gel if reactive
	PGE_2 gel kept at 5:25am intracervically	
		Adv:
		· CTG @ 6:25 am
		· W/F contractions; BPV;
12113		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	S/B Dr Vinitha	
7AM	Pt Go pushing	
	O/E:	
	P/A: Ut term	
	5/30"/10'	
	FH good	
	P/V: Cx: Well effaced	
	os: 7 cm dilated	
	Vx: -1 station to 0 station	
	BOM ⊕	
		C/D/w Dr Mathangi
		- Continuous CTG
		- Shift to 2nd stage.
[illegible]		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7:35am	Normal Vaginal Delivery c̄ RMLE	
	D/B Dr Mathangi	
	Assisted by Dr Vinitha	
	↓ SAP, pt in lithotomy parts painted & draped.	
	↓ LA, RMLE given.	
	With good uterine contractions & maternal efforts,	
	pt delivered a girl baby at 7:35am	
	Cried immediately after birth. Immediate	
	Cord clamping done. Cut & baby handed over	
	to pediatrician. Placenta & Membranes delivered	
	by CCT. Episiotomy sutured in layers	
	Uterus contracted well.	
	BWNL	
	P/R - Rectal mucosa intact; sphincter tone normal	
	B Girl	
	A 20/7/26 @ 7:35am	Adv:
	B 2.541 kg	· Normal diet
	γ 8/10 ; 9/10	· Plenty of fluids
		· CBC 4m bam
		· W/F ↑ Bleeding P/V
		· Inform SOS
		· Vitals monitoring
	V.H[illegible] 12113	

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(B)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
PND-0		
11:50 AM	pt voided 600ml, PVRU- 32ml	
		Advice
T-(N)	O/E Pt GC fair, Afebrile	- Normal diet
PR- 92bpm	P° / PE°	- Plenty of oral fluids
BP- 116/78	CVS /	- vitals monitoring
	RS / NAD	- Follow drug chart
Baby - M/S	P/A - ut well contracted	- W/F ↑ Bleeding PV
B/L - Breast Soft	Soft	- CBC c/m 6AM
	L/E - BWNL	- Inform (SOS)
	Epi wound Healthy	
	IB2217	Shift to ward.
21/7/26 7AM	S/B Dr. Harika	
O+VE	PND #1 / P2L2 / NVD.	
	pt received	
	riding freely.	Plan
BP 110/80 mmHg	O/E afebrile	- monitor vitals.
PR 80bpm.	GC fair	- normal diet
SpO2 99% @ RA	P° / PE°	- plenty of fluids
Temp (N)	P/A uterus UC	- W/F ↑ bleeding P/V
B/L breast soft	Soft	- ambulate.
Sections (A)	BS (A)	- P/U CBC.
Baby M/S	L/E BWNL	
DBF		

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
21/07/2022	C/S/B Dr. Pavithra / Dr. Shreedevi	
9Am		
PND - 1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of oral
PR- 80/min	CVS /	- Vitals monitoring
BP- 110/70mmHg.	RS / NAD	- Follow drug chart
	P/A - ut well contracted	- WIFT Bleeding PV
Baby - M/S	Soft	- Inform sos /
BL - Breast soft	L/E - BWNL	- Process discharge
Voiding freely	Epi wound Intact	
Passed stools		
	B2217	

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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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: ....LDR.......... Shifted to: ....

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

Date & Time : ....

Nurse Name & Signature: ....SN Akalya 018050 SA 18050....

Date & Time : ....19/7/2026....

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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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: ......4th floor...... Shifted to: ......LDK......

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						☐ 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 : ....

Date & Time : ....

Nurse Name & Signature: ......E Sowmiya [signature]......

Date & Time : ......19/7/26 @ 8 pm......

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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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: EDR Shifted to: 7th floor

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. AUGMENTIN	625mg	PO	TDS		☑C ☐DC
2	T. PAN D	40mg	PO	BD		☑C ☐DC
3	T. PARACETAMOL	1g	PO	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD	20/7/26 at	☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi TS217

Date & Time : 20/07/2026

Nurse Name & Signature: SN Tamilselvi 20/7/26

Date & Time : 20/7/26 at 1.05pm

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 19/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 58.8kg Ward. LDR

DRUG: INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	19/7

Name & Signature of the Doctor Starting the Drugs: V.H.P 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
7am	/	SP / SP
3pm	SP / SP	
11pm	SP / SN	

Stop

DRUG: TAB. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7	21/7
8am	/	SM / PK
2pm	P.V / S.S	
10pm	AA / ES	

D1

DRUG: C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7	21/7
7Am	/	AA / ES
7pm	P.V / S.S	

DRUG: T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7	21/7
8Am	/	SM / PK
2pm	P.V / S.S	
10pm	AA / ES	

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight 58.8kg Ward. LDR

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7	2:30pm	INJ. SUPACEF	0.1 ml	ID	12113	SA
20/7	5.25 AM	PGE$_2$ gel	0.5 mg	INTRA CERVICAL	12113	SP S.N
20/7/26	7.36 AM	INJ. SYNTO	10 U	Im	182217	TJ MD
20/7/26	7.40 AM	INJ. TRAPIC	1g	Iv	182217	TJ MD
20/7/26	7.45 AM	INJ. CARBOPROST	250 mcg	Im	182217	TJ MD
20/7/26	8.10 AM	T. MISOPROSTOL	600 mcg	PR	182217	TJ MD
20/7/26	8.10 AM	JUSTIN SUPPOSITORY	100 mcg	PR	182217	TJ MD

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 58.8kg... Ward. .....

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
20/7/26	7.35 PM	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	82217	TJ MD	20/7/26	LDR	TJ MD

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

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

DRUG: JUSTIN SUPPOSITORY				Date / Time	20/7	21/7
Dose	Route	Frequency	Start Dt.	9AM	/	SM / PK
100mg	PR	1-0-1	20/7/21			
Name & Signature of the Doctor Starting the Drugs: [signature] 18/2217						
Additional Instructions:				9PM	[signature]	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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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

19/7/26

		Date																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30						12				16				20				20				20		18	
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %						99				98				99				99				99		99	
	< 94 %																									
Administered O_2 (L/min.)							RA				RA				RA				RA				RA		RA	
Temp°c	40																									
	39																									
	38														9.7											
	37						98.6				98								98.1				98.2		98.1	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90						80				90				10 bpm								90		92	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert						✓				✓				✓				✓				✓		✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30						✓				✓				✓				✓				✓		✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal						–				–				✓				–				–		–	
	Heavy / Foul																									
Liquor	Clear / Pink						–				–				–				–				–		–	
	Green																									
TOTAL YELLOW SCORES							0				0				0				0				0		0	
TOTAL ORANGE SCORES							0				0				0				0				0		0	
Nurse Initial																			NS							

On Admission

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S (F)
16-11-1995 30 Y 8 M 3 D
Dr. MATHANGI RAJAGOPALAN

(2)

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Early Warning Observation Score Chart - Obstetrics

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

20/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		18		20				20				22				20				22			
	0 - 10																								
Saturations	94 - 100 %	99%		99%		99%				98%				99%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA				RA				RA				RA				RA			
Temp °c	40																								
	39																								
	38	98F		98F		98F				98.2°F				97.8F				97.8F				97.2F			
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110										85 b/m			84		84		82				80			
	100	90		88		92																			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140													115				108				110			
	130	110				116				110															
	120			100																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60													(81)				(78)				(80)			
	50										(78)														
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80									70															
	70					78								73				68				70			
	60			70																					
	50	70																							
	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	[illegible]		[illegible]		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00042705 IP18-00036526
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FLUID CHART

Sheet No. : 1

19/7/2026

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	On Admission →										
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	H2O	100								0	SA
	03:00 pm	Rice								✓	0	SA
	04:00 pm							✓			0	SA
	05:00 pm	H2O	200ml									
	06:00 pm	H2O	100ml							✓	0	My
	07:00 pm											
Total Intake :		400 ml				Total Output :				Urine		
	08:00 pm										0	R
	09:00 pm	H2O	100ml							200ml	0	R
	10:00 pm										0	DF
	11:00 pm	H2O	100ml							200	0	DF
	12:00 am										0	DF
	01:00 am	Coffee	100ml							200	0	DF
Total Intake :		300ml.				Total Output :				600ml.		
	02:00 am	H2O	100ml.							200	0	DF
	03:00 am										0	DF
	04:00 am	H2O	100ml.							200ml.	0	DF
	05:00 am	H2O	100ml								0	DF
	06:00 am									150ml	0	DF
	07:00 am	H2O	100ml								0	DF
Total Intake :		400ml.				Total Output :				550ml.		

Total 24 hrs. Intake	1.100 ml.	Total 24 hrs. Output	1150ml + 2 time passed.

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
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Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : (2)

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

20/7/24		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	D.I.V. syn NG								
	08:00 am	H2O	100	125							0	TW
	09:00 am	Juice	150	125							0	TW
	10:00 am	H2O	100	125							0	TW
	11:00 am	H2O	150	125						600	0	TW
	12:00 pm										0	TW
	01:00 pm	H2O	100								0	TW
Total Intake :		1100ml				Total Output :				600ml		
	02:00 pm										0	P.V
	03:00 pm	H2O	200							200	0	P.V
	04:00 pm	Milk	150								0	P.V
	05:00 pm						✓				0	P.V
	06:00 pm	H2O	200							200	0	P.V
	07:00 pm										10	P.V
Total Intake :		550ml				Total Output :				400ml		
	08:00 pm	H2O	100ml								0	AA
	09:00 pm	H2O	150ml							250ml	0	AA
	10:00 pm	Milk	100ml								0	AA
	11:00 pm	H2O	100ml							300ml	0	AA
	12:00 am										0	AA
	01:00 am	H2O	150ml							150ml	0	AA
Total Intake :		600ml				Total Output :				700ml		
	02:00 am	H2O	150ml								0	AA
	03:00 am									250ml	0	AA
	04:00 am										0	AA
	05:00 am	H2O	150ml								0	AA
	06:00 am	Milk	100ml							350ml	0	AA
	07:00 am	H2O	150ml								0	AA
Total Intake :		550ml				Total Output :				600ml		

Total 24 hrs. Intake	2,800ml

Total 24 hrs. Output	2,300ml

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 19/7/2026

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	2pm	Relieve pain and discomfort	2:30 pm	Assess pain using pain scale regularly. Position patient comfortable.	Pt feel better relieved	Reassessment done.	[signature] 01860
Night	7:30pm	- Assess the patient general condition - Provide comfortable position to patient	8pm	- Assessed the patient general condition. - provided comfortable position to patient	Provided comfortable to patient	Patient feel better	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/7/26

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	7-30 AM	Achieve acceptable Pain and Reduce discomfort	8AM	* Assess Pain by using Pain Scale * Administer analgesic	Reduced Pain to some extend	Reassessment Done	01/6/26
Afternoon	2PM	Assess the patient condition Monitor vitals Maintain I/O	1PM	Assessed the patient condition Monitored vitals Maintained I/O	Reduced pain to some Extend.	reassessment done	07/26
Night	8PM.	Assess the Patient Condition Monitor vitals Maintain I/O.	10PM.	Assessed the Patient Condition. Monitored vitals Maintained I/O.	Reduced Pain to Some extend. vitals are Stable	Reassessment done.	

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(1)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission notes on 19/7/26	
19/7/26	12.30pm	Pt got admitted in 8th	
		floor under Dr Mathangi	
		mam Pt conscious & oriented	
		G2P1L1 / pui. NVD / 38wks+8days Pt	
		cam for IOL. Pt condition	
		Informed to Dr Mathangi today	
		mam for foley induction Pt	
		vitals checked & recorded. Admission	
		CTG connecting FHR is good	
		Pt general condition is good.	[illegible] 018760
	1.30pm	Pt pass [illegible] done. S/D	
		Dr Mathangi mam foley Induction.	
		22 Fr [illegible] ml Bloated [illegible] Insertion	
		[illegible] [illegible] [illegible] ball is	
		good. Inj: supinet 1.8gm O.(m)	
		In given as per doctors order.	
		Pt general condition is good.	[illegible] 018760
	2.30pm	Post foley CTG connecting FHR	
		is good FHR is 140-142 b/m.	
		Inj: supinet 1.8gm fun dose given.	
		no allergy as per doctors order.	[illegible] 018760
	4.30pm	CTG disconnecting order by	
		Dr Vinitha mam. Pt shifted to	
		[illegible] order by Dr Vinitha Pt	
		re shifted to at 9.00pm LDR	
		foley expelled. with [illegible] CTG.	[illegible] 018760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7	5pm	patient detail Handing over given to 7th floor s/w	[signature] 01884
		Receiving Notes.	
	5pm	Handover Received from LDR. staff. patient is active and orientated. IV line present. patient is Normal diet. CTG 4th hourly. Reshift @ 9pm.	Sonya 01910
	7pm	Monitored Input and Output chart and Recorded.	
	7.30pm	Handover given to Night Duty Staff.	[signature]
		Night duty on 19/7/21	
	7.30pm	patient details handing over taken from evening duty staff patient conscious and oriented IV line pattern. patient urine passed. patient shifting plan @ 9pm. patient is on Normal diet	01061
	8pm	Vital sign checked and Recorded	[signature]
	8.30pm	CTG connected to patient CTG is reactive and good	[signature]
	9.15pm	CTG sended to Dr. ...nitha [illegible] advised by shop CTG shift to LDR	[signature]
		patient details handing over to LDR staff	[signature]

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(2)

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	9.35pm	patient Receiving 7th Floor LDR patient conscious and oriented General condition fair patient Checked FHR ⊕ 140b/m patient Next CTG 1Am	DH 01/7/26
	10pm	patient Checked vital sign are stable. patient Checked contraction 10 mins 2 contraction 10 sec Inform to DR. Venitha mam	DH 01/7/26
20/7/26	12AM	patient Checked vital sign vital are stable patient conscious and oriented General condition fair Next CTG 1.20 AM	DH 01/7/26
	1.20 Am	patient voided after CTG connecting FHR ⊕ 144b/m patient conscious and oriented General condition fair	DH 01/7/26
	2Am	patient CTG going on FHR ⊕ 130b/m Baby was sleeping pattern DR. Venitha advice CTG. given order carry out	DH 01/7/26

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/06	2.45	S/B DR. Vinitha mam	
		advice to CTG was Reactivity	
		disconnecting CTG order cases	
		out patient Reset CTG	
		4:30AM patient CTG stop —	[signature] 07/7/5
	4.30 Am	patient checked	
		vitals are stable, patient	
		conscious and oriented.	
		CTG connecting FHR ⊕ 140b/m,	
		patient conscious, and oriented	
		General condition fair —	[signature] 07/7/5
	5.25 Am	S/B DR. Vinitha mam	
		P/V examination 2cm long	
		2 finger loose. patient ↓	
		SAP PGE2 gel kept at 5.25AM	
		patient 6.25AM post gel	
		CTG ————	[signature] 07/7/5
	6Am	patient checked vitals	
		are stable P/V bleeding pain	
		minimal mild only.	
		patient conscious and oriented	
		General condition fair —	[signature] 07/7/5
	6.20 Am	patient post gel CTG	
		connecting FHR⊕ 140b/m.	
		patient conscious and oriented	
		General condition fair	
		patient checked contraction 10 min	

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(3)

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	Contin	4 contraction 20 secs	
		inform to DR. Vanitha	[signature] 20/7/26
	7 AM	patient due medication	
		given patient conscious and	
		oriented Afebrile condition	
		patient pulling securely.	
		patient inform to DR. Vanitha	
		P/V examination 7 cm	
		dilation advice to shift	
		to LDR-(2) patient shift	
		LDR (2)	[signature] 20/7/26
20/7/26	7:20 AM	patient on contraction	
		FHR (+) Problem patient conscious	
		and oriented Afebrile condition	[signature] 20/7/26
		Fair	
	7:30 AM	patient full dilation	
		patient handing over given	
		morning duty staff nurse	[signature] 20/7/26
		Morning Duty (20/7/26)	
	7:35 am	Patient care Handing	
		over taken from Night	
		duty Staff. Monitored vitals	
		and Recorded. Maintained	
		I/O. CTG on connect. FHR	
		Monitoring. Pain assessment	
		Done. watching contractions	[signature] 20/7/26
		IV cannula observed	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/22	7:35 Am	Delivery Notes	
		Normal vaginal Delivery c̄ RML	
		USAP patient in lithotomy	
		parts painted and draped	
		under local anesthesia RMLE	
		given. with good uterine	
		contractions maternal	
		efforts. patient delivered a	
		girl baby at 7:35Am cried	
		immediately after birth.	
		Immediate cord clamping	
		done cut and baby handed	
		over to pediatrician. Placenta	
		and membrane delivered by	
		CCT. Episiotomy sutured in	
		layer. uterus contracted well	
		Inj. carboprost 250mg IM,	
		Inj. Tranexamic 1g IV given, T. Miso	
		600 PR / Justin suppository PR	
		kept by Dr. mathangi mam	
		Baby Details	
		B - Alive Girl Baby	
		A - 20/7/22 at 7:35AM	
		B - 2.54 kg	
		Y - 8/10, 9/10	[signature] 20/7/20
	9AM	Monitored vitals and Recorded.	
		Maintained IFO. Patient	

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Patient Sticker Mrs Vasishth
Ucl... 42705

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/21		Genral Condition fair pv	
		bleeding minimal no other	
		complaints	famil 016720
	10pm	B - Breast is soft	
		U - Uterus is contracted	
		B - Bladder not yet voided	
		B - Bowel movement present	
		L - lochia Rubra no foul smelling	
		E - Peeda Aurmut wadow	
		H - Homan Sign negative	
		E - emotional status good	famil 016720
	11:30pm	pt voided 600ml informed	
		to Dr. pavithra. post	
		void scan done. adviced	
		to shift the patient to	
		ward	607728
	12pm	Monitored vitals and recorded	
		maintained I/o. pt	
		General Condition fair pv	
		feeding minimal	607728
	1pm	patient shifted from	
		LDR to 7th floor. patient	
		care handing over given	
		to 7th floor	607724
		RECEIVING NOTES	
	1:10pm	Pt received from 4 PLA	
		7th floor pt was stable	

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

Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		no other complaint, normal	
		diet, CBC on 6Am tomorrow	
		mother voided urine,	
		no other complaint	607722
	1:30pm	pt detail handing over given	
		by evening duty staff	607722
		Evening duty	
20/7/26	1-30Pm	patent details handover	
		taken over from morning	
		to evening duty staff	
		patent IV line ⊕, Normal	
		diet, CBC c/m 6Am / Tommorow	
		Discharge plan	P. Karn 607261
	2.00pm	patent due medication	
		given and recorded.	
		B-Breast is soft, NO Engagement	
		U-Uterus is contracted well	
		B-Bowel movement present	
		B-urine voided frequently	
		L-Lochia Rubra is present	
		E-Reeda Assessment done	
		H-Homan sign's negative	
		E-Emotional stated good	P. Karn 607261
	4.00pm	patent vitals checked and	
		recorded.	
			P. Karn 607261

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BRADEN 'Q' SCALE

				Date : 19/7/17	19/7	20/7	20/7
				Time : E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	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	26	28	27	27
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ 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

				Date : 20/7	21/7		
				Time : N	N		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	
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				TOTAL SCORE	27	27	
				Evaluator's Name			

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

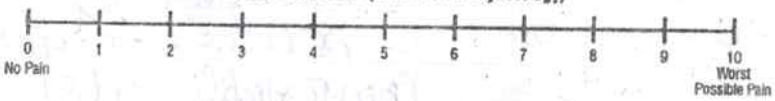
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7/26	8pm	7/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	DN
19/7/26	8pm	ow	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
19/7/26	10pm	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DN OFFTG
20/7/26	2AM	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DN OFFTG
20/7/26	2AM	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DN OFFTG
20/7/26	4AM	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DN OFFTG
20/7/26	6AM	2/10	Lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	DN OFFTG
20/7/26	8AM	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	Tue 9/10
20/7/26	12pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological Therapy	Tue
20/7/26	6PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	After 60 min

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 19/7/26	E 19/7/26	N 19/7
		Score	0	0	0
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	0	0
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
21/7/26	4AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
21/7/26	10 am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 607261
				☐ 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:

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   b) Then every 4 hours.
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(P.T.O)

PAIN ASSESSMENT TOOLS

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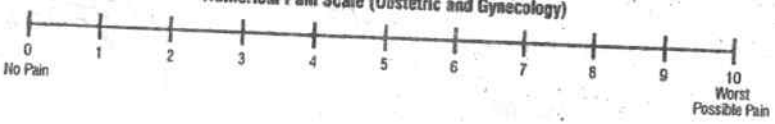
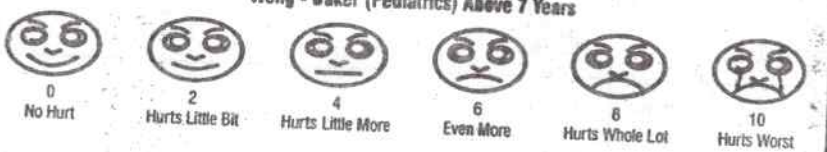


Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
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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
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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)
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Choose Highest Applicable Score from each Category		Date / Time	M 20/7/26	E 20/7/26	N 20/7/26
		Score	20	20	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			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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Patient's Name: GUC-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

MRD NO: ....

Age :...... Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 19/7/26 Time: 1.30 pm.

Location : (L) side Metacarpal

Size : 18G

Cannula inserted by : S/N Aleemu 9

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
19/7/26	2pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obsen	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
20/7/26	12AM	☐Yes ☑No	☐Yes ☑No	obsev	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	obsy	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	obsy	[illegible]
	6 AM	☐Yes ☑No	☐Yes ☑No	obsv	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	obsv	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	obsv	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Obsv	[illegible]
	4 pm	☐Yes ☑No	☐Yes ☑No	obse	P.G
	8PM	☐Yes ☑No	☐Yes ☑No	patten	AA
21/7/26	12 AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	4AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	10 AM	☐Yes ☑No	☐Yes ☑No	obse	P.G
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Sp... ~~No~~ Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

1. Diagnosis G2P1L1 / Pr. LSCS
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
19/7/26	2pm.	Informed consent	Dr explain to abou in the Dr attender, for plan.	Patient.	Education level	Oral,	Respect values	Verbal understood	Good	[illegible]
20/7/26	8am	Pain Management	Educated to patient about Pain Management	Patient	NO	Oral	None	verbal	Good	[illegible]
21/7/26	9Am	yes	explian about PBBS	Patent	NO	oral	None	verbal	good	P. 007261

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

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-00042705 IP18-00036526
Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 19/7/26 at 12.32 PM	Date & Time of Transfer Order: 19/7/26 @ 5pm
Treating Consultant Name: Dr mathangi	Transfer Ordered by: Dr vinitha.	Reason for Transfer: Pt Shifted to ward,
From Unit: MLW	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Ip file - (1)	Number of Imaging Films: CT - (3)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt. Shifted to ward owed by Dr. Vinitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sign Name 19/7/26	Dr. Vinitha

Patient & Clinical Records Received by : Sowmya @ 5pm.

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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Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Mathangi	29/7/26 at 12.32pm	20/7/26 at 1pm
Transfer Ordered by	**Reason for Transfer**	
Dr. Pavithra	Shifted to ward for Palliative care	
From Unit	**To Unit**	**Information to Attendant**
NDR	7th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents, If any handed over to attendant**
DP File	CT 9	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. Tamilselvi 8/7/26	Dr. Pavithra

Patient & Clinical Records Received by :

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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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 19/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others: specify Farm m(cy

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to husband.

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

If yes, identify ....

Chief Complaints: Pt cam for: fol.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vihitha

Time Notified: 12:40pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Blood Group: O+ve LMP: 21/10/25 EDD: 28/7/26 Gestational age during admission: —

Contractions: — Vaginal Discharge: —

Obstetric History: G 2 P 1 L 1 A .... Previous LSCS —

Height: 160 Weight: 58.8 BMI: ....

Temp: 96.2 HR: 80 RR: 20 BP: 190/70 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	☐ Bad Obstetric History	
☐ Anemia	☑ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected (Cfathal,

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

☐ Liver disease ☐ Other .....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ....patient.....

Name of Person Orientation was given to: Mrs Bhavani Priya.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: N. beni.....

Date & Time: ...19/7/26 at 12.30 P.

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/7/26 Time of Arrival: 12.20pm Time Seen by Nurse: 12.25pm

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

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

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

3) **Vital Signs:** Temperature: 97.2 Pulse: 80 RR: 20 SpO_2: 100 BP: 110/70 Weight: 57.6

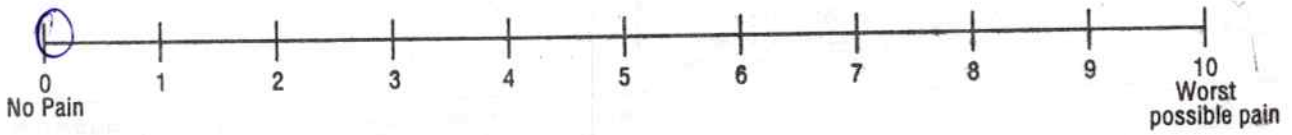
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 21/10/25 EDD: 28/7/26 Gestational Age: 38 weeks 1 day

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

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



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

6) **Past History:**

a) Surgeries: nil

b) Medical: nil

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 10.40 pm

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

Date: 19/7/26 Time: 12.25 pm

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INDUCTION OF LABOR CONSENT

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

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

You are scheduled for an induction of labor on 19/7/26 (date) at ..... (weeks of gestation).

The reason for your induction is Term .....

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

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

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

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

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

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

Patient
Signature: S.Varshitha
Name: VARSHITHAA.S
Date & Time: 19/7/26 & 3.22 P.M

Patient Attendant:
Signature: .....
Name: SUMESH.S
Relationship with Patient: HUSBAND
Date & Time: 19/7/26 & 3.22 pm

Doctor:
Signature: 12113
Name: Dr. Vinitha
Date & Time: 19/7/26

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

INFORMED CONSENT FOR VAGINAL BIRTH

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Mrs VARSHITHAA S
16-11-1995 30 Y 8 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Name : Varshithaa ..... UHID No : .....

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

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: .....

Consentee :
Signature : S-Varshi
Name : VARSHITHAA-S
Date & Time : 19.7.26 & 3.22P.M

Patient Attendant :
Signature : .....
Name : SUMESH S
Relationship with Patient: HUSBAND
Date & Time : 19.7.26 & 3.22P.M

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Vinitha
Date & Time : 19/7/26

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PATIENT TRANSFER FORM

GUC-00042705 IP18-00036526 Mrs VARSHITHAA S 18-11-1995 30 Y 8 M 4 D (F) Dr. MATHANGI RAJAGOPALAN	Date & Time of Admission 19/7/2(?) @ 12.32 pm	Date & Time of Transfer Order 19/7/26 @ 9 pm
Treating Consultant Name Dr. Mathangi	Transfer Ordered by Dr. Vinitha	Reason for Transfer IOL
From Unit 4th floor	To Unit LDR	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File IP - file (1)	Number of Imaging Films OT (-8)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
(?) Sowmiya	Dr. Vinitha.

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 19/7/2026 at 9.30 pm

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

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

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

PARTOGRAPH

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LABOUR

Labour: ☐ Spont ☐ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☐ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☐ ARM

Presentation: ☐ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☐ None ☐ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

Del. Type: ☐ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☐ Episiotomy ☐ Tear

Suture Material Used: .....

STAGE III

Placenta: ☐ Normal ☐ Abnormal ☐ RP Clots
☐ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: .....

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: .....

Blood Transfusion: .....

Other Details (if any): .....

Ractal Examination: .....

DURATION OF LABOUR

1st Stage: .....

2nd Stage: .....

3rd Stage: .....

Duration of Active Pushing: .....

No. of VE'S: .....

BABY DETAILS

Gender: .....

Weight: .....

APGAR: .....

Date and Time of Delivery: .....

LW Doctor: .....

LW Sister: .....

(P.T.O.)

PARTOGRAPH

Name: .....

Memb. Ruptured: SROM PROM ARM

Obstetrics Formula: .....

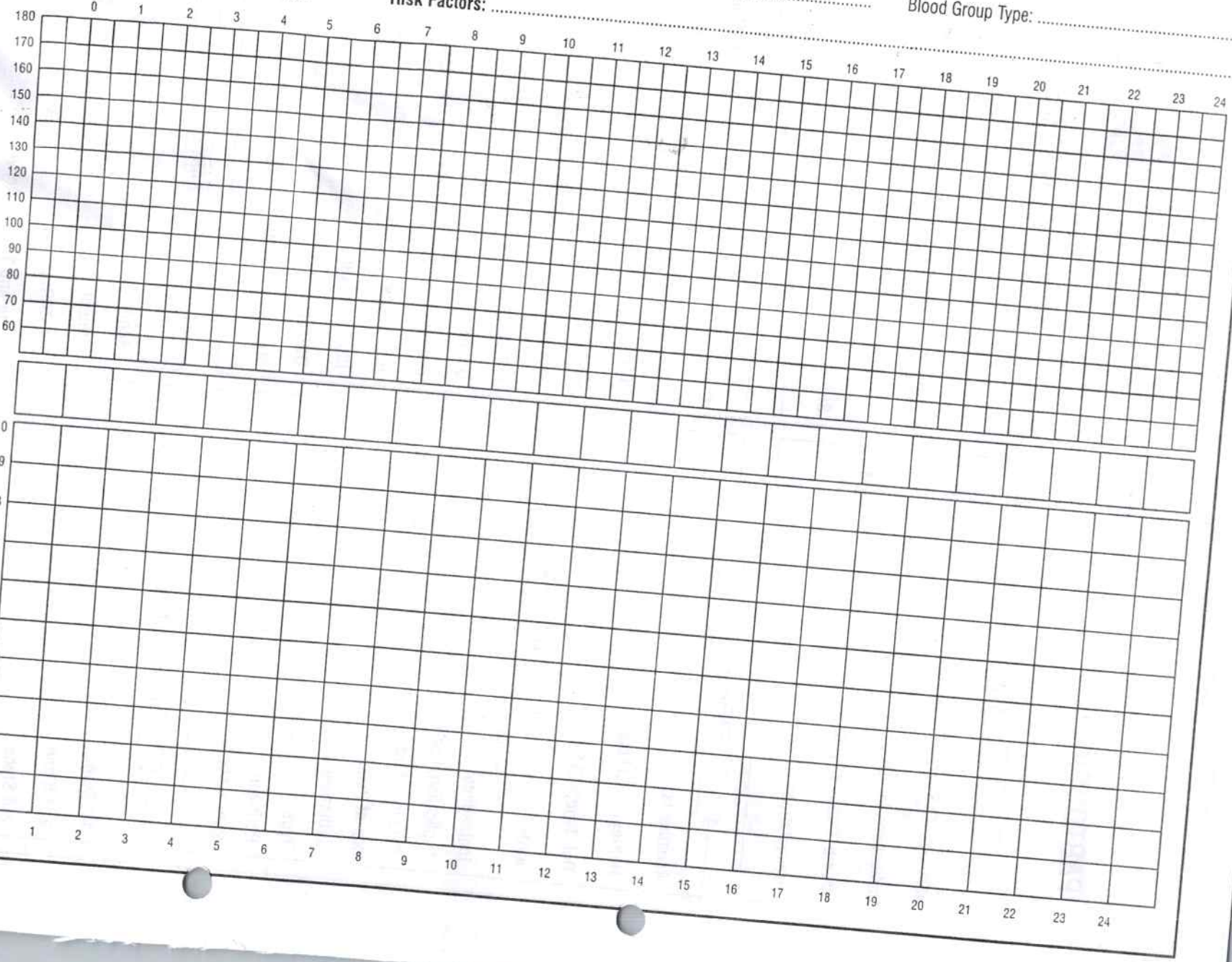
Risk Factors: .....

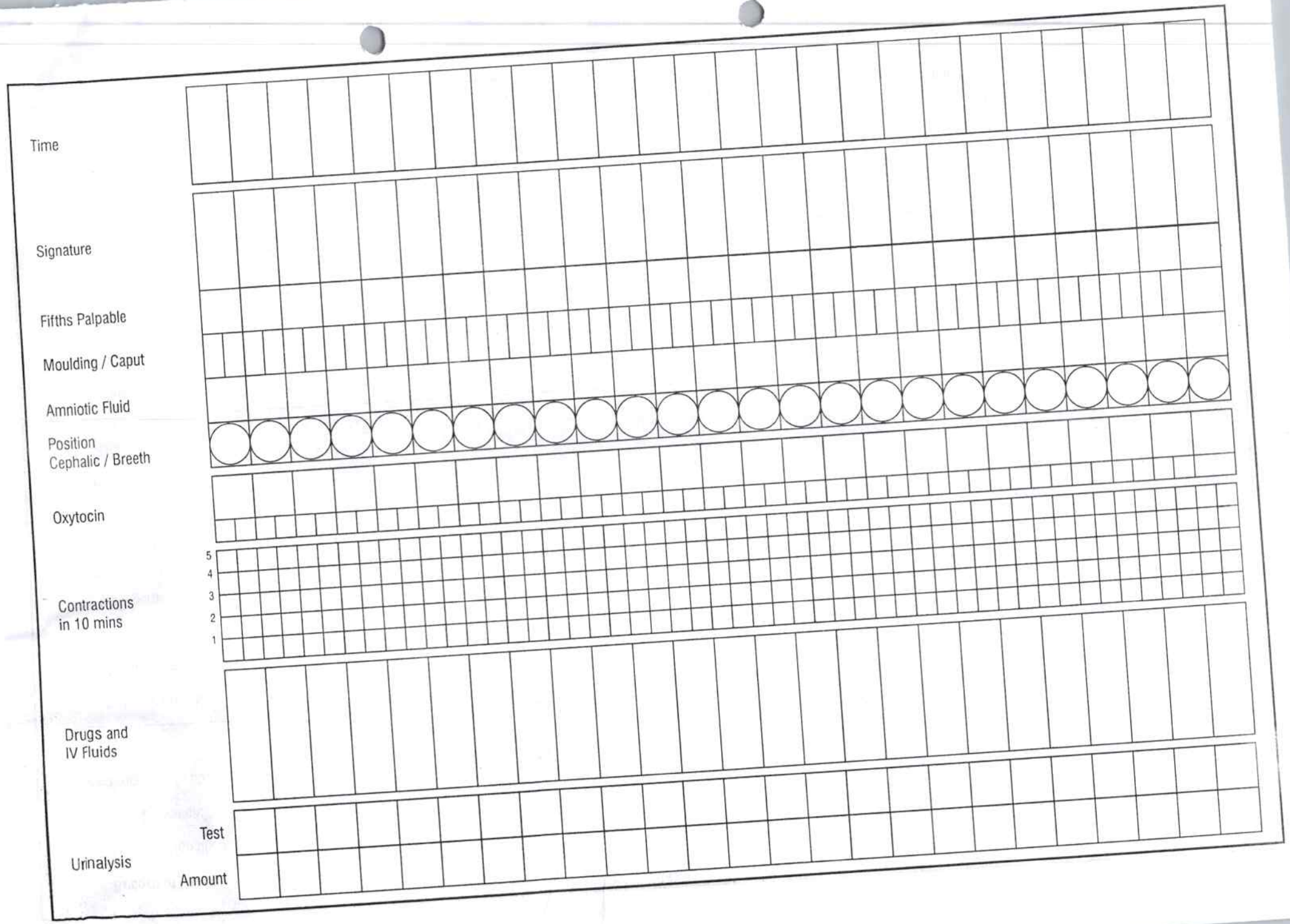
Blood Group Type: .....

Fetal Heart •

Maternal BP ↕

Maternal Pulse ×




Time
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
Position
Cephalic / Breeth
Oxytocin
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....