Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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ACTIVITY RECORD FOR BILLING

Name: KALAIVANI

UHID No: 47617 IP No: 36525 Consultant: Dr. Lucetta Dept: .....

Date of Admission: 19/7/26 Time: 9.59am Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/26	4:20pm	NICU	7th Floor	Devi

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
19/7/26	CBC, CRP, Urine C/S, Urine RE	26023219	[illegible] 1700
19/7/26	RBS	26023240	[illegible] 0180
19/7/26	RBS.	26023240	[illegible] 0180
20/7/26	RBS	26023321	607778

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7/26	CTU (1)	—	-	009739	Akalya 01808
	CTU (2)	—	-	009739.	Akalya 01808
19/7/26	CTU - (3)	9.15pm		009746	
	CTU - (4)	6 AM 20/7/26		009746.	
20/7/26	CTU - (5)	10AM		009753	
20/9/26	~~Ground & Upper~~ routine				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7/26	Iv placement	1	~~1729773~~	[illegible]
20/7/26	Growth and routine dopples	1	~~618-009771~~	[illegible] 607778

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 20/7/26 Time: 1:20pm Prepared By: [illegible] 6072

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] 607373	7th Floor		

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GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 36 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	20/7/26 at 1pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		20/7/26 1PM			
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 : IP18-00036525 **Admit Date** : 19-Jul-2026 **Admit Time** : 09:59 AM **UHID** : GUC-00047617

Patient Details :

Patient Name	: Mrs D KALAIVANI	**Age**	: 35 Y 9 M 28 D
Guardian	: MR T SURESHKUMAR	**DOB**	: 21-09-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai. Chennai Tamil Nadu INDIA 110005	**Phone No**	: 7639039878
		E-mail	: sureshkr1984@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 803 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 803 **Admission Type** : First Visit

Contact Details :

Name	: MR T SURESHKUMAR	**Relationship**	: Husband
Contact Address	: 5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai. Chennai Tamil Nadu INDIA 110005	**Phone No**	: 8220738179

Signature

Doctor Details :

Doctor Name	: Dr. LUCETTA AMELIA DIAS	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Dr. Lucetta Amelia Dias	**Phone No**	:
Co-Consultant			

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

Rainbow Children's Hospital

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs D KALAIVANI**	**Age :**	**35 Y 9 M 28 D**
IP No:	**IP18-00036525**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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..... T. Suresh

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: T. Suresh Kumar

Name: Suresh Kumar
Relationship: Husband
Date: 19/07/2026 Time: 9:59
Witness Name: Jeevith
Witness Signature:

Patient Address:
5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai, 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 : Kativari	UHID Number : GU.0004767
Self/Attendant Name : Suresh Kumar	Relation : Husband
Self/ Attendant Signature : T. Suresh Kumar Phone Number : 7639039878	Name & Signature of Financial Counselor

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VITAL SIGNS RECORD

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

Name :

GUC No.:

Date : 19/7/26

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
5pm	98°F	97b/m	20	140/92(100)	97%	Inform Dr. Vineetha	[signature]
5.30pm	98°F	98b/m	20	147/97 (108)	98%		[signature]
6pm	97°F	97 b/m	20b/m	174/122 (135)	98%	Tab Depin 10mg given as per Dr. Vinitha @6.30pm	[signature]
6.30pm	97°F	98b/m	22b/m	160/110	99%	–	[signature]
6.40pm	98°F	96 b/m	22b/m	160/100	97%	–	[signature]
7pm	97°F	94b/m	20b/m	160/100 (117)	100%	T. Depin 10mg given	[signature]
7.10pm	98.2F	98b/m	20b/m	152/104 (117)	99%		[signature]
7.20pm	97.9F	96b/m	22b/m	162/108 (117)	98%		[signature]
7.30pm	98.6F	97b/m	20b/m	135/80	99%		[signature]
8pm	98.2°F	90bm	20bm	143/83 (98)	98%(RA)		[signature]
9pm	–	82bm	20bm	135/83 (93)	99%(RA)		[signature]
10pm	–	80bm	20bm	135/85 (91)	98%(RA)	T. Lobet 100mg given.	[signature]
11pm	–	52bm	20bm	136/80 (92)	99%RA	–	[signature]
6AM	98.6°F	78bm	20bm	130/90 (82)	99%RA	–	[signature]
7AM	–	72bm	20bm	124/84 (92)	98%	–	[signature]
8AM	98.0°F	88b/min	22b/m	129/93 (101)	99%	Dr. Lucetta C/o Depin 10mg	[signature]
9AM		84bpm	22bpm	135/81 (75)	98%	–	[signature] 60738
11AM	–	96bpm	24bpm	133/90 (97)	99%	–	[signature] 607728
12pm							

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VITAL SIGNS RECORD

Date :

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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RBS CHART

Ocean strips.

Date	Time	RBS (mg/dl)	IVF %	Signature
19/7/26	10.30am	155mg/dl	Dr. lucetta	016808
19/7/26	2pm	130 mg/dl	Dr Lucetta	Devi 010700
19/7/26	4:30pm	151 mg/dl.	Dr. Lucetta T.Glycomet 500mg	(CDF)
19/7/26	9.10pm	128 mg/dl	Dr. Vinitha	
20/7/26	12 Am	197 m/d	Inj: Fiasp 6U Dr. Vinitha T.Glycomet 500	
20/7/26	6 Am	109 m/l	Dr. Vinitha.	
20/7/26	10:30AM	144mgdl	HI, Fiasp 2units Dr. Lucetta	
20/7/26	1 pm	94 mg/dl	Dr. Ignech Dr. Vinitha	

GUC-00047617 IP18-00036525
Mrs D KALAIVANI (F)
21-09-1990 35 Y 9 M 28 D
Dr. LUCETTA AMELIA DIAS

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
4/0 abdomen pain on & off

Obstetric Formula:
$G_3 A_2$

Obstetric History:
G_1: 2021 ; 8w ; Spont expulsion
G_2: 2023 ; 12w ; Spont expulsion

Present Pregnancy Record:

RISK FACTORS:
Chronic HTN
T_2DM on OHA

Height: 165 cm
Weight: 102.7 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR:
BP: DTR:
CVS: S_1S_2 ⊕ RS: NVBS
Liver/Spleen: Urine Output:

LMP: 13/11/25 EDD: 20/8/26
Corrected EDD: GA: 35w3d

Menstrual History: Regular ☑ Yes ☐ No
Obstetric Examination Marital H: 5yrs.
Fundal Height: ~~Term~~ 36w;

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

DIAGNOSIS
$G_3 A_2$ / 35w3d / Chronic HTN / T_2DM on OHA
Abdomen pain ? Preterm labour.

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

Family History:	Surgical History:
Father - DM	Surgery for Lipoma in Both hands in 11th std.
Medical History:	**Medication History:**
Chronic HTN diag in pregnancy T2DM diag. in pregnancy IBS	
Plan of Care: S/B Dr. Lucetta · Admission · IV line · To give T. Depin Plain 10mg STAT · Inj. Duvadilon 10mg IM ~~BD TDS~~ 1-0-1 · C. Depin 10mg 1-0-1 · To continue T. Labetalol 150mg 6am 100mg 2pm - 100mg 10pm · Continue OHA · To do Cervical length & Growth + Doppler. 1 hour FHS 4 hrly CTG 1 hr BP. pre lunch & post lunch 2hr CBGs	**Investigations:** CTG CBC, CRP Urine routine Urine C/S CBG - 155

Doctor Name: Dr. Vinitha
Signature: 12/11/3
Date & Time:

Consultant Name: Dr. Lucetta
Signature: (FOR) KAD
Date & Time:

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 11 AM	S/B Dr. Lucetta	
	Bedside scan Cx: 3.2cm long ; OS closed FHS: 150 bpm Placenta - normal	
		Adv: Follow drug chart Strict I/O, FHS, BP Q1H CTG Q4H Pre and 2 hrs post lunch CBG
19/7/26 3 pm	S/B Dr. Vinithe PL reviewed; No C/O O/E: GC fair; Afebrile PIA: Ut 36w; Relaxed FH good	
Prelunch CBG: 138mg/dl		C/D/W Dr. Lucetta
CTG - Reactive		Adv: • Shift to ward • CTG Q4H • FH Monitoring Q1H • BP I hourly monitoring • W/F abdomen pain ; Bleeding P/V • Inform SOS • Vitals monitoring • Follow drug chart • Chk post lunch CBG @ 4:30pm & inform
	VHO 12/11/3	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2026 9AM	C/S/B Dr. ~~Pavithra~~ / Dr. Shreedevi	
GA - 35w+4d	Pt reviewed, Nil c/o, No imminent s/s, No s/s of Hypoglycemia	
	Able to PEM well	
T-(N)	No c/o Lower Abdominal Pain	Advice
PR - 88/min	O/E Pt GC fair Afebrile	- Diabetic diet
BP - 129/93 mmHg	P° / PT°	- Plenty of oral fluids
	CVS /	- Strict FKC
	RS / NAD	- Vitals monitoring
	P/A - UT Bulge @ By 36 weeks	- Follow drug chart
	Relaxed	- CTG @ 4th hourly
	Cephalic	- Dip hourly monitoring
	FHS - good	- W/F Pain abdomen / Bleeding PV
		- Inform SOS
	18/2217	- 6 point CBG profile & Inform
		- To do USG growth, doppler & cervical length today

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RESULT SHEET

Date	19/7/26					
Time				B1 grp : B positive		
Hb	10.7				ICT Neg	
PCV	32					
RBC						
WBC						
N/L						
Platelets	468			FT4 : 1.31		
CRP	31			FT3 : 2.82		
ESR				TSH : 2.24		
PCT						
RBS						
Na				ECG - Normal		
K						
Cl				18/1 : HbA1c : 6.2		
Ca/Mg						
Phosphate						
Urea 11/7/26	7.9			HIV, HbsAg, HCV	NR	
Creatinine	0.6					
ALP	87					
SGPT	8			PCR : 0.17		
SGOT	14					
T.Bill/Conj	0.32/0.13			Urea : 11		
T.Protein				Creat 0.57		
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
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 : 11/6/26 30w

X-Ray : Cephalic ; Placenta - Anterior

ECHO : SDP : 4·3 ; AFI : 13·4

CT : EFW : 1430 g (34 %ile)

MRI Doppler - N

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

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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: S.N.Akalya SA 01888

Date & Time : 19/7/26 at 9 AM

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
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Dr. LUCETTA AMELIA DIAS

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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:				

Signature .....

VERIFIED BY : Name .....

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS

Weight. 102.7kg Ward. DR

DRUG : T. LABETALOL

Dose	Route	Frequency	Start Date
150mg	P/o	1-0-0	19/7

Name & Signature of the Doctor Starting the Drugs: LTA 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
6am	ES / AP	

DRUG : T. LABETALOL

Dose	Route	Frequency	Start Date
100mg	P/o	0-1-1	19/7

Name & Signature of the Doctor Starting the Drugs: LTA 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
2pm	MSD / SP	
10pm	ES / AP	

DRUG : C. DEPIN

Dose	Route	Frequency	Start Date
10mg	P/o	1-0-1	19/7

Name & Signature of the Doctor Starting the Drugs: LTA 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
8am	/ SM VA	
6pm	S.S	
8pm	K.H	

DRUG : INJ. DUVADILON

Dose	Route	Frequency	Start Date
10mg	IM	1-0-1	19/7

Name & Signature of the Doctor Starting the Drugs: LTA 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7
9am	/ SM VA (10:45AM)	
9pm	AP	

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

Weight. 102.709 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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7/26	10:00 Am	T. DEPIN	10 mg	P/O	121113	SA / SP
19/7/26	10:30 Am	INJ. DUVADILON	10 mg	IM	121113	SA / SP
19/7	7:20 PM	T. DEPIN	10 mg	P/O	121113	ES / AP
19/7	9 PM	INJ. EMESET	4 mg	IV	121113	ES / AP

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

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

I.V. FLUIDS CHART

Weight. 102.7kg Ward. LDD

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 102.7kg Ward LDR

DRUG: T. GLYCOMET SR				Date/Time	19/7, 20/7
Dose	Route	Frequency	Start Dt.		
500mg	P/O	1-1-0	19/7	8AM	E) / AR (7AM)
Name & Signature of the Doctor Starting the Drugs: (signed) 12/113				2pm	SP / SP
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. GLYCOMET SR				Date/Time	19/7, 20/7
Dose	Route	Frequency	Start Dt.		
850mg	P/O	0-0-1	19/7		
Name & Signature of the Doctor Starting the Drugs: (signed) 12/113				8PM	ES / AA
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. LIVOGEN XT				Date/Time	19/7, 20/7
Dose	Route	Frequency	Start Dt.		
1 tab	P/O	1-0-1	19/7	8AM	SM / VA
Name & Signature of the Doctor Starting the Drugs: (signed) 12/113					
Additional Instructions:				8pm	ES / AP
Daily Doctor's Endorsement by a Sign					

DRUG: T. DICALIS				Date/Time	19/7, 20/7
Dose	Route	Frequency	Start Dt.		
1 tab	P/O	0-1-0	19/7		
Name & Signature of the Doctor Starting the Drugs: (signed) 12/113				2pm	SP / SP
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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Mrs D KALAIVANI
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Dr. LUCETTA AMELIA DIAS

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 10.2 kg Ward .....

DRUG : T. DYDROGEST

Dose	Route	Frequency	Start Dt.
10mg	P/O	1-0-1	19/7

Name & Signature of the Doctor Starting the Drugs: UHD 12/1/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time		
19/7	20/7	
8am		SM/VA
8pm	ES/AP	

DRUG : T. MARTIFUR

Dose	Route	Frequency	Start Dt.
100mg	P/O	1-0-1	19/7

Name & Signature of the Doctor Starting the Drugs: UHD 12/1/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time		
19/7	20/7	
8AM		SM/VA
8pm	SS/AH	

DRUG : SYP. CITRALKA

Dose	Route	Frequency	Start Dt.
15ml	P/O	1-1-1	19/7

Name & Signature of the Doctor Starting the Drugs: UHD 12/1/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time		
19/7	20/7	
8am		SM/VA
2pm		
10pm	ES/AP	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

Signature .....

VERIFIED BY : Name .....

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Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 19/7/20

Parameter	Range	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10		19		19	20	20		20	20	20	20	20	20										20	
Saturations	94 - 100 % / < 94 %		100%		100	99	99		98	98	97	98	97	97										99	
Administered O_2 (L/min.)			RA		RA	RA	RA		RA	RA	RA	RA	RA	RA										RA	
Temp °C	40 / 39 / 38 / 37 / 36 / 35 / < 35		98F		98F	98F	98F		98	98F	98F	97	98F	98F										98.6F	
Heart Rate	170 – 40		89		80	90	92		100	99	97	98	96	90										78	
Systolic Blood Pressure ↑	190 – 50		120		132	130	130		136	131	140	140	160	143										130	
Diastolic Blood Pressure ↓	130 – 40		80		80	80	80		97	89	92	100	104	83										90	
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	0	0	0										0	
TOTAL ORANGE SCORES			0		0	0	0		0	0	0	0	0	0										0	
Nurse Initial			[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]										[illegible]	

DATE	TIME	FHR
~~10pm~~		
19/7/26	12pm	~ 152 bpm
	1 pm	- 138 bpm
	2pm	- CTV
	3pm	- 152 bpm
	4pm	- 150 bpm
	8pm	- 148 bpm
	7pm	- 150 bpm.

FHR

11pm - 158 bpm

3 Am - 148 bpm

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21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	
	09:00 am		→			On Admission →					0	
	10:00 am	H2O	100							200	0	SA
	11:00 am										0	
	12:00 pm	H2O	100							200	0	SA
	01:00 pm	H2O	100								0	SA
Total Intake :		300ml				**Total Output :**				400ml		
	02:00 pm											
	03:00 pm	H2O	200ml							250	0	
	04:00 pm											
	05:00 pm	H2O	100ml								0	
	06:00 pm	H2O	100ml							250ml		
	07:00 pm										0	
Total Intake :		400ml.				**Total Output :**				500ml.		
	08:00 pm										0	
	09:00 pm	H2O	100ml								0	
	10:00 pm	H2O	50ml								0	
	11:00 pm	H2O	100ml							250ml	0	
	12:00 am										0	
	01:00 am										0	
Total Intake :		250ml				**Total Output :**				250ml		
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H2O	100ml							300ml	0	
	07:00 am	H2O	50ml								0	
Total Intake :		150ml				**Total Output :**				300ml		

Total 24 hrs. Intake	1100ml	Total 24 hrs. Output	1450ml

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

(C)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	8.30 am	ADMISSION NOTES:	
		Patient admission on	
		19/7/26. patient complaints of	
		abdomen pain. patient general	
		condition fair. vitals are	
		checked & recorded patient	
		voided. CTG connected. FHR good	
		Dr. Lucetta saw the patient	
		checked contraction 1 contraction	
		In 10min. patient ~~diagnosis~~ medical history of	
		chronic HTN In pregnancy.	
		T2 DM diagnosis In pregnancy	
		RBS. patient past surgical	
		history of surgery for lipoma	
		In both hands. patient diagnosis	
		G_3A_2/ GA 35wt3D/ Chronic HTN/	
		T_2DM on OHA/ Abdomen pain.	
		parts preparation done.	
		T. Depin 10mg P/O given.	
		RBS - 155mg/dl Informed to	
		Dr. Vinitha.	S/N Parameswari 016808
	10am	Inj. Duvadilan 10mg Im given.	
		There is no complaints	
		of pain.	S/N Parameswari 016808
	10.30 am	↓ SBP, IV line start In	
		left metacarpal vein. IV	
		line Pattern	S/N Parameswari 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047617 IP18-00036525
Mrs D KALAIVANI (F)
21-09-1990 35 Y 9 M 28 D
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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☐ Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	11.30 am	Dr. lucetta saw the patient checked scan. advised to C. Depin, Inj. Duvadilan, continue OHA, To do cervical length & Growth & doppler. hourly FHR, 4th hrly CTG, hourly Bp, pre lunch & post lunch CBG.	S/n paran 016808
	12 pm	patient general condition fair. vitals are checked & recorded. FHR hourly monitor.	S/n paran 016808
	1 pm	patient voided. CTG connected. FHR good. fetal movements well.	S/n paran 016808
	2 pm	⇒ Dr. Lucetta Advised to stoped CTG FHR is good ⊕ provided comfortable position	Akalya 018052
	2:30 pm	⇒ checked for pre dinner CBG 138 mg/dl Informed Dr. Lucetta Advised to post Lunch CBG check. then Informed	→ Akalya 01808
	3 pm	⇒ checked for vital signs. recorded patient was stable checked for FHR's good ⊕ FHR is 152 b/m	→ Akalya 01805
	4 pm	⇒ FHR is good ⊕ 150 b/m pt vital are stable 90/30/90 mmHg	→ Akalya 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
19/7/26.	4.20pm	Handover Received from LDR	
		staff. Patient is active	
		and alert. IV line present.	[signature]
		post lunch RBS - 155mg/dl	0190n
		inform Dr. Vinitha mam.	
		BP, FHR, PR 4hourly.	
		CTG - 4th hourly, diabetic	
		diet patient. T-Nifedipine/10mg ad.	
	5pm	checked vital sign and	
		and Recorded: BP-140/92(100).	
	5.30pm	Recheck Bp - 147/97(108).	
		inform Dr. Vinitha mam.	
	6.30pm	BP - 160/110 mmHg inform Dr.	
		Vinitha Mam. T-depin 10mg	
		given as per chart.	
	6.40pm	Dr. Vinitha mam came and	
		seen the patient advice to	
		BP - 10min once,	
		pre dinner and post dinner.	
		CBG need to checked.	
		6pm. T - Ranitidine 100mg	
		given Dr. Luceta mam	
		orderly. inj duvadilan 8pm	
		need to give	
	7pm	checked BP - 160/104(117).	
		Dr Vinitha mam advice to given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		T- dipin long given, Dr. Vitha	
		mam Present Tab - dipin long	
		given 10 min once. BP checked	
		100. CTG connected to patient	
	7.30pm	Handover given to	
		to night Duty staff	[signature]
		Night duty on 19/07/24	
	7.30pm	patient details handing over	
		taken from evening duty staff	
		patient conscious and oriented	
		patient IV line patent.	
		patient is on diabetic diet →	[signature]
	8pm	vital signs checked and	
		Recorded →	[signature]
	8.30pm	CTG reactive and good.	
		Send to Dr. Vinitha mam advise	
		by stop CTG →	[signature]
	9pm.	patient have vomiting Informed	
		Dr. Vinitha mam advised by	
		Inj. Emeset 4mg give to patient	
		Inj. Emeset 4mg given to patient	
		Inj. Duradilon long given IM route →	[signature]
	9.10pm.	pre dinner GRBS 128 mg/dl Informed	
		Dr. Vinitha mam advised by	
		give T. Glycomet SR 850mg →	[signature]
		T. Glycomet SR 850mg given to	
		patient. →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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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 I.D.P

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

Do you require an interpreter? ☐ Yes ☒ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Chief Complaints: patient complaints lower abdomen pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vinitha

Time Notified: 8.30am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Chronic HTN T2DM	surgery for lipoma Inbotth hand	

Blood Group: 'B' positive LMP: 13/11/25 EDD: 20/8/26 Gestational age during admission: 35 wt 3D

Contractions: 1 contraction Vaginal Discharge: —

Obstetric History: G 3 P — L — A 2 Previous LSCS —

Height: 165 Weight: 102.7 BMI:

Temp: 98°F HR: 94bpm RR: 20bpm BP: 130/80mmHg SpO2 99%

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	Chronic HTN T2DM
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... father - DM .....

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

Fall Assessment: ☐ Yes ☑ No Score ..... 35 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 27 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... mrs. kalaivani .....

Name of Person Orientation was given to: ..... mrs. kalaivani .....

Orientation not given Reason: ..... - .....

Nurse Signature: .....

Nurse Name: ..... Supraveshai .....

Date & Time: ..... 19/7/26 @ 8.50 am .....

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/7/26 Time of Arrival: 8:30am Time Seen by Nurse: 8:30am

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 90bpm RR: 20bpm SpO_2: 99% BP: 130/80mm Hg Weight: .....

4) **Gestational Criteria:**

Gravida:	G 3	P —	L —	A 2

LMP: 13/11/25 EDD: 20/8/26 Gestational Age: 35wt3D

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

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

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

- Location: lower abdomen pain
- Duration: ..... Days / ~~Weeks~~/ Months (Strike out which is not applicable)
- Character: mild pain
- Frequency: 1 time in once
- Interventions: provide comfortable position

6) **Past History:**

a) Surgeries: surgery for lipoma in both hands in 11th std

b) Medical: chronic HTN / T2DM

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Chronic HTN, T2DM

9) **Prenatal Medical History:**

☐ None
☑ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify ...T2DM,.....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8:30am

Nurse Name : Sp Parameswari Nurse Signature: .....

Date: 19/7/26 Time: 8:45am

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 19/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy	✓	1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		02
Signature of the Nurse	S/N paramesh 0168	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

					Date : 19/7	19/7	19/7	20/7
					Time : 9 am	2pm	8pm	8am
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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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	27	27	27	27
				Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7/26	9am	1/10	lower abdomen pain	☐ Continuous ☐ ~~Intermittent~~	☐ ~~Acute~~ ☐ Chronic	☐ Sharp ☐ Dull ☐ ~~Aching~~ ☐ Burning	☐ ~~Increasing~~ ☐ Decreasing	☐ ~~Yes~~ ☐ No	provide comfortable position	[illegible] 016808
19/7/26	12pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	No pain	[illegible] 016808
19/7/26	6pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ ~~No~~	Nil	[illegible]
19/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☑ No	Nil	[illegible]
20/7/26	2am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	[illegible]
20/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

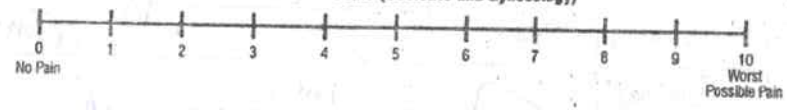
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	~~M~~ M	E	N
		Score	19/7/26	19/7/26	19/7
History of Falling (immediately or w/in 3 months)	Yes	25	35	35	35
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	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			15
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			35	35	35
		Signature		Hem bo 19/7/26	

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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Pat...
MR... n No.:....................
Age :.................... Weight ....Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 19/7/26 Time: 10.30am
Location : left metacarpal
Size : 18G
Cannula inserted by : S/N parameswari 01608

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
19/7	11am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	1pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	3pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	5pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	7pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	11pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
20/7/26	3 Am	☐Yes ☑No	☐Yes ☑No	obser	a
	7 Am	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	11Am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	1Pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :
Time:
Location :
Size :
Cannula inserted by :

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

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

CANNULA 4

Date :
Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

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

GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis G3P2/35wt 3D
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/7	10am	yes	Educate & Inform about plan of treatment	Patient	None	Oral	None	Yes	good	
20/7	8am	yes	educate & inform about plan of treatment	patient	none	oral	none	yes	good	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....)

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

PATIENT TRANSFER FORM

(1)

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GUC-00047617 IP18-00036525
Mrs D KALAIVANI
21-09-1990 35 Y 9 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

o.	Date & Time of Admission 19/7/26 at 9:59 Am	Date & Time of Transfer Order 19/7/26 at 4:20pm
Treating Consultant Name Dr: Lucetta	Transfer Ordered by Dr: Vinitha	Reason for Transfer Observation
From Unit LDR	To Unit 7th Floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Whole IP Files	Number of Imaging Films CTH – (2)	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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Akalya 01855	Dr: Vinitha.

Patient & Clinical Records Received by :
Harini 19/7/26 @ 4.2 pm

Date & Time of Patient Received :
Harini 19/7/26 @ 4:20pm

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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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/07/2026 Time: 12:10PM

Origin: — Height: 165cm Weight: 102.7 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☒ ~ 30 kg/m²

Food Allergies: NIL.

Diagnosis: G3A2/35 w3d / Chronic HTN | T2DM on OHA | Abdomen Pain / ? Preterm Labour
- Chronic HTN diag in Pregnancy.
- T2DM diag in Pregnancy.
- IBS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: .....

Name: D. Kalaivani

Date & Time: 20/07/26 @ 12:10PM

Dietician's

Signature: A-M (018336)

Name: A. Sadiqa Farheen

Date & Time: 20/07/26 @ 12:16PM

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
20/07/26	12:15PM.	- Patient is on Diabetic Diet - Patient is Stable - Oral intake is Adequate - - Advised to take well-Balanced Protein rich diet. RDA-Values - Energy - +350 kcal. Protein - +23g/d. · Consume small-frequent meals. - Choose high fibre Carbohydrates) Protein - Iron rich foods. - Avoid Sweets, Sugar, fruit Juices, Soft drinks, Bakery Items (etc) * Include whole grains, Protein, Vegetables, fruits - low G.I, healthy fats. · Stools Not Passed.	A.N (018336)