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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 29/7/26

Name of the Patient: MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

UHID No: .....

Gender: Female

Ward: .....

Room No: 702

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☑ c. No pending indents are there against above patient
- ☑ d. Checked the bed side cupboard of the bed
- ☑ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 29/7/26	Date: .....
Time:	Time: 6 AM	Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6 AM	P-V60720				
Activity Sheet update by Pharmacy							

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Janani

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/2026	2.45pm	LDR	7th Floor	
27/7/26	9.15pm	7th F1000	LDR	
28/7/26	11.20AM	LDR.	702	

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
27/7/26	Blood grouping	26024056	[illegible]
28/7/26	CBL	26024210	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/14	CTG - (1)			010120	Staff nurse
	CTG - (2)			010120	Staff nurse
	CTG - (3)			010120	Staff nurse
27/7/14	CTG - (4)			010144	
	CTG - (5)			010147	
	CTG. 6			010157	Devi
	CTG. 7			010157	Devi
	CTG. 8			010157	Devi
	CTG. 9			010157	Devi
	CTG - 10			010157	Devi
28/7/14	Infusion pump	6.00 am	10 am	1733955	Devi

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/26	IV placement	1	1733692	[illegible]
28/7/26	Diet Counselling.	1	1734242	A.J 6018336

ANY OTHER INFORMATION:

K/W/ ASST normal vaginal delivery
Time: 6:33pm (6.00pm to 7am)
C/I [illegible]
Dr mathenge
Dr Dinitha
[illegible]

Date: 29/7/26 Time: 6Am Prepared By: ...

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P. Kaumo 609261			

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DISCHARGE TRACKING SHEET

U
MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

-NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	29/7/26 at 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		29/7/26 at 10AM	[illegible]		
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

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036632 **Admit Date** : 27-Jul-2026 **Admit Time** : 10:10 AM **UHID** : MAB-00219436

Patient Details :

Patient Name	: Mrs S JANANI	**Age**	: 27 Y
Guardian	: Mr VIGNESH	**DOB**	: 02-09-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: manjunath enclave sathya sai layout Whitefield Bangalore Karnataka INDIA 560066	**Phone No**	: 8939591714/
		E-mail	: vignesh@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 VIGNESH **Relationship** : W/O

Contact Address : manjunath enclave sathya sai layout Whitefield Bangalore Karnataka INDIA 560066 **Phone No** : 8939591714

VSM

Signature

Doctor Details :

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

Referral Doctor : SELF **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 S JANANI**	**Age :**	**27 Y**
IP No:	**IP18-00036632**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**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:.....)
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: Vignesh
Relationship: ~~Father~~ Husband
Date: 24/07/2026 Time: 10:10 Am
Witness Name: Savithra
Witness Signature:

Patient Address:
manjunath enclave sathya sai layout
Whitefield Bangalore Karnataka INDIA
560066

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 : Mrs. S. Janani	UHID Number : MAB-00219436
Self/Attendant Name : VIGNESH.M	Relation : Husband
Self/ Attendant Signature : VSM Phone Number : 8939591714	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்
Government of India
ஜனனி சு
Janani S
பிறந்த நாள் / DOB : 02/09/1998
பெண்பால் / Female
9828 5759 8583
ஆதார் - சாதாரண மனிதனின் அதிகாரம்

இந்திய தனித்துவ அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India
ஆதார்
முகவரி:
D/O: சுந்தரமூர்த்தி, பி14 சாந்தி மாடி, 7ராக்கியப்பன் தெரு, மைலாப்பூர், மயிலாப்பூர், மயிலாப்பூர், சென்னை, சென்னை, தமிழ் நாடு, 600004
Address:
D/O: Sundaramurthy, B14 SHANTHI FLATS, 7 RAKKIYAPPAN STREET, MYLAPORE, Mylapore, Mylapore, Chennai, Chennai, Tamil Nadu, 600004
9828 5759 8583
1947
help@uidai.gov.in
www
www.uidai.gov.in

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

Patient Stick

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

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

Obstetric Formula: Primi

Obstetric History: G_1 - PP, Spontaneous conception

Present Pregnancy Record: Booked and Immunised, NT scan - (N) ETS - Low risk; Anomaly scan - (N).

RISK FACTORS: Nil

Height: 157 cm
Weight: 70.50 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 100/min
BP: 120/70mmHg DTR:
CVS: S_1S_2 (+) RS B/L - NVBS (+)
Liver/Spleen: Urine Output:

LMP: 29/10/2025 EDD: 05/08/2026
Corrected EDD: GA: 38 weeks + 5 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

M/s - 2yrs, NCM

Fundal Height: Term

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

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Primi M/s - 2yrs NCM O+ve	LMP - 29/10/2025 EDD - 05/08/2026 RMP	GA - 38 weeks + 5 days Admitted for IOL

Patient Sticker

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
RCOS on conservative management	Nil
Plan of Care:	**Investigations:**
C/I/T Dr. Mathangi - Admission - Parts preparation - Secure IV line - Consent for IOL/NVD 11:40AM ↓ SAP, Induction of labour done with 22F Foley's inserted intracervically and bulb inflated with 60ml of distilled water. - Post Foley's CTG @ 12:40 pm - W/F Foley's expulsion - CTG Q 4th hourly - INJ. SUPACEF 1.5g IV TDS(AID) - Shift to ward - Reshift to LDR @ 9PM	CTG – Reactive Blood grouping & typing

Doctor Name: Dr. Akshitha / Dr. Shreedevi

Signature: [signature]

Date & Time: 27/07/2021

Consultant Name: Dr. Mathangi

Signature: For [signature]

Date & Time: 27/07/2021

MAB-00219436
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RESULT SHEET

Date	15/7/26	28/7/26			
Time					
Hb	11.7	11.1			
PCV	32.2	33			
RBC	3.80	3.60			
WBC	8910	6.9			
N/L	73/20.2	85/11			
Platelets	2.52	2.67			
CRP					
ESR					
PCT					
RBS	FBS - 60 PPBS - 76				
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	82217	82217			

O - POSITIVE

ICT - Negative

HIV
HBsAg
HCV
VDRL
} Non-Reactive

Rubella IgG - Positive

Hb Electrophoresis - Normal

ECG
ECHO
} Normal
LVEF - 64 %.

9/12/25
HbA1c - 4.8

TSH - 1.84

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 : 14/07/2026 SLIUG 36 wks + 6 days cervix - 4.20cm

X-Ray : cephalic EFW - 2873 grams (42nd ile)

ECHO : FHS - good

CT : Placenta - Anterior

MRI : Liquor - Normal

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

MAB-00219436 IP18-00036632
Mrs S JANANI
12-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 1:30pm	S/B Dr. Divyalakshmi / Dr. Shreedevi	
38+5 weeks	pt reviewed: Able to PFM well.	
T- N PR- 82/min BP- 112/70 mmHg SpO2 - 99% @ RA post foley's CTG Reactive	O/E: pt GC fair, afebrile Po / Pe° P/A: ut term 1C / 15 sec / 10 min cephalic FHS good L/E: Foley's insitu.	Advice - (N) diet - oral fluids - monitor vitals - follow drugchart - CTG Q4H. Next @ 5:30PM - W/F contractions. - Every 3rd hourly traction - W/F foley's expulsion - Shift to ward - Reshift to LDR at 9:30pm - Inform SOS.

(signature) 1/12

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
	Pt received in LDR	
27/7/26.	S/B Dr. Mathangi	
9:30pm	Pt reviewed: c/o pain abdomen on & off	
	Foleys expelled at 9:30 pM	
	O/E: GC fair; Afebrile	
	P/A: Ut term	
	Acting	
	FH good	
	P/V: Cx: 1 cm long	
	os: 2-3 cm dilated	
	Vx: -3 station	
		Adv:
		• Inj Synto @ 8 am
[signature] 12113		
	S/B Dr. Vinitha	
27/7/26	Pt reviewed: c/o pain abdomen	
4:50 am	O/E: GC fair; Afebrile	
	P' / PE	
	P/A: Ut term; cephalic;	
	4/25"/10" ; FH good	
	P/V: Cx: 0.5 cm long	
	os: 4 cm dilated	
CTG - ↓ Variability	Vx: -2 station	
	BOM (+)	
		C/D/w Dr. Mathangi:
		• Continue CTG
		IV fluids
[signature] 12113		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26	S/B Dr. Vinitha	
5:45 am	Pt reviewed ;	C/o pain abdomen
	O/E : GC fair ; Afebrile	
	P/A : UT term ;	
	4/20"/15'	
	FH good	
	P/V : Cx : Well effaced	
	OS : 6 cm dilated	
	Vx : -2 to -1 station	
	BOM ⊕	
		C/D/W Dr. Mathangi
		- Continuous FH monitoring
	W HBV 12/11/3	- W/F contractions
28/7/26	S/B Dr. Mathangi	
6:15 AM	Pt reviewed ;	C/o pain abdomen
	O/E : GC fair ;	Afebrile
	P/V : Well effaced	
	OS : 9 cm dilated	
	Vx : -1 station	
	BOM ⊕	
	ARM done ;	Grade I MSL
		C/D/W Dr. Mathangi
		• Start syntocinon
	W HBV 12/11/3	• Continuous FH monitoring

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 6:33 am	Kiwi Assisted Vaginal Delivery (Ind: Fetal distress + Poor maternal efforts)	
	DIB Dr Mathangi	
	Assisted by Dr. Vinitha	
	↓ SAP, patient in lithotomy position, parts painted and draped. In view of fetal distress (FHR decelerations upto 80 bpm)	
	Kiwi cup applied at flexion point. Chignon formed. ↓ LA, Episiotomy given.	
	With maternal efforts and Kiwi assistance, baby delivered on 1st pull. Cried immediately after birth. Immediate cord clamping done.	
	Baby handed over to pediatrician.	
	Placenta and membranes delivered via CCT	
	Episiotomy sutured in layers. BUNL intact	
	PR - Rectal mucosa intact	
	Uterus contracted well.	
		Adv:
	B Alive term BOY	· Soft diet
	A 28.07.2026 @ 6:33 AM	· Vitals monitoring
	B 2.566 kg	· Encourage to void
	Y 8/10, 9/10.	· CBC @ 6 PM today
		· Inform SOS
		· follow drug chart
	12/11/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
8:30 AM		
PND-0	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 84/min	CVS /	- Vitals Monitoring
BP- 122/80 mmHg	RS / NAD	- Follow drug chart
	P/A - Uterus firm & well contracted	- W/F ↑ Bleeding PV
Baby - M/S	Soft	- CBC @ 6pm today
B/L - Breast soft	L/E - BWNL	- Measure & Inform 1st void
Not voided Yet	Epi wound Intact	- Inform (SOS)
	82217	
28/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
11: Am		
PND-0	Patient voided - 280ml ; PVRU - 72ml	
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P° / PE°	- Normal diet
PR- 82/min	CVS /	- Plenty of oral fluids
BP- 120/80 mmHg	RS / NAD	- Vitals Monitoring
	P/A - Uterus firm & well contracted	- Follow drug chart
Baby - M/S	Soft	- W/F ↑ Bleeding PV
B/L - Breast soft	L/E - BWNL	- CBC @ 6pm today
	Epi wound Intact	- Inform (SOS)
	82217 Shift to ward	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026 3:15pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
PND-0	Pt reviewed, Nil c/o	Advice
	O/E pt GC fair, Afebrile	- Normal diet
	P° / PE°	- Plenty of oral fluids
T-(N)	CVS / RS NAD	- vitals monitoring
PR- 80/min		- Follow drug chart
BP- 120/80mmHg	P/A- ut well contracted soft	- W/F ↑ Bleeding PV
		- CBC @ 6pm today
Voiding freely	LE - BWNL	- Inform (SOS)
Baby - M/s	Epi wound Intact	
B/L- Breast soft		
	[signature] 182217	
28/7/26 8:35pm	S/B Dr. [illegible] / Dr. Dinyalakshmi	
	pt. reviewed	
PND-0	Nil C/O.	Advice
T - N	O/E: pt GC fair, afebrile	- Continue same order
PR 82/min	po / PE°	- Inform SOS
BP-110/72 mmHg	CVS / RS NAD	
voiding freely	P/A: ut well contracted	
Baby m/s		[signature]
Breasts soft	Le: BWNL	104728
	Epi intact	

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/01/2026	C/S/B Dr. Akshitha / Dr. Shreedevi.	
9AM	Pt reviewed, Nil c/o	Advice
PND-1	O/E Pt GC fair, Afebrile	- Normal diet
	P° / PE°	- Plenty of orals
T-(N)	CVS /	- Vitals Monitoring
PR- 78/min	RS / NAD	- Follow drug chart
BP- 120/ Comm Hg.	P/A- uterus well contracted	- W/F ↑ Bleeding PV
	Soft	- Process discharge.
Baby-M/s	L/E-BWNL	
B/L-Breast soft	Epi wound Intact	
Voiding freely		
Passed stools	Dr(82217	

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: MICU 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 : Dr. Shreedevi 182217

Date & Time : 27/07/2026

Nurse Name & Signature: S/N Pooja / 017176

Date & Time : 27/7/26 at 10AM.

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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: 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	Ij. SUPACEF	1.5g	IV	1TT		☑ 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 : Dr. Durgalakshmi 16428

Date & Time : 27/7/26 at 2:40pm

Nurse Name & Signature: D. Saraswathi

Date & Time : 27/07/2026 at 2.40pm

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 27/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 70kg Ward. LDR

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	27/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
27/7 1AM		
12pm	SP	SP
8pm	P.K	E.P

DRUG : Tab. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	28/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/7 8AM	SM	NS
2pm	ES	SS
10pm	P.K	V.A

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Date
1gm	PO	1-1-1	28/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/7 8AM	SM	NS
2pm	ES	SS
10pm	P.K	V.A

DRUG : Cap-PAN-D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	28/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/7 8AM	P.K	V.A
7PM	SS	SS

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02-09-1998 27 Y
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

Weight 70kg Ward ....

Sheet No: ....

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	28/7

Date / Time: 28/7 [illegible] — 9am — 9PM

Name & Signature of the Doctor Starting the Drugs: 164288

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 ....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight Jay .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 70kg Ward. .....

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.	

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/7	11:40AM	INJ. SUPACEF	0.1ml	Id	18221	SP
28/7	6:33 AM	INJ. SYNTO	10 U	IV	4	SP/MD
28/7	6:40 AM	INJ. TRAPIC	1g	IV	4	SP/MD
28/7	6:40 AM	INJ. CARBOPROST	250 MCG	IM	4	SP/MD
28/7	7:15 AM	T. MISOPROSTOL	600 MCG	P/R	4	SP/MD
28/7	7:15 AM	JUSTIN SUPPOSITORY	1/tab 100 mg	P/R	4	SP/MD

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 70kg 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
27	6AM	Intravenous IV fluid RL	IV	free flow	16/7/25	SS MD	28		SS MD
28/7	6.30AM	Inj. SYNTO 20 units in 500ml RL	IV	125 ml/hr over 4 hours	16/7/25	SS MD	28		SS MD

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

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Early Warning Observation Score Chart - Obstetrics

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

27/7/26.	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				20	18			20				20		18	
	0 - 10																								
Saturations	94 - 100 %			99		100		99		99%				95%	99%			99%				95%		99%	
	< 94 %																								
Administered O2 (L/min.)				RA		RA		RA		RA				RA	RA			RA				RA		RA	
Temp °c	40																								
	39																								
	38													97.5°F											
	37			98		98		98		98.6°F				98				98.6°F				98.6°F		98.6°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			100																					
	90					92				94				88 b/m											
	80							82				76 b/m			94 b/m			86 b/m				72 b/m		76 b/m	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			110		112		110		112				120	110			110				120		118	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70		72		76		82				88	78			70				90		78	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓				✓	✓			✓				✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓		✓		✓		✓				✓	✓			✓				✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–		–		–		✓				✓	–			✓				–		–	
	Heavy / Foul																								
Liquor	Clear / Pink					–		–		–				–	–			–				–		–	
	Green			–																					
TOTAL YELLOW SCORES				0		0		0		0				0	0			0				0		0	
TOTAL ORANGE SCORES				0		0		0		0				0	0			0				0		0	
Nurse Initial														PO											

admission on

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
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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

28/7/26

		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	18			18	20					20				22				22				20			
	0 - 10																									
Saturations	94 - 100 %	100			100	100					99%				100%				98%				99%			
	< 94 %																									
Administered O_2 (L/min.)		RA			RA	RA					RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	98.6			98.6	98.6					97.8				99.6				98.6				99.6			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90										75M				76M				78M				75M			
	80	84			82	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	80			80	80					60				80				70				60			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓			✓	✓					✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓			✓	✓					✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓			✓	✓					✓				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink	-			-	-					-				-				-				-			
	Green																									
TOTAL YELLOW SCORES		0			0	0					0				0				0				0			
TOTAL ORANGE SCORES		0			0	0					0				0				0				0			
Nurse Initial																										

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
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FLUID CHART

Sheet No. : C

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
			0									
	08:00 am											
	09:00 am											
	10:00 am			←	on	admission				→		
	11:00 am											
27/7	12:00 pm	H2O	100ml							200	0	
	01:00 pm	H2O	200ml							150	0	
Total Intake :		300ml				**Total Output :**				350ml		
	02:00 pm	H2O	100ml								0	
	03:00 pm	H2O	100ml							250ml	0	
	04:00 pm	H2O	50ml								0	
	05:00 pm										0	
	06:00 pm	H2O	150ml							300ml	0	
	07:00 pm										0	
Total Intake :		400ml				**Total Output :**				550ml		
	08:00 pm										0	
	09:00 pm	Water	200ml.								0	
	10:00 pm	Water	100ml.							150ml.	0	
	11:00 pm	Water	100ml								0	
	12:00 am	Water	100ml							200ml	0	
	01:00 am										0	
Total Intake :		500ml.				**Total Output :**				350ml.		
	02:00 am										0	
	03:00 am	Water	150ml							200ml	0	
	04:00 am	TL water	200ml	IVFPC 500ml							0	
	05:00 am	Orangejuice	200ml.								0	
	06:00 am	Water	150ml							250ml	0	
	07:00 am										0	
Total Intake :		700ml + 500ml				**Total Output :**				450ml		

Total 24 hrs. Intake	2400ml	Total 24 hrs. Output	1700ml

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

MAS-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
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.

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
27/7												
	08:00 am	H2o	200	125							0	
	09:00 am			125						150	0	
	10:00 am	Juice	200ml	125						250ml	0	
	11:00 am	H2o	200	IVF/Stop							0	Hosi
	12:00 pm										0	Hosi
	01:00 pm											
Total Intake : H2O – 600 + 375 = 975ml										Total Output : U – 400 ml		
	02:00 pm										0	
	03:00 pm	H2o	100ml							300ml	0	
	04:00 pm	H2o	50ml								0	
	05:00 pm	H2o	100ml								0	
	06:00 pm	H2o	50ml							200ml	0	
	07:00 pm	H2o	50ml								0	
Total Intake :		250ml								Total Output :	500ml	
	08:00 pm										0	
	09:00 pm	H2o	200ml							300ml	0	
	10:00 pm	Juice	200ml								0	
	11:00 pm	H2o	200ml								0	
	12:00 am									200ml	0	
	01:00 am	H2O	200ml								0	
Total Intake : 600ml + 200 = 800ml										Total Output : 500ml		
	02:00 am	H2o	300ml								0	
	03:00 am									300ml	0	
	04:00 am	H2o	200ml								0	
	05:00 am										0	
	06:00 am	H2o	200ml							200ml	0	
	07:00 am										0	
Total Intake : 700ml										Total Output : 500ml		

Total 24 hrs. Intake	2,825ml	Total 24 hrs. Output	1,900ml

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi 38+5 wks. | Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: Induction of Labour | Post OP Day:

BACKGROUND

Date / Shift	29/7 M	29/7 E	29/7/26 N	28/7/26 morning	28/7/26 E	28/7 N
Medical Condition (Any special condition to be noted):						
Diet:	Diet	Diet	Diet	Diet	Diet	Diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	99.1°F	97.9°F	98F	98F	97.6F
Res:	24/mt	20/m	20bm	20bm	20m	20bm
SpO_2:	100%	100%	99%	100	99%	98%
Pulse:	100/mt	99bpm	88bm	84	80m	80bm
BP:	120/70	110/70	120/80	120/80	110/60	100/60
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	10	20	20	30	30	30
Pain Score:	0/10	2/10	2/10	2/10	0/10	2/10
Skin Integrity	0/10	Normal	Normal	Normal	Normal	Normal

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	NA	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	NA	NA	NA	Diet	Diet	Diet
Critical Lab Test / Values:	NA	NA	NA	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	NA	NA	NA	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	NA	NA	NIL	—	—	—
Handed Over By Name :	Pooja			Pooja		
Signature / ID :	Pooja/01776			Pooja		
Date:	29/7/26	29/7/26	29/7/26	28/7/26	28/7/26	29/7/26
Time:	10AM	2PM	7.30PM	E. Shift	7PM	8AM
Taken Over By Name :	Pooja	Pooja	Pooja	Pooja		
Signature / ID :	Pooja	Pooja	Pooja	Pooja		
Date:	29/7/26	29/7/26	29/7/26	29/7/26	29/7/26	29/7/26
Time:	2PM	8PM	8AM	7.30PM	8PM	8AM

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NURSING CARE RECORD

Date: 27/7/25

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	12pm	Achieve acceptable pain control & comfort		- Assess the level of pain by using pain scale. - Provide comfortable bed position	Reduced pain	Reassessment is done	
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	→ Assess the level of pain by using pain scale. → Provide comfortable bed position.	Patient vital are stable.	Reassessment done	
Night	8pm	Assess the patient Encourage oral & psychological support	9.30pm	Assessed the patient Encouraged orally & psychological support	patient vitals stable	Reassessment done	

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NURSING CARE RECORD

Date: 28/7/26

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	8AM	Achieve acceptable pain control by comforte		- Assess the level of pain by using pain scale also - provide comfortable bed position	reduced pain	Reassessment is done	poo ohu
Afternoon	1.30pm	- Assess the patient general condition - provided painkiller as per doctor's order	2pm	- Assessed the patient general condition - provided painkiller as pm	Provided painkiller as per doctor's order	Patient feel better	[illegible]
Night	9PM	Assess the patient condition provide painkiller as per order.	9PM	Assess the patient general condition & provided painkiller as per order.	To reduced pain.	Reassessment done.	[illegible]

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	10AM	Admission notes 27/7/26.	
		Mrs. Janani: primi 38+5 wks she	
		came for Induction of Labour	
		under Dr. mathangi CTG	
		connected FHR is good FM(+)	
		felt by mother vitals are	
		checked and recorded, part	
		preparation done by S/N Akalya	
		no other complaints General	S/N
		condition is fair ⟶	[illegible] 27/7/26.
	11.30AM	CTG disconnected as	
		per doctors order. pt is stable.	
		maintain Pio chart. Encourage	
		to take adequate oral fluid.	S/N [illegible]
	11.40AM	Dr. mathangi came did	
		PV examination Cx 2cm long	
		os admits 1 finger. Foley's	
		induction done intracervically	
		22F Foley's 65ml Dwater inflated.	
		Advice to give T. supacef	
		order carried out. Tri. supacef	
		0.1ml test dose ID given.	
		IV placement done c̄ 18G venflon	
		back flow (+). Blood grouping	
		sample collected sent to lab	
		as per doctors order.	[illegible]

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
27/7/24	12pm	pt vital signs checked & recorded. maintain for chart. pt have no drug allergy. Injection [illegible] 1.5gm IV given as per doctor order.	[illegible]
	12:40pm	post foley's CTG connected as per doctor order FHR (+).	[illegible]
	1.20pm	CTG disconnected as per doctor order. pt had normal diet.	[illegible]
	1:30pm	pt care hand over given to evening duty staff.	[illegible]
		Evening duty (27/7/2024)	
	1.30pm	patient handing over taken by morning duty staff nurse patient conscious and oriented. General condition fair s/b Dr. [illegible] advice shift to ward order are out	[illegible] 27/7/24
	2pm	patient checked with one stable patient [illegible] informations patient mild pain ahury	[illegible]
	2:45 pm	patient shift to ward patient handing over given 7th floor staff nurse	[illegible] 27/7

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

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving notes on 27/7/26	
	2.45pm.	patient received from LOR to	
		7th floor. patient conscious and	
		oriented. IV line patent. patient	
		were passed. FHR ⊕. plan	[signature]
		for CTG Q4H. Next CTG 5.30pm →	
		vital signs checked and recorded.	[signature]
	4pm	checked vital signs and	
	-	Recorded	Soumya 07035
	5.30pm.	CTG connected to patient.	
		CTG reactive and good.	
		FHR is 152bpm. No pv bleeding [illegible]	[signature]
		traction done. →	
	6pm.	CTG send to Dr. Shreedevi mam	
		advised by continue CTG another	[signature]
		10minutes →	
	6.20pm	CTG send to Dr. Shreedevi mam	
		continue ~~CTG another 10minutes~~	[signature]
	7.30pm	patient details handover	
		given to Night duty.	
		Night duty	
27/7/26	7.30pm	patient details handover	
		taken from Evening to	
		Night duty. patient CTG	
		Q6H, Traction 3rd hourly, Last	
		CTG 5.30PM to 6.40PM, IV line ⊕ →	P. Kaimozhi 60706

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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	8.00PM	patient vitals checked and	
		Recorded. Due medication	
		Inj-supacef 1.5mg given and	
		Recorded, Traction done	Tp.[illegible] 609061
	9.15PM	patient shift to LDR, patient	
		details handover given to	
		LDR staff	Tp.[illegible]
		Receiving Notes ON 27/7/26	
27/7/26	9.30pm	Report Received from 7th floor staff	
		to LDR staff. Patient Conscious	
		& Oriented. IV line patent.	
		No swelling, No pain	
		vital sign checked & Recorded	
		vital sign are stable	Shalini 0140??
	10.30pm / 9.30pm	Patient c/o foley expelled. informed Dr. vinitha	
		CTH Connected FHR is good	
		I/O chart Maintain	
		Patient general Condition is fair.	
	11.10pm	CTH Disconnected FHR is good	
		Order by DR-vinitha.	Shalini 0140??
		Patient general Condition is Fair	
	12AM	vital sign checked & Recorded	
		vital sign are stable	
	2AM	Patient is sleeping well.	
		I/O chart maintain	Shalini 0140??
	3.15AM	CTH Connected FHR is good	
	4AM	vital sign Checked & recorded	

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Contineous 28/7/21	
28/7/26	4AM	vital signs are stable	Shalini 2407
		Ij. Supauf 1.5gm IV given	
	4	CTG going on FHR is good	
	4³⁰AM	Inf RL 500ml IV Connected	
		I/o chart Maintain	
		patient general condition is fair	
		patient Complaints of Abdomen pain	
	-	informed DR. vinitha she advice	Shalini 2407
		Tab. paracetamol 1gm P/o.	
	4³⁰AM	Tab. Paracetamol 1gm P/o given	
		CTG going on FHR is good	
	4⁵⁰AM	patient complaints of pain Abdomen	
		Pv Examination done Cervix 0.5cm	
		long, Os - 4cm dilated vertex -2 station	
		I/o chart Maintain, CTG ↓ variability	
	5Am	CTG going on. FHR is good.	
	5⁴⁵Am	DR. vinitha mam pv Examination done	
		Cervix well effaced OS. 6cm dilated	
		vertex -2 to -1 station, BOM (+).	Shalini 2407
		Contineous FHR Monitoring	
	6¹⁵Am	S/B. DR. Mathangi. pv Examination	
		done. well effaced OS 9cm dilated	
		vertex -1 Station BOM (+).	
		DR. Mathangi ARM done, Grade I MSL	
		patient squalling. FHR is good	Shalini 2407
		I/o chart Maintain	

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 28/7/26 →	
28/7/26	6[33] Am.	patient lithotomy position changed	
		Part painted & draped. In view of	
		fetal distress (FHR deceleration upto	
		80bpm, Kiwi cup Applied at flexion point	
		Chignon formed. Inj. Lox 10ml. given (perineum)	
		RMLE given with maternal effort and	
		Kiwi Assistance. Boy Baby delivered.	Shalu
		on 1st pull cried immediately after birth	
		Inj. Synto 10units. Im given,	
		Inj. synto 20units + IVF RL 500ml 125ml/hr	
		on flow. Cord clamped done immediately.	
Baby Details:		placenta & membrane. Completely	
D - Alive Boy Baby		~~Removed~~ Delivered. Inj. Texapic 1gm + 100ml NS	
A - 28/7/26 at 6[33] AM		IV given. Inj. carbopost 250mg Im given	Shalu 2407...
B - 2.556 Kg		patient vital sign checked.	
Y - 8/10, 9/10.		PV Bleeding done. Episiotomy done	
		c Texapid vicryl. PV Bleeding	
		Minimal. patient general condition	
		is Fair, Tab. Meiso 600mg p/R given	
		Justin suppository 100mg p/R given	Shalu 24072
		vital sign are stable. patient	
		general condition is Fair. Instrument	
		& Gauze count checked & disposable.	
		patient ~~lithotomy~~ position changed.	Shalu 2407...
	7Am	I.C chart maintain	
	7[30]Am	Patient handing over given to Morning duty staff	Shalu 2407...

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		morning duty	
28/7/26	7:30AM	pt care hand over	
		taken from night duty	
		staff. pt conscious & oriented	
		IV line ⊕ & pattern. pt is	
		stable. PV bleeding is minimal.	
		pt had normal diet. 500ml RL	
		result going on infusion.	[illegible]
	8AM	pt vital signs checked &	
		recorded. Encourage to take	
		adequate oral fluid. maintain	
		I/O chart. PV bleeding is	
		minimal. pt taken morning	
		oral care.	[illegible]
		B - Breast soft	
		U - uterus contracted	
		B - she is on self voids	
		B - bowel movement present	
		L - lochia rubra present	
		E - REEDA assessment done	
		H - Homans sign negative	
		E - pt emotional status good.	[illegible]
	10AM	pt voided 100ml urine	
		Informed to Dr. Ashintha	
		did bed side bladder scan 93ml	
		present. Advice to measure next	
		voids urine output carried out.	[illegible]

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/20	11AM	pt voided 250ml urine. Informed to Dr. Akshi flor / Dr. Shree devi. Bed side scan done found ⊕ advice shift ward follow drug chart. order carried out. pt vital signs checked & recorded. PV bleeding is minimal.	[signature]
	11.20AM	pt shifted to ward as per doctors order. pt care hand over given to 4th floor staff nurse. Sr sowmiya	[signature]
		Receiving notes	
28/7/20	11:20AM	Pt's details Hand over taken from LDR staff. vitals are stable, pt's have Normal diet, Encouraged mother plenty of oral fluids, vitals monitoring, Follow drug chart, CBC at 6pm today, 1st voided 150ml	[signature] 509383
	12pm	pt's vital signs checked and recorded. vitals are stable, maintained tlochart.	
		B - Breast is soft, no engorgement	
		U - Uterus contraction well	
		B - Bowel movement ⊕	
		B - Urine voided freely	
		L - Lochia rubra ⊕	

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 27/2/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others: specify LDR

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 given to attender

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

If yes, identify

Chief Complaints:
PPROM 38+5 wks ROL.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. AKSHITHA

Time Notified: 10AM.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
PROM on Conservative management	NIL	NIL.

Blood Group: O+ve LMP: 29/10/25 EDD: 5/8/26 Gestational age during admission: 38+5wks

Contractions: NIL Vaginal Discharge: NIL

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

Height: 157cm Weight: 70kg BMI: 28

Temp: 98 HR: 84/mt RR: 24/mt BP: 116/70 SpO_2 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	
☐ Anemia	☑ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☑ No Abnormalities Detected

☐ 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 ..10.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..0/10.. (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 ..Her 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. Janani..

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

Orientation not given Reason: .....

Nurse Signature: Pooja 01/7/26

Nurse Name: Pooja / 01/7/26

Date & Time: 27/7/26 at 10AM

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/9/26 Time of Arrival: 10 AM Time Seen by Nurse: 10⁰⁵ AM

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

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

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

3) **Vital Signs:** Temperature: 98.4°F Pulse: 100/mt RR: 24/mt SpO_2: 99 BP: 120/72 Weight: 70 kg

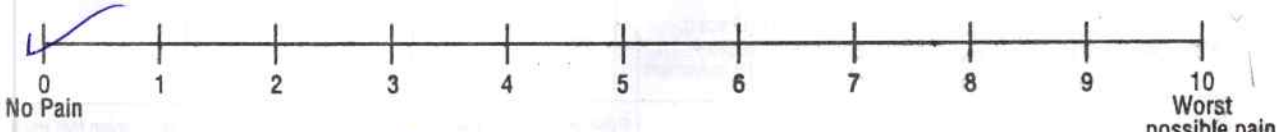
4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 29/10/25 EDD: 5/8/26 Gestational Age: 38+5 wks.

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: PCOS on conservative management

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 05 Am

Nurse Name : S/N Pooja /01/17/26 Nurse Signature: Pooja /01/17/26

Date: 27/1/26 Time: 10 10 Am

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 27/7/26

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		
Signature of the Nurse		Pooja/27/7/26
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 : 27/7 / 28/7 / 29/7 / 30/7
					Time : 10am / 8pm / 8am / 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 lift 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	Pooja / [illegible] / pr / [illegible] 01776

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

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

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BRADEN 'Q' SCALE

					Date : 28/7	N 28/7	M 29/7	
					Time : 2pm	8pm		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	● Regular Turning Schedule ● Enable as much activity as possible ● Protect the heels ● Use pressure redistribution surfaces ● Manage moisture, friction and shear ● Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	● Use the Same Protocol as for **"At Risk"** Patients ● Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 27/7/26	E 27/7/26	N 27/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0		0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	20	20
		Signature	Pooja 27/7/26	[illegible]	[illegible]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/1/26 8am	E	N
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		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

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Patient's Name: MAB-00219436 IP18-00036632
Mrs S JANANI
MRD NO:... 02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN
Age :.......... : ☐ M ☐ F
Consultant :..........

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 27/7/26 Time: 11.40AM
Location : (R) metacarpal
Size : 18G
Cannula inserted by : Sh pooja

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7	12pm	☐Yes ☑No	☐Yes ☑No	pt obs	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	9pm	☐Yes ☑No	☐Yes ☑No	obse	P.V
	10pm	☐Yes ☑No	☐Yes ☑No	observe cann	[illegible]
28/7	12AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obsu	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obse	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obsee	[illegible]
29/7	12AM	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	observe	[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		

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

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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PAIN ASSESSMENT FORM

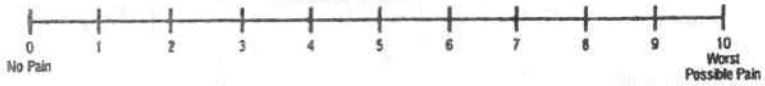
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	11AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
27/7/26	2pm	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
27/7/26	8pm	1/10	Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Nil	[signature]
28/7/26	12pm	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
28/7/26	4AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
28/7/26	6AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
28/7/26	8AM	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
28/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
28/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
29/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Mrs S JANANI
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/7/26	8Am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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PAIN ASSESSMENT TOOLS

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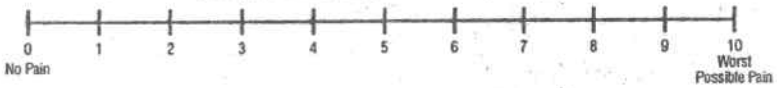

Wong - Baker (Pediatrics) Above 7 Years

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MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
27/7	10AM	YES	Educate about Induction Of Labour Content	patient	NO	verbal	No	Oral	Good	Pooja 27/7/24
28/7	8 PM	yes	educate about Postpartum	mother	no	verbal	no	oral	good	[illegible]
29/7	8AM	yes	Educate about pain treatment	mother	NO	oral	none	Verbal	Good	[illegible]

Part - III: CODES

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

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

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

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

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

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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: .....

Date: 28/11/26

Continuity of Care:

29/11/26

L - 02 C - 2
A - 02 A - 2
T - 02 T - 2
C - 01 C - 1
H - 01 H - 1
08

Handover given by .....

Signature .....

Date & Time: 28/11/26

Handover taken by .....

Signature .....

Date & Time: 28/11/26 @ 11.30am.

Patient Sticker

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INDUCTION OF LABOR CONSENT

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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

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

You are scheduled for an induction of labor on 27/07/2024 (date) at 38 weeks + 5 days (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. Janani
Name: S. JANANI
Date & Time: .....

Patient Attendant:
Signature: VS.M.
Name: VIGNESH
Relationship with Patient: HUSBAND
Date & Time: .....

Doctor:
Signature: .....
Name: Dr. Shreedevi
Date & Time: 27/07/2024

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

INFORMED CONSENT FOR VAGINAL BIRTH

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Your Right to a Safe Delivery

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Mal 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: Dr. Mathangi

Consentee :
Signature : S. Janani
Name : S. JANANI
Date & Time : .....

Patient Attendant :
Signature : V.S.H
Name : VIGNESH
Relationship with Patient: HUSBAND
Date & Time : .....

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Shreeden
Date & Time : 27/01/2026

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

MAB-00219436
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036632

Date & Time of Admission	Date & Time of Transfer Order
27/7/26 @	27/7/26 @ 9.20pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Divya	Further Management

From Unit	To Unit	Information to Attendant
7th Floor	LDR	Yes ☐ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Ip Files	CTG	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
Poojanka. E 021871	DR. DIVYA

Patient & Clinical Records Received by : S Shalini 021072 27/7/26 at 9.30pm

Date & Time of Patient Received :

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

Unavailable Bed Nurse not Available Available Bed not ready

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PATIENT TRANSFER FORM

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	27/7/26 at 10.10AM	28/7/26 at 11.20AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. mathangi	Dr. Akshitha	pt care
From Unit	**To Unit**	**Information to Attendant** Yes ☑ No ☐
LDR	Fo 2	
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what?
pt IP file	–	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	New mom pad, 10ml syringe, D water	(1), (2), (2)
2.	supacy, T. para 1gm, C. pan	(2), (9), (10)
3.	Justin suppository, T. Augument	(5), (10)
4.		
5.		

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

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

Patient & Clinical Records Received by : Soumya @ 11.30AM.

Date & Time of Patient Received :

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

Unavailable Bed Nurse not Available Available Bed not ready

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

ANTENATAL RECORD

GUC-88090

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Antenatal No:

Reg.No:

DR. Mathangi

PERSONAL DETAILS

Name: MRS. Janani .S Age 28 Date of Birth Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address:

Mobile: E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
	LMP-29/12/25 EDD-13/10/26

HISTORY

Year of Marriage: Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP EDD Corrected EDD

OBSTETRIC FORMULA:

Gravida **Para** **Live** **Abortions**

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History: Family History:

Surgical History: Allergies:

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife Husband ICT

VDRL HIV HbsAg TSH GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester										
TIFFA										
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name:_____ **Corrected EDD:**_____ Parity_____

SYSTEMIC EXAMINATION

Height 149 cm CVS_____

Weight:_____ Respiratoy System:_____

BMI:_____ Breasts:_____ Thyroid:_____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
9/9/2026	53.7	129/83							
20/2/26	54.8	106/73							
5/3/26	55.2	102/75							
1/4/26	56.7	84/66							
18/5/26	59.4	101/69							
1/6/26	61.1	113/68							
1/7/26	63.7	115/75							
21/7/2026	66.	118/68	28	T		+			e/v 18/8/26

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____ Apgar score:_____

Postpartum Period:_____

_____

_____