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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

Name of the Patient: .....

Date: 21/7/22

UHID No: .....

Gender: F

Ward: .....

Room No: 507

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

Date: .....

Time: .....

Nurse Sign

Date: 21/7/22

Time: 6 Am

Pharmacy Sign

Date: .....

Time: .....

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

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		21/4/22 6 AM					
Activity Sheet update by Pharmacy							

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

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Name: Vaishnavi . M

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
30/7/20	1.45pm	CDR	[illegible]	S/N [illegible]

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/4/22	CBL	26023791	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7	CTH (1)			009744.	
20/7	CTH (2)			009748	
20/7	CTH (3)			009748	
20/7/17	CTO			009799	Sripu
20/7/17	CTO			009799	
20/7/17	CTO			009799	
20/7/17	Infusion pump	9.40pm	1.40pm	173027	Sripu otho.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/07/2026	IV placement	1	1729914	[illegible]

ANY OTHER INFORMATION:

20/07/2026 9AM - 10AM
normal vaginal delivery
Dr. Mathangi
Dr. Panthra

Date: 21/7/26 Time: 6 PM Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | Birthright

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	21/7/26 at 9AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		21/7/26 at 9AM	Suf 60+35		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036532 **Admit Date** : 19-Jul-2026 **Admit Time** : 09:26 PM **UHID** : GUC-00013971

Patient Details :

Patient Name	: Mrs VAISHNAVI MANOHARAN		
Guardian	: Mr BHARATH CHAKKARAVARTHY D	**Age**	: 32 Y 6 M 18 D
Gender	: Female	**DOB**	: 01-01-1994
Occupation	:	**Religion**	:
Address (H)	: NO 2/33, SINGARAVELAN ST, KASTHURIBAI NAGAR , WEST TAMBARAM Tambaram West Kancheepuram Tamil Nadu INDIA	**Martial Status**	:
		Phone No	: 7418333902/ 9789240027
		E-mail	: vaishuvm1@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 BHARATH CHAKKARAVARTHY D **Relationship** : Husband

Contact Address : NO 2/33, SINGARAVELAN ST, KASTHURIBAI NAGAR , WEST TAMBARAM Tambaram West Kancheepuram Tamil Nadu INDIA **Phone No** : 7418333902

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VAISHNAVI MANOHARAN**	**Age :**	**32 Y 6 M 18 D**
IP No:	**IP18-00036532**	**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 [illegible]surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the [illegible]e 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.
([illegible]eivers 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: > [signature]

Name > BHARATH CHAKKARAVARTHY D

Relationship: > HUSBAND

Date: 19-07-2026 Time: 09:26

Witness Name: DHWIN

Witness Signature: [signature]

Patient Address:
NO 2/33, SINGARAVELAN ST,
KASTHURIBAI NAGAR , WEST
TAMBARAM Tambaram West
Kancheepuram Tamil Nadu INDIA

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs, and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : > VAISHNAVI MANOHARAN	UHID Number : 13971
Self Attendant Name : > BHARATH CHAKKARAVARTHY D	Relation :> HUSBAND
Self Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : > 9789240027	

GUC-00013971 IP18-00036532
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01-01-1994 32 Y 6 M 18 D (F
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Pati

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for IOL
FM (+)

LMP: 18/10/25 EDD: 25/7/26
Corrected EDD: 30/7/26 GA: 38w3d

Obstetric Formula:
$G_2P_1L_1$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G_1: 4yrs | SVD | Girl | 2.36kg FGR 38/40 ↑BP; ↑Ut A Doppler
G_2: PP;
21/1/26 Present Pregnancy Record:
NT: 12w6d ; NT: 1.7MM
Anomalies R/O FTS - low risk ↑risk PE

Obstetric Examination Marital H: 7yrs ; NCM

Fundal Height: Term;
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe Irritable 3/5 seconds / 10 mins
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Hypothyroid
Asthma

Per Speculum Examination

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

Vaginal Examination

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

Height: 164 cm
Weight: 74.9 kg
Allergies: Nil
Breast: ☑ Normal ☒ Abnormal
General Examination:
Consciousness: Pallor:
Icterus: Edema:
Temp: PR:
BP: 100/70 DTR:
CVS: S_1S_2 (+) RS NVBS
Liver/Spleen: Urine Output:

DIAGNOSIS

$G_2P_1L_1$ / 38w3d / Asthma (occasional wheeze) Childhood
Hypothyroid
Admitted for IOL

Patient Sticker

Family History:
Father - DM

Surgical History:
Nil

Medical History:
Childhood occasional wheeze (Asthmatic)
S/C Hypothyroid
IBS

Medication History:
Gcospirin stopped @ 36 w
Thyronorm 25 Mcg 1-0-0
T. Livogen 1-0-0
T. Supracal 0-1-0

Plan of Care:
- Admission
- Parts preparation
- CTG Q4H
- W/F contractions; Bleeding P/v
- R/A @ 5am

Investigations:
CTG

Doctor Name: Dr Vimithe
Signature: [signature]
Date & Time: 19/7/26

Consultant Name: Dr. Mathangi
Signature: [signature]
Date & Time: 19/7/26

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
W/O VAITHANGI RAJAGOPALAN

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RESULT SHEET

Date	29/6	21/7/26				
Time						
Hb	12.0	11.4		Blood grp: A positive		
PCV	33.7	34		ICT - Negative		
RBC		3.84				
WBC	12000	17,160		HIV		
N/L		82/14		HbsAg		NR
Platelets	179000	2.07		HCV		
CRP				VDRL		
ESR						
PCT						
RBS				FBS : 70		
Na				PPBS : 100		
K						
Cl				FT_3 : 2.54		
Ca/Mg				FT_4 : 0.93		
Phosphate				TSH : 2.19		
Urea	4/12/25 20					
Creatinine	0.72			ECHO - Normal		
ALP				ECG - Normal		
SGPT						
SGOT				HbA, c : 4.7 %		
T.Bil/Conj						
T.Protein				4/12/25 FBS : 86		
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid				Hb electrophoresis - (N)		
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L		18/2/17				

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

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 3/7/26 3b w.d

X-Ray : Cephalic ; PI - Posterior ; Liquor Normal

ECHO : SDP : 5.4

CT : EFW : 2572 g

MRI Doppler - Normal

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 5am	S/B Dr. Vinitha PF reviewed ; No 40 O/E: GC fair ; Afebrile P/A: Ut term ; Mildly acting 1/10"/10' CTG-Reactive FH good P/V: Cx: 2cm long ; OS: admits 2 fingers Vx: -3 station Membs (A) PGE2 gel kept intracervically at 5:10am	C/D/W Dr Mathangi Adv: · CTG @ 6:10 am · W/F contractions · Inform SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2021 8:30 Am	C/S/B Dr. Pavithra	
	Pt reviewed, Pt c/o Pushing sensation	
	O/E Pt GC fair, Afebrile	
	P° / PE°	Advice
	CVS / RS NAD	- Continuous CTG
CTG - Reactive	P/A uterus @ Term	- Continuous monitoring
	(BC/ 20"/ 10')	- W/F contractions
	Cephalic	
	FHS - good	
	P/V - Cx - 0.5 cm long	
	OS - 3cm strechable	
	Membranes (+)	
	Vertex @ .	
20/07/2021 9Am	C/S/ B Dr. Pavithra	Advice
	P/V - Cx - well effaced	- Continuous CTG
	OS - fully dilated	- W/F Contractions
CTG - Reactive	Membranes Present	- Shift to Labour
	Vertex @ +1 Station	room.
	[signature] 13221	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2021	C/S/B Dr. Mathangi	
9:25AM		Advice
	P/v- Cx Fully effaced	-Position for Laboring
CTG - Reactive	OS- fully dilated	- Encourage active pushing
	Membranes - [redacted] Present	
	Vertex @ +2 Station	
	✓ SAP, ARM done clear liquor drained	
	IB2217	
20/07/2021	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIO	
9:36 Am	LATERAL EPISIOTOMY	
	S/B : Dr. mathangi	
	A/B : Dr. Pavithra / Dr. Shreedevi	
	Under strict aspectic precautions, under dorsolithotomy position local parts painted and draped. With good uterine contractions, full cervical dilated and good maternal efforts. 2% lignocaine local infitration given. A right mediolateral episiotomy given to deliver an alive term girl baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered in toto. Episiotomy inspected. A left lateral vaginal wall tear noted and the same sutured using rapid vicryl. Episiotomy sutured in layers using rapid vicryl. Hemostasis secured.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa and sphincter tone normal	
	B | 20/07/2026; 9:36 AM	
	A | 2.655 kg	
	B | Girl	
	Y | 8/10, 8/10	
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- CBC c/m 6Am
		- Inform (SOS)
		- Measure & Inform 1st void
	82217	- INJ. SUPACEF 1.5g IV stat (48)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2021	C/S/B Dr. Pavithra / Dr. Shreedevi	
2pm		
PND-0	Pt voided 220ml, PVRU - 20ml	
	Pt reviewed, Nil c/o	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Normal diet
PR- 84/min	P° / PE°	- Plenty of oral fluids
BP- 116/70 mmHg	CVS / RS NAD	- Vitals monitoring
Baby - M/S	P/A - ut well contracted	- Follow drug chart
B/L - Breast soft	soft	- W/F ↑ Bleeding PV
	L/E - BWNL	- CBC c/m 6Am
	Epi wound Intact	- Inform (SOS)
	(signature) 182217	Shift to ward.
21/7/21. 7AM	S/B Dr. [illegible]	
PND#1	Pt [illegible]	
	voiding freely	
	O/E afebrile	Plan:
	GC fair	- monitor vitals.
BP 114/70mmHg	P° / PE°.	- normal diet
PR 80bpm.	P/A uterus wc	- Plenty of fluids
SpO2 99%@RA	soft	- ambulate
temp (N).	BS (+)	- w/f ↑ bleeding P/V.
B/L breast soft		
secretions (+)	L/E : BWNL	(signature) 128435
Baby M/S		
DBF		

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026	c/s/B Dr. Pavithra / Dr. Shreedevi	
9:00Am		
POD - 1	O/E Pt GC fair, Afebrile	Advice
	P° / PE°	- Normal diet
T- (N)	CVS /	- Plenty of oral
PR- 80/min	RS / NAD	- vitals monitoring
BP- 114/76mmHg	P/A - ut well contracted	- follow drug chart
	Soft	- W/F ↑ Bleeding PV
Baby - m/s	L/E - BWNL	- Inform (SOS)
B/L - Breast soft	Epi wound Intact	- Process discharge
Voiding freely		
Passed stools		
	182217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: D. Sobeswari

Date & Time : 19/6/2026 at 8.40 pm.

Patient Sticker

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

GUC-00013971 IP18-00036532
Ms. VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 04/7/2026 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 76.1 Ward. .....

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
25mg	P/O	1-0-0	20/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7 6am	21/7
	AB/ES	

DRUG : TAB. AUGMENTIN

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

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7 8am	21/7
	B/BP	
2pm		
10pm	AB/ES	
	D1	D2

DRUG : C. PAN D

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

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7 7am	21/7
	AB/ES	
1pm	P.U/S.S	

DRUG : T. PARACETAMOL

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

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7 8am	21/7
	B/BP	
2pm	SP/SA	
10pm	AB/ES	

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Weight. 76.10 kg Ward. LDR

VARIABLE DOSE

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26	5.15 AM	PGE2 gel	0.5mg	INTRA CERVICAL		PP SN
20/7/26	9.36 AM	INJ. SYNTO	10U	Im	182217	SP SA
20/7/26	9.40 AM	INJ. TRAPIC	1g	IV	182217	SP SA
20/7/26	9.45 AM	INJ. METHERGINE	0.2mg	IM	182217	SP SA
20/7/26	10.15 AM	I. MISOPROSTOL	600mcg	PR	182217	SP SA
20/7/26	10.15 AM	JUSTIN SUPPOSITORY	100mcg	PR	182217	SP SA
20/7/26	11.40 AM	INJ. SUPACEF	0.1ml	Id	182217	SP SA
20/7/26	12 PM	INJ. SUPACEF	1.5g	IV	182217	SP SA

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

Patient Sticker

I.V. FLUIDS CHART

Weight. 76.10 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/7/20	9.37 PM	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182217	SD / SA	20/7/20		SD / SA

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

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Patier

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Early Warning Observation Score Chart - Obstetrics

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

19/7/2018

		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																									
	0 - 10																									
Saturations	94 - 100 %															20			20				20		20	
	< 94 %																									
Administered O_2 (L/min.)																99			99				99		99	
Temp°C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

on admission

110 100 110 110

70 66 64 64

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Early Warning Observation Score Chart - Obstetrics

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

20 Feb

		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		12		10				20				22				20				20			
	0 - 10																									
Saturations	94 - 100 %		100		100		100				100%				97%				97%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA		RA				RA				RA				RA				RA			
Temp °C	40																									
	39																									
	38																									
	37		98.2		98.3		98.1				97-9°F				98.3C				97.8C				97.3C			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		82		80		90				80 bpm				84 bpm				74 bpm				80 bpm			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		100		100		102				101				103				110				114			
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70		64		58				70				60				68				76			
	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																										

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		← ON admission						→			
	09:00 pm	H2O	200							150	NO	DJ
	10:00 pm										IV	
	11:00 pm	Milk	150ml.							200ml.	NG	DJ
	12:00 am										IV	
	01:00 am	H2O	100ml							200	IV	DJ
Total Intake :		450ml				**Total Output :**				550ml.		
	02:00 am	Coffee	100ml							100	NO	DJ
	03:00 am									100	IV	DS.
	04:00 am	H2O	100ml							200	NO	DJ
	05:00 am	H2O	100ml.								IV	DJ
	06:00 am	H2O	100ml.							200	IV	DJ.
	07:00 am									0		
Total Intake :		400ml				**Total Output :**				600ml.		

Total 24 hrs. Intake	850ml.

Total 24 hrs. Output	1150ml.

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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
20/7/20	08:00 am									200	0	
	09:00 am	H2O	200ml								0	
	10:00 am			125ml							0	
	11:00 am	H2O	200ml	125							0	
	12:00 pm			125							0	
	01:00 pm	H2O	150	125						200ml	0	
Total Intake :		1150ml				Total Output :				420ml		
	02:00 pm										0	P.V
	03:00 pm	H2O	100								0	P.V
	04:00 pm	Milk	150							200ml	0	P.V
	05:00 pm										0	P.V
	06:00 pm	H2O	200								0	P.V
	07:00 pm	H2O	100							200ml	0	P.V
Total Intake :		550ml				Total Output :				400ml		
	08:00 pm	H2O	100ml								0	AA
	09:00 pm	H2O	150ml							300ml	0	AA
	10:00 pm	Milk	100ml								0	AA
	11:00 pm									250ml	0	AA
	12:00 am	H2O	100ml								0	AA
	01:00 am	H2O	150ml								0	AA
Total Intake :		600ml.				Total Output :				550ml		
	02:00 am	H2O	100ml								0	AA
	03:00 am									300ml	0	AA
	04:00 am	H2O	150ml								0	AA
	05:00 am	H2O	50ml								0	AA
	06:00 am	Milk	100ml							850ml	0	AA
	07:00 am	H2O	100ml							150ml	0	AA
Total Intake :		500ml				Total Output :				700ml		

Total 24 hrs. Intake	2,800ml	Total 24 hrs. Output	2,070ml

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NURSING CARE RECORD

Date: 19/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		[struck through]					
Afternoon		[struck through]					
Night	9pm	prevent Falls. and injury.	9.30 pm	- keep bed in low position with side rails up. - Ensure call bell is within reach.	patient alert the [illegible] and oriented	Reassessment done.	[signature] 07/7/26

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 20/12/22

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 Compose		- Assess the level of pain by using pain scale - provide diversional therapy	Reduced pain	Reassessment done	Devi 20/12
Afternoon	2PM	Assess the patient condition Monitor vitals Maintain I/O Administered medications	4PM	Assessed the patient Condition Monitored vitals Maintained I/O Administered medicines	Reduce pain	Reassessment done	Devi 20/12/22
Night	8PM	Assess the Patient Condition Monitor vitals Maintain I/O Administer Medication.	10PM	- Assessed the Patient Condition - Monitored Vitals - Maintained I/O - Administered Medication.	Vitals Sig are Stable	Reassessment done.	Devi 02nd

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	8.40 pm	Admission Notes (19/7/2026). patient for admission under DR. mathangi G2P1L1 38+3weeks patient pre NVD patient childhood Asthma occasional wheeze. Hypothyroid patient come admission reason for IOL patient CTG connecting FHR ⊕ 140b/m patient conscious and oriented. General Condition Fair patient part preparation done S/B DR. vinitha advice admission advice: (O re out pt No complaints	DH
	9.10 pm	S/B DR. VINITHA mam advice to CTG disconnected order FHR ⊕ 140b/m patient CTG disconnecting Next CTG 4th hrs 1AM CTG S/B DR. vinitha. P/V examination 2cm long 2 finger 2cm	DH
20/7/26	12AM	patient Checked vital signs vital are stable, patient General Condition Fair	DH

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
20/7/26	1 Am	patient CTG connecting	
		FHR ⊕ patient conscious	
		and oriented General	
		condition fair FHR 140b/m.	[signature]
	2 Am	S/B DR. Vinitha mam	
		advice CTG was Reactive	
		disconnected CTG order	
		rule out next CTG 4.30Am	
		patient Checked contraction	
		10 mins 1 contraction 10 sec	
		inform to DR. vinitha mam	[signature]
	4.30 AM	patient checked.	
		vitals are stable. patient	
		conscious, and oriented General	
		condition patient CTG	
		connecting FHR⊕ 144b/m	[signature]
	5 Am	S/B DR. vinitha advice	
		to CTG disconnecting FHR⊕	
		140b/m patient Plan for	
		gel Induction.	[signature]
	5.15 Am	S/B DR. vinitha mam	
		p/v examination 2cm long	
		2 fingers patient	
		✓ SAP PGE2 gel 0.5 put	
		cervically patient 6.15Am	
		post gel CTG ✓	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

Thai
NUC-13971

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	6.15AM	patient Checked vitals are stable patient post gel CTG connecting FHR⊕ 144 b/m patient Concious and oriented General condition Fair	[signature] 07/7/..
	7AM	patient CTG going on FHR⊕ 142b/m, patient Checked contraction 10mins 4 contractions 15 sec Inform to DR. vanitha	[signature] 07/7/..
	7.40 AM	patient S/B DR. vanitha mam advice to CTG cous Reactivity disconnecting FHR⊕ 142b/m CTG stop. patient handing over given morning duty staffing Nurse	[signature] 07/7/26
		morning duty	
	7.40AM	pt care hand over taken from morning duty staff. pt conscious & oriented. IV line ⊕ & patent. provide comfortable bed position. CTG is going FHR⊕. CTG disconnected as per doctor order.	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/18	8 Am	pt vital signs checked & recorded. Encourage to take adequate oral fluid. pt had normal diet.	[signature]
	8.10 Am	Dr. Ravi... did PV examination cx well effaced os 3 cm dilated. Encourage to take breathing exercise during contraction	[signature]
	8.40 Am	CTG connected as per doctor order. Encourage to take breathing exercise.	[signature]
	9 Am	pt c/o pushing. Dr. Ravi... did PV examination os fully dilated. mem brane ⊕.	[signature]
	9.36 Am	Dr. Mathangi came did PV examination fully dilated. mem ⊕ ARM done clear liquor draining. Lithotomy position given. parts painted. R. Lox 2% given in perineum. Rmlt episiotomy done. Encourage to push during contraction. pt is pushing. next page	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/18		A single baby delivered	
continue		normal vaginal delivery.	
		Baby cried at birth.	
		Delayed cord clamping done.	
		Dr. Sai lakshmi received the	
		baby. Inj - Syntocinon 10U IM,	
		Inj. Syntocinon 20 U in 500 RL	
		125ml/h connected on infusion	
		as per doctor order.	
		Date - 20/7/18	
		Time - 9.36Am	
		Sex - Girl	
		Weight - 3.655 kgs	8/00 Du
	10.30A	RML episiotomy suture	
		done. T. miso 800mcg. Justin	
		suppository kept P/R by Dr. Mathangi	
		RMO Dr. [illegible] assisted	
		for delivery. pt have minimal	
		P/V bleeding.	J A/8/00 Du.
	11Am.	pt is stable. maintain	
		I/O chart. Encourage to	
		take adequate oral fluid.	8/A/8/00 Du
	12pm	pt vital signs checked &	
		recorded. DBF given to	
		baby sucking good. maintain	
		I/O chart. Inj - Supacef 0.1ml test	
		dose S/C given as per doctor order.	8/A/8/00 Du

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	12.20pm	pt have no c/o allergy,	
		itching & supp/1 150gm IV	
		given as per doctor order.	[illegible]
	1pm	B - Breast soft	
		U - uterus contracted	
		B - She is on self voide	
		B - Bowel movement (+)	
		L - lochia rubra present	
		E - REEDA assessment done	
		H - Homan's sign negative	
		E - pt emotional status good	[illegible]
		pt voided 220 ml urine	
		informed to [illegible]	
		did bladder scan 20ml (+)	
		Advice to shift ward.	[illegible]
	1.45pm	pt shifted to ward	
		as per doctor order. pt	
		care hand over given to	
		7th floor staff	[illegible]
		Receiving Notes	
20/7/26	2.00pm	Patient received from	
		LDR to 7th Floor. patient	
		is NVD, normal diet,	
		IV line (+), oral medicine	
		CBC C/m 6 AM, 1st void 220ml	
		Bladder collapsed	[illegible]

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BRADEN 'Q' SCALE

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

					Date: 19/7/26 Time: N	20/7 8 PM	20/7 E	20/7 N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	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	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	27	27	27
				Evaluator's Name	017170		0052	

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

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

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

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BRADEN 'Q' SCALE

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				Date : 21/11			
				Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4		
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				TOTAL SCORE	27		
				Evaluator's Name	RDS		

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

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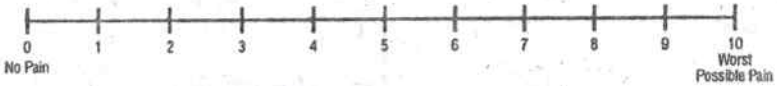
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7/26	9pm	0/10	—	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	DSN 0 IFHT
20/7/26	12 AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	DSN 0 IFHT
20/7/26	2AM	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DSN 0 IFHT
20/7/26	4AM	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DSN 0 IFHT
20/7/26	6AM	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	DSN 0 IFHT
20/7/26	8AM	2/10	Lower abdomen	☑ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	POD ONE
20/7/26	1pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☑ No	Comfortable position	SN/POD ONE
20/7/26	7pm	0/0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	PNC 6.07.26
21/7/26	1AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	02/7/26
21/7/26	7AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	02/7/26

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

Sticker

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PAIN ASSESSMENT FORM

			Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/4/26	12pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.[illegible] 60526/
				☐ 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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				☐ 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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(P.T.O)

PAIN ASSESSMENT TOOLS

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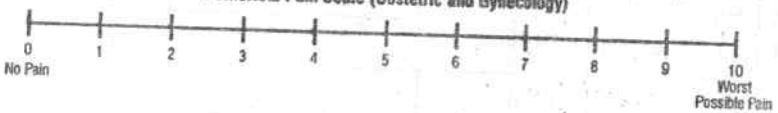
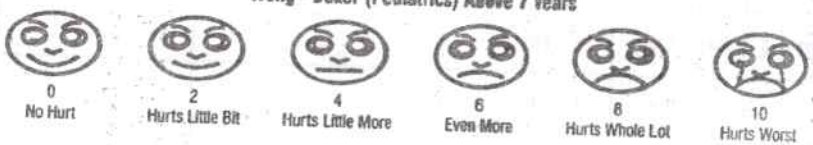


Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
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Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	19/7/20 N	20/7 3AM	20/7/20 E 2PM
		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			
IV / Heparin Lock or Saline	Yes	20	0	20	20
	No	0			
GAIT / Transferring	Impaired	20	0		
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15	0		
	Oriented to own ability	0		0	0
Total Morse Fall Scale Score:			0	30	30
		Signature	DH 19/7/20	Dr. [illegible]	[illegible] 20/7/20

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 20/7/26	N 21/7/26	
		Score	8PM	8AM	
History of Falling (immediately or w/in 3 months)	Yes	25	.		
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			30	30	
		Signature	02/1295	21/07/26	

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Patient' ....
GUC-00013971
Mrs VAISHNAVI MANOHARAN IP18-00036532
01-01-1994 32 Y 6 M 18 D (F)
... ATHANGI RAJAGOPALAN

MRD N ...... o.: ....

Age : .... .Sex: ☐ M ☐ F

Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 20/7/2018 Time: 7AM
Location : (R) cephalic vein
Size : 18G
Cannula inserted by : S/N Sobercari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
20/7	8AM	☐Yes ☑No	☐Yes ☑No	Observ	pou
	10AM	☐Yes ☑No	☐Yes ☑No	obser	pou
	12PM	☐Yes ☑No	☐Yes ☑No	obser	pu
	4Pm	☐Yes ☑No	☐Yes ☑No	obse	J.K
	8PM	☐Yes ☑No	☐Yes ☑No	observ	AA
21/7	12AM	☐Yes ☑No	☐Yes ☑No	Patten	AA
	4AM	☐Yes ☑No	☐Yes ☑No	Pattern	AA
	10AM	☐Yes ☑No	☐Yes ☑No	observe	P.G
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: Yes ✓ No Healthcare Literacy: Yes ☐ No ☑

Identified Education Needs:

1. Diagnosis G2PCL 38+3 weeks 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 (circled)
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
19/7/26	9 pm	yes	patient educated to good. Nutrition foods.	patient	No learning Barrier	oral	None	well	Good	[signature]
20/7/26	10am	yes	explian about breastfeeding	patient	NO	oral	none	yes	good	[signature] 607261
21/7/26	9Am	yes	explian about nutrition.	patient	NO	oral	None	yes	good	[signature] 607261

Part - III: CODES

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

Learning Barriers:
1. No Learning Barriers (circled)
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 (circled) P: Printed

Mechanism/s to overcome barrier/s:
1. None (circled)
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 (circled) 2. Demonstrates Understanding 3. Needs Review

Doc No. : RCH / FRM / CLINICAL / 187

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	19/7/26 at 9.26Am	20/7/26 at 11.49am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. [illegible]	Dr. Pavithra	Pt [illegible]
From Unit	**To Unit**	**Information to Attendant**
OPD	[illegible]	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pt OP file	[illegible]	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 ☐ Dr. Pavithra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Sinju DNS	Dr. Pavithra

Patient & Clinical Records Received by : P. Kanimozhi 607261

Date & Time of Patient Received : 20/7/26 @ 2.00PM

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

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 19/1/2026

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others: specify OP.

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

Do you require an interpreter? ☑ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband.

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

If yes, identify

Chief Complaints: Patient come for Admission IOL.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. smitha

Time Notified: 9 pm.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Occasional wheeze. Asthmatic Childhood. S/C Hypothyroid. IBS. T. Thyronorm.	NIL	-

Blood Group: B+ve LMP: 28/4/25 EDD: 28/1/26 Gestational age during admission: 38+3 weeks.

Contractions: - Vaginal Discharge: -

Obstetric History: G 2 P 1 L 1 A Previous LSCS -

Height: 164 Weight: 74.9 BMI: 27.85.

Temp: 98.1°F HR: 88 RR: 20 BP: 110/70 SpO_2 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Father.

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Husband

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Mrs. Vaishnavi

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

Orientation not given Reason: ..... N/C

Nurse Signature: .....

Nurse Name: ..... D. Sobeswari 017170

Date & Time: 19/7/2026 9.00pm

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/7/2026 Time of Arrival: 8.40pm Time Seen by Nurse: 8.40pm

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: TOL

3) **Vital Signs:** Temperature: 98.0F Pulse: 88 RR: 20 SpO_2: 100% BP: 110/70 Weight: 94.9 kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 18/10/25 EDD: 28/7/2026 Gestational Age: 38+3 weeks.

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

- 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: Occasional urinary Asthmatic childhood s/c Hypothyroid. IBS.

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T.THyronorm 25mcg

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: 9.10 pm

Nurse Name : D. Sobolwari 01778 Nurse Signature: Dloh 01778

Date: 19/7/2026 Time: 9.10 pm.

GUC-00013971 IP18-00036532
Mrs VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (F)
... MATHANGI RAJAGOPALAN

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

INDUCTION OF LABOR CONSENT

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

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

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

The reason for your induction is .....

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: M. Vaishnavi

Name: Vaishnavi Manoharan

Date & Time: 20/07/2026

Patient Attendant:

Signature: D

Name: Bharath Chakkaravarthy D

Relationship with Patient: Husband

Date & Time: 20/07/2026

Doctor:

Signature: [illegible] 121113

Name: Dr. Vimitha

Date & Time: 20/7/26

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : M. VAISHNAVI UHID No : .....

Gender: ☐ Male ☐ Female Date : 20/7/2006 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : M. Vaishnavi

Name : .....

Date & Time : .....

Witness :

Signature : V

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : Bharath Chakkaravarthy D

Relationship with Patient: Husband

Date & Time : .....

Doctor (who is taking the consent) :

Signature : 12:03

Name : Dr. Vinotha

Date & Time : 20/7

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Mrs. VAISHNAVI MANOHARAN
01-01-1994 32 Y 6 M 18 D (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: 19/7/2016

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		01
Signature of the Nurse		D. SOBHA
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.