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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 29/7/26

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Name of the Patient: ...

UHID No: .....

Ward: .....

ender: Female

Room No: 701

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: S-P Mahalakshmi

UHID No: 29905 IP No: 36611 Consultant: Dr. mathangi Dept: LDP

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
28/7/26	2.20 pm	LDR	706	

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
29/7/26	CBC	260244227	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/26	CTG (1)			010149	
	CTG - 2			010184	
	CTG - 3			010184	
	CTG - 4			010184	
28/7/26	Infusion pump	9am		1734021	
	CTG1 - 5			010165	
	CTG1 - 6			010165	
	CTG1 - 7			010165	
	CTG1 - 8			010184	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/7/26	IV placement	(1)	1733875	Dev
28/7/26	Diet	(1)	1734245	P.V 60→20

ANY OTHER INFORMATION:

NORMAL VAGINAL DELIVERY

DATE: 28/7/26

TIME: 11.30AM - 12.30pm

DR. MATHANGI

DR. SHREEDEVI

S/P parameshwari 016808

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

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P.Keerthana 60726261			

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DISCHARGE TRACKING SHEET

UH GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 4 D (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	[signature]		
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 : IP18-00036641 **Admit Date** : 27-Jul-2026 **Admit Time** : 05:31 PM **UHID** : GUC-00029905

Patient Details :

Patient Name	: Mrs S.P. MAHALAKSHMI	**Age**	: 32 Y 4 M 3 D
Guardian	: Mr K. BOOBALAN	**DOB**	: 24-03-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 35/13 PILLAYAR KOVIL STREET SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9095363509
		E-mail	: balansaec@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr K. BOOBALAN **Relationship** : Husband

Contact Address : 35/13 PILLAYAR KOVIL STREET SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : 8072344312

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs S.P. MAHALAKSHMI**	**Age :**	**32 Y 4 M 3 D**
IP No:	**IP18-00036641**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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: Mr. K. Boobalan
Relationship: ~~Father~~ Husband
Date: 27/7/26 Time: 5:31pm
Wittness Name: Jothi
Wittness Signature:

Patient Address:
35/13 PILLAYAR KOVIL STREET SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015

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 : S.P. MAHALAKSHMI	UHID Number : Guc:0002995
Self/Attendant Name : K. BOOBALAN	Relation : Husband
Self/ Attendant Signature : Phone Number : 8072344312	Name & Signature of Financial Counselor

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2726/10005/89600

To

மகாலெட்சுமி சோ பா

Mahalakshmi S P

Parthasarathy solai,,

87/7 2 floor srinivasam apartment,

East jones road,

Saidapet,

VTC: Saidapet,

PO: Saidapet,

District: Chennai,

State: Tamil Nadu,

PIN Code: 600015,

Mobile: 9659993496

Signature Not Verified

Digitally signed by GS Unique Identification Authority of India

Date: 2025.08.05 17:15:18 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

9979 2225 4816

VID : 9134 3437 5835 6942

எனது ஆதார், எனது அடையாளம்

Government of India

Aadhaar no. issued: 08/08/2013

மகாலெட்சுமி சோ பா

Mahalakshmi S P

பிறந்த நாள்/DOB: 25/03/1994

பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்,ஆ ப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9979 2225 4816

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

Details as on: 05/08/2025

முகவரி:
பார்த்தசாரதி சோலை, அ1/எ, ஈஸ்ட் ஜோன்ஸ் ரோடு, சைதாப்பேட்டை, சைதாப்பேட்டை, சைதாப்பேட்டை, சென்னை, தமிழ் நாடு - 600015

Address:
Parthasarathy solai,, 87/7 2 floor srinivasam apartment, East jones road, Saidapet, Saidapet, PO: Saidapet, DIST: Chennai, Tamil Nadu - 600015

9979 2225 4816

VID : 9134 3437 5835 6942

1947 | help@uidai.gov.in | www.uidai.gov.in

GUC-00029905 IP18-00036641
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P. Mahalakshmi

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to PFM c/o pain abdomen. Admitted for IOL.

Obstetric Formula: $G_5P_2L_2A_2$

LMP: 25/10/20 EDD: 1/8/26

Corrected EDD: 8/8/26 GA: 38 +2 weeks

Menstrual History: Regular : ☑ Yes ☐ No

m/s : 7 years, NCM

Obstetric History:

I - D and C. Missed miscarriage. 2019
II - Preterm NVD, ♂, 2.4kg, Wadu Jesus, Madurai
III - FTND, ♀, 2.8kg — " — . 2022
IV - D and C. Missed miscarriage -2022
V - PP,

Present Pregnancy Record:

- Booked & Immunised
- VT (N), FIS - Neg
- Anomaly / Growth scans (N)

RISK FACTORS:

Prev. 2 NVD
Hypothyroidism
Antenatal steroids covered

Obstetric Examination

Fundal Height: Term

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (-)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced 2cm

Os: Closed _____ Dilated admits 2 fingers tight

Membranes: ☑ Present ☐ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 159 cm
Weight: 68 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Icterus:
Temp: (N)
BP:
CVS: S_1S_2 (+)
Liver/Spleen: Soft

Pallor: NO
Edema: NO
PR:
DTR: (+)
RS B/L NVBS (+)
Urine Output: adequate

DIAGNOSIS

$G_5P_2L_2A_2$ B +ve | Prev. 2. NVD LCB - 3½ years | 38 +2 weeks | Hypothyroid

Induction of labour

Patient Sticker

Family History:
Nil

Surgical History:
D and C - 20Kg
~~Nil~~ D and C - 2022

Medical History:
K/C/O Hypothyroidism × 8 years.
H/O T1 bleeding.
Antenatal steroids covered.

Medication History:
Tab. THYRONORM 150mcg / 162.5mcg (Mon-Thu) (Fri-Sun)
Tab. SUSTEN SR 300mg BD

Plan of Care: I/T Dr. Mathangi

Advice:

- Admission.
- parts preparation.
- Plan : Induction of labour with Tab. MISOPROSTOL 50mcg p/v STAT at 12 Am.
- CTG Q4H.
- pre-Miso CTG.
- W/F contractions, leaking pv.
- Shift to ward.
- Next CTG at 8pm
- Reshift at 10pm
- Inform SOS.

Investigations:
CTG

Doctor Name: Dr. Durgalakshmi / Dr. Shreeden
Signature: 164285
Date & Time: 27/7/26, 5:30pm

Consultant Name: Dr. Mathangi
Signature: for 164285
Date & Time: 27/7/26, 5:30pm

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RESULT SHEET

Date	14/7/26	29/7/26			B POSITIVE	
Time						
Hb	12-9	13.2				
PCV		38				
RBC		4.22				
WBC		12,550				
N/L		69/22			HIV	
Platelets	1.94	2.40			HBsAg	
CRP					VDRL	
ESR					Anti HCV	
PCT						
RBS	F- 82					
Na	PP- 121				14/7	
K					TSH- 2.1	
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT					F - 85	
SGOT					1hr - 132	
T.Bill/Conj					2hr - 140	
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio					ECG & Echo (N)	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	16/7/26	22/7				

(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 : .....

.....

.....

.....

14/7/20

Radiology : USG : S.LIUG - 36 + 3 weeks
cephalic
placenta - anterior
AFI - 17.6
EFW - 2.95 kg (53rd centile)

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : Dopplers - (N)

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26	S/B Dr. Mathangi / Dr. Vimitha	
9:30 pm	Pt reviewed; No C/o	
	O/E: GC fair; Afebrile	
	P/A: Ut term;	
	Cephalic;	
	FH good	
		CD/W Dr. Mathangi
		Adv:
		- PGE2 gel @ 5am
	VNP 12113	
28/7/26	S/B Dr Vimitha	
5am	Pt reviewed; C/o abdomen pain on & off	
	O/E: GC fair; Afebrile	
	P/A: Ut term;	
	Cephalic;	
	2/15"/10' to 2/20"/10'	
	FH good	
	P/V: Cx: 2cm long	
	OS: 3 cm dilated	
	Vx: -3 station	
	Membs (+)	
		CD/W Dr Mathangi:
		- Spontaneous progression
		- CTG Q4H
		- W/F contractions;
		leaking P/V
	VNP 12113	- Inform SOS

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2024	c/s/B Dr. Akshitha / Dr. Shreedevi	
8:30 Am	Pt reviewed, c/o Mild lower Abdominal Pain	
	O/E	Advice
T-(N)	Pt GC fair, Afebrile	-To start INJ. SYNTO
PR- 80/min	P° IPE°	@ 12ml/hr @ 9Am
BP- 110/70mmHg	CVS/	- CTG (Continuous CTG,
	RS/NAD	W/F contractions
	P/A- uterus @ Term	- W/F Bleeding or leaking PV
	Mildly Acting (2C/10"/10')	- Inform(SOS)
	cephalic	
	FHS-good	
	S 18221	
28/07/2024	c/s/B Dr. Mathangi	
9:30 Am		
	P/A - uterus @ Term	Advice
	Mildly Acting (3C/20"/10')	-All four's position
INJ. SYNTO @ 48ml/hr	cephalic	- Continuous CTG
CTG - Reactive	FHS-good.	-Continue INJ. SYNTO
BedSide USG LOT		acceleration & titrate
	1.5cm long	accordingly
One loop of cord	3cm dilated	-W/F contractions
around the neck.	Membranes Present	- Inform (SOS)
	Vertex @ -2 Station	- INJ. SUPACEF 1.5g IV (ATD) stat
	↓ SAP, ARM done clear liquor drained	
S 18221	Post ARM FHS-good	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2024	C/S/B Dr. Mathangi	
11:20AM		
	P/A - Uterus @ Term	Advice
	Moderately Acting (4C/25"/10')	- Shift to labour room
	Cephalic	- Continuous CTG
CTG - Reactive	FHS - good	- Continue INJ. SYNTO
	P/V - Cx - Well effaced	accelaration
	OS - 5-6cm dilated	- WIF contractions
	Membranes - Absent	
	Vertex @ -1	
	18227	
28/07/2024	C/S/B Dr. Mathangi	
11:35AM		Advice
	P/V - Cx - Fully effaced	- Position for labouring
	OS - Fully dilated	- Encourage active pushing
CTG - Reactive	Membranes Absent	- Inform pediatrician
	Vertex @ +2	
	18227	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026 11:41 Am	NORMAL VAGINAL DELIVERY	
	S/B: Dr. Mathangi	
	A/B: Dr. Shreedevi	
	Under strict aspectic precautions, patient in dorsolithotomy position. Local parts painted and draped. With good uterine contractions, full cervical dilation and good maternal efforts. 2% lignocaine infiltration given with good perineal support. She delivered an alive term girl baby with single loop of cord tight around the neck. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta not separated found to be adherent and removed mannually. INJ. CARBOPROST 250 mcg IM given. Perineum intact no tear noted. No undue bleeding PV. Placenta and membranes delivered intact	
	P/A - uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal Mucosa and Sphincter tone normal	
	B | 28/07/2026 11:41 AM	
	A | G1P1	
	B | 2.896 kg	
	Y | 8/10, 9/10	

GUC-00029905 IP18-00036641
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals Monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- Measure & Inform 1st void
		- INJ. SUPACEF 1.5g IV TDS till discharge
		- Inform (SOS)
		- CBC c/m 6Am
	&/18221	
28/07/2024	C/S/B Dr. Akshitha / Dr. Shreeden / Dr. Panitura.	
2pm		
	PI voided - 150ml, PVRU - 10ml	Advice
PND - 0	DIE PI GC fair, Afebrile	- Normal diet
	P° / PE°	- Plenty of oral fluids
T - (N)	CVS /	- Vitals Monitoring
PR - 132/min.	RS / NAD	- Follow drugchart
BP - 110/70	P/A - ut firm & well contracted	- W/F ↑ Bleeding PV
	Soft	- CBC c/m 6Am
Baby - M/S	L/E - BWNL	- INJ SUPACEF 1.5g IV TDS
B/L - Breast Soft		till discharge
Passed loose stools 2 episodes		- Inform (SOS)
	&/18221	
		shift to ward.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26	S/B Dr. Mohana / Dr. Dayalakshmi	
8:35pm	Pt. reviewed Nil c/o.	
PND-0		Advice
	O/E: Pt GC fair, afebrile	- CBC c/s bacm.
T - (N)	P°/PE°	- C/F T° bpv.
PR - 80/min		- DBF
BP - 100/70 mmHg	P/A: Soft.	- Continue same orders
	Ut. contracted well	- Inform SOS.
Voiding freely		
	O/E: BWNL	
Baby m/s		
Breasts Soft		
	104708	
29/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9Am		Advice
PND-1	Pt reviewed, Nil c/o	- Normal diet
	O/E Pt GC fair, Afebrile	- Plenty of orals
T-(N)	P°/PE°	- Vitals Monitoring
PR - 72/min	P/A - Soft	- Follow drug chart
BP - 118/70 mm Hg	Ut well contracted	- W/F ↑ Bleeding PV
Voiding freely	C/E - BWNL	- Process discharge
Passed stools		
Baby - m/s		
B/L - Breast Soft	182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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: ..... ☑ 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: CDR 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	Tab. THYRONORM	150mcg	PO	Mon-Thurs OD		☑C ☐DC
2	Tab. THYRONORM	162.5mcg	PO	Fri-Sun OD		☑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 : 164788 Dr. Dinyalakshmi

Date & Time : 27/07/26 at 5:30pm

Nurse Name & Signature: D. Sohanam 164778

Date & Time : 27/07/2026 at 5.30pm.

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI (F)
24-03-1994 32 Y 4 M 3 D
Dr. MATHANGI RAJAGOPALAN

(2)

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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: fob

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	INJ. SUPACEF	1.5g	IV	TDS	28/7/26 @2pm	☐C ☐DC
2	C. PAN D	40mg	PO	BD	-	☐C ☐DC
3	T. PARACETAMOL	1g	PO	TDS	28/7/26 @2pm	☐C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	28/7/26 @11.55a	☐C ☐DC
5	T. THYRONORM	150mg	PO	OD	28/7/26 @6am	☐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 : 28/07/2026

Nurse Name & Signature: SN parameshwari 076808

Date & Time : 28/7/26 @ 2.30p

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

GUC-00029905 IP18-00036641
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DRUG CHART

Date of Admission: 07/7/2036 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI (F)
24-03-1994 32 Y 4 M 3 D
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 48 Ward. GDR

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
150mg	PO	OD	28/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: Mon - Thurs

Daily Doctor's Endorsement by a Sign

Date	28/7	29/7
Time		
6am	MD	P.K V.A

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	28/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions: Till discharge

Daily Doctor's Endorsement by a Sign

Date	28/7	29/7
Time		
6am	P.K V.A	
8pm	SP SP	
10pm	P.K V.A	
		DD

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	28/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	28/7	29/7
Time		
7Am	/	P.K V.A
7pm	SS	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	28/7/24

Name & Signature of the Doctor Starting the Drugs: IS2217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	28/7	29/7
Time		
8Am	/	SA NS
2pm	SP SP	
10pm	P.K V.A	

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Weight. 65 Ward. CBR

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
28/7	12 AM	Tab. MISOPROSTOL	50 mcg	PO	16425	Not given.
28/7	9.45am	INJ. SUPACEF	0.1 ml	Id	82217	SP
28/7/26	10.15 am	INJ. SUPACEF	1.5g	IV	82217	SP
28/7/26	11.41 AM	INJ. SYNTO	10 U	IM	82217	SP
28/7/26	11.44am	INJ. TRAPIC	1g	IV	82217	SP
28/7/26	11.45am	INJ. CARBOPROST	250 mcg	IM	82217	SP
28/7/26	11.55pm	T. MISOPROSTOL	600 mcg	PR	82217	SP
28/7/26	11.55am	JUSTIN SUPPOSITORY	100 mg	PR	82217	SP

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I.V. FLUIDS CHART

Weight. 68 kg Ward. IDR

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
28/7/26	9am	INJ. SYNTO 5U IN 500ml RL	IV	12 ml/hr	18221	SP SD	28/7	18221	SP SD
28/7/26	9am	IVF 1O RL	IV	free flow	18221	SP SD	28/7	18221	SP SD
28/7/26	11.41 am	INJ. SYNTO 20 U IN 500ml RL	IV	125 ml/hr	18221	SP SD	28/7		

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

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 68kg Ward 7th floor

DRUG: JUSTIN SUPPOSITORY				Date/Time	28/7	29/7
Dose	Route	Frequency	Start Dt.	9AM	/	SM
100mg	PR	1-0-1	28/7/			NS
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:					P.C	
				9pm	C.A	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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BirthRight™
BY RAINBOW HOSPITALS
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2

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Early Warning Observation Score Chart - Obstetrics

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

27/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20											20			20		2		22				22			
	0 - 10																									
Saturations	94 - 100 %											99			99%				99				98%			
	< 94 %																									
Administered O2 (L/min.)												RA			RA								RA			
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												0			0		0		0				0			
TOTAL ORANGE SCORES															0		0		0				0			
Nurse Initial												BJ			JD		M		M				[illegible]			

on admission

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

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		20		20		20		20		20				22				22				20			
	0 - 10																									
Saturations	94 - 100 %		99		100		99		99		99%				97%				99%				99%			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA		RA		RA		RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38		98F		98F		98F		98F		99F				98.6F				99.6F				99.2F			
	37		⊙		⊙		⊙		⊙		⊙				⊙				⊙				⊙			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		80		82		84		72		70bpm				70bpm				72bpm				72bpm			
	80		⊙		⊙		⊙		⊙		⊙				⊙				⊙				⊙			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110		110		112		110		100				122				100				118			
	110																									
	100																									
	90																									
	80																									
	70																									
	60									(78)						(64)				(74)				(64)			
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70		72		70		70		60				83				60				50			
	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			
TOTAL ORANGE SCORES			0		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 Thrombophlebitis 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				on admission							
	04:00 pm	H2O	100ml							200ml	No	DS
	05:00 pm	H2O	100ml								To	DS
	06:00 pm										Iten	DS
	07:00 pm	H2O	100ml							200ml	No Iten	DS.
Total Intake :		300ml.						**Total Output :**		400ml.		
	08:00 pm										No	L
	09:00 pm	Wat	100ml							100ml	To Iten	L
	10:00 pm											L
	11:00 pm	Wat	200ml								No	L
	12:00 am									100ml	To	L
	01:00 am	Wat	100ml								Iten	L
Total Intake :		400ml						**Total Output :**		200ml		
	02:00 am										No	L
	03:00 am	Wat	100ml							100ml	To	L
	04:00 am										Iten	L
	05:00 am	Wat	150ml								0	L
	06:00 am									200ml	0	L
	07:00 am	Wat	100ml								0	L
Total Intake :		300ml						**Total Output :**		300ml		

Total 24 hrs. Intake	800ml	Total 24 hrs. Output	550ml

GUC-00029905 IP18-00036641
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Dr. MATHANGI RAJAGOPALAN

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FLUID CHART

Sheet No. : 2

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

28/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route (b): Syrup			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml							100ml	0	
	09:00 am	H2O	150ml	RL 500ml	24ml					150ml	0	
	10:00 am	TF	150ml		96ml					100ml	0	
	11:00 am	H2O	100ml		180ml						0	
	12:00 pm	H2O	150ml		125ml						0	
	01:00 pm	H2O	150ml		125ml						0	
Total Intake : 1790ml						Total Output : 350ml						
	02:00 pm									150ml	0	
	03:00 pm	H2O	100ml								0	
	04:00 pm	H2O	50ml							200ml	0	
	05:00 pm	H2O	100ml								0	
	06:00 pm									250ml	0	
	07:00 pm	H2O	150ml								0	
Total Intake : 400ml						Total Output : 600ml						
	08:00 pm										0	
	09:00 pm	H2O	200							200ml	0	
	10:00 pm	Milk	100ml								0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am									250ml	0	
Total Intake : 300ml						Total Output : 450ml						
	02:00 am										0	
	03:00 am									200ml	0	
	04:00 am										0	
	05:00 am	H2O	200								0	
	06:00 am	Milk	150							200ml	0	
	07:00 am										0	
Total Intake : 350ml						Total Output : 400ml						

Total 24 hrs. Intake	2840ml	Total 24 hrs. Output	1800ml

GUC-00029905 IP18-00036641
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Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		I					
Afternoon	5.30 pm	Achieve acceptable pain control and comfort.	6pm	- Assess pain using pain scale regularly. - Position patient comfortable	patient was and stable	Reassessment done	
Night	8 pm	Achieve acceptable pain control and comfort	8.30 pm	Assess pain using pain scale regularly. Position patient comfortable	patient was and stable	Reassessment done	Done 9/7/20

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI (F)
24-03-1994 32 Y 4 M 3 D
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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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 & comfort	8.30 am	Assess pain using pain scale regularly positioned patient comfortably	patient feel better	patient pain level reduced	
Afternoon	2-3pm	- Assess the Patient Current Condition - Provide painkills as per Doctor's Given	3pm	- Assessed the patient Current Condition - Provided painkills as per Doctor's Order	Provided painkills as per Doctor's Order	Patient feel better	
Night	8pm	Assess the Patient Condition Provide painkiller as per Doctor order.	8.30 pm	Assessed the Patient Condition Provided pain killer as per Doctor orders.	patient Feel Better.	Reassessed done.	

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(C)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/4/2026	5-30 pm	Admission Note (27/4/2026) Patient come for admission under DR. mathangi G5P2L2A2 POG 2 NLD 38+2 weeks Hypothyroid. patient c/o mild Lower abdomenal pain patient on connecting FHR 130 b/m. 3-30 pm connecting FHR pogen. Antenatal steroids Covered. Surgical history - D&C 2019 D&C 2022 patient conscious and oriented Normal Condition Fair patient s/b DR. Divyalakshmi main at 4-30 pm on disconnecting order patient on stop Nbol on 8 pm order Give out s/b DR - mathangi plv escamenalin admits 2 Fingers Egyt advise Admission order Give out	
	6 pm	patient pain reasathion done patient Conscious and oriented Normal condition Fair	
	7.40 pm	patient on connecting FHR 140 b/m patient Conscious and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	contin	oriented Corneal condition pt's patient handing over given night duty staff to Nurse	
	7.30pm	night duty report on 27/7/26 Pt taken over from the evening duty staff Pt conscious & oriented. Pt taken to diet Pt general condition is good	
	8.00pm	Pt CTU connecting Fth is good Pt general condition is good.	
	9.40pm	CTU disconnecting ordel by Dr vinitha mam.	
	10.00pm	Pt vital caumel & neuromel c/o Dr Mathangi examin in the patient & th homy CTU & Spl Reasses at 5.00 pm.	
	12.00pm	Pt vital caumel & neuromel CTU connecting Fth is Pt general condition is good.	
	12.40pm	CTU disconnecting ordel by Dr vinitha mam Pt general condition is good,	
	4.00am	Pt vital caumel & neuromel CTU connecting Fth is good Pt general condition is good.	

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Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	am 5.00	Pt CTG disconnecting. order by Dr vinitha mam. Pt taken morning care PV examination done 3cm dilation Pt condition informed to Dr. Mathangi mam only in spot.	Mam/01/8760
	am 6.00	Due medication given as per doctors order. Pt taken morning care Pt general condition is good	Mam/01/8760
	7.30 am	S/B to Mathangi mam PV examination done 4cm dilation given Syuto plan to be followed Pt file handing over to morning duty staff to be followed doctors order	Mam/01/8760
28/7/26	7.30 am	Morning duty Notes: Patient details handed over taken from Night Duty staff. patient conscious & oriented. vitals are checked & recorded. IV line patent. patient had normal diet.	Mam/01/8760
	8.30 am	contraction checked 3 contraction @ 15-20sec in 10min. Dr. Akshitha / Dr. Shreedevi seen the patient advised to Inj. Syuto 12ml/hr stat.	S/N parameswari 01b808

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	9am	patient- Voided. CTG connected. FHR good. Inj: Syntocinon 5U in 500ml RL IV 5ml/hr started.	S/N paravaga 016808
	9.30am	Dr. Mathangi saw the patient checked PV 1.5cm long, 3cm dilated, -2 station ↓ SROM ARM done, clear liquor. Inj: Supacef 0.1cc test dose given. Afloxa position changed.	S/N paravaga 016808
	10.30 am	patient complaints of pressure sensation informed to Dr. Akshitha, Dr. Akshitha saw the patient checked PV advised to same PV findings	S/N paravaga 016808
	11.20 am	patient complaints of pushing sensation informed to Dr. Mathangi, advised to Dr. Mathangi saw the patient checked PV cx well effaced, 5-6cm dilated, membrane absent, patient shifted to labour room. case informed to Neonatologist.	S/N paravaga 016808
	11.35am	CTG Coptinue monitor. Inj: Syntocinon 14ml/hr onflow to the patient FHR good. Dr. Mathangi checked PV cx fully effaced	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
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(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	contin	OS fully dilated, vertex +2 station	S/N paramedic 01b808
28/7/26	11.41 am	DELIVERY NOTES: NORMAL VAGINAL DELIVERY ↓ SAP, parts painted, patient dorsalithotomy position Uterus contracted, cervix dilated, maternal bearing done, lignocaine infiltration given. patient delivered, baby cried immediately, Immediate cord clamping done. Inj: Synto 10 U Im given Inj: Syntocin 20 U in 500ml RL IV given. baby received Neonatologist (Dr. Rakshitha cord blood collected.	S/N paramedic 01b808
	11.45 am	Inj: Trapic 1gm IV given. Vitals are checked & recorded. placenta not separated. Dr. Mathangi manually removed placenta Inj: carboprost Im given. Uterus contracted. PV bleeding normal. NO Undue PV bleeding. Vitals are stable.	S/N paramedic 01b808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	11.55pm	T. Misoprostol 600mcg P/V kept, Justin suppository P/R kept.	
		B – Alive, Girl	
		A – 8/10 9/10	
		B – 2.896 kg	
		Y – 28/7/26 @ 11.41am	S/no passing 016808
	12.15 PM	Direct breast feeding given Baby sucking well. Nipple well formed. Baby mother side.	S/no passing 016808
	1 pm	post partum Assessment done	
		B ⇒ Breast soft. Direct breast feeding given. No breast Encouragement	
		U ⇒ Uterus contracted PV bleeding normal	
		B ⇒ patient not voided	
		B ⇒ Bowel movement present	
		L ⇒ Lochia rubra present No evidence of foul smelling	
		E ⇒ REEDA assessment done	
		H ⇒ Homan's sign negative	
		E ⇒ patient emotional status good	S/no passing 016808
	1.30pm	patient stool passed. PV bleeding normal.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

105 (4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/4/18	contin	patient voided, 150ml Informed to Dr. Shreedevi advised to bladder collapsed advised to patient shift to ward.	s/o paramesh 016808
	2.30 pm	patient shifted to ward. patient details, files handed over given to 7th floor staff Remy	s/o paramesh 016808
28/4	2.30 pm	Patient received from ICU to 4th floor. patient conscious and oriented. patient accompanied by Mr Bala. patient oriented and motion passed. Patient is on Nasal diet. Patient urine passed. →	Sr.
	3pm	PV bleeding in Normal B - Breast Soft. No Engorgement U - Uterus contracted. Involution present B - Bowel movement present urine passed R - Urine voided freely L - Lochia Rubra present. No foul smell E - FEEDS assessment done H - Woman's Signs stable I - Emotional state good →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/1/26	4pm	Vital Sign Checked and Recorded ——→	
	6pm	Maintain Intake and Output chart. ——→	
	7.30pm	Patient details handed over to Night duty staff ——→	
		NIGHT DUTY	
29/1/26	7.30pm	patient details handing over taken from evening duty staff. Mother was stable, Conscious and oriented. Continue same orders, CBC at 6pm. no other complaints —Id 607726	
	8.00pm	Vitals was checked and recorded maintain I/O chart no other complaints Our medication was given as per drug order —Id 607726	
	10.00pm	B - Breast is normal U - Uterus is contracted B - Bowel movement is normal B - Bladder was voided L - Loche's Rubra is present E - Feeds is present H - Hemorrhagic negative E - emotionally Stable —Id 607726	

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 27/7/2026,

Baseline Information:

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

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. abdominal pain and FOC

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: DR: Divyalakshmi

Time Notified: 5.30 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid.	D&C 2019 D&C 2022	-

Blood Group: B+ve LMP: 25/10/25 EDD: 1/8/26 Gestational age during admission: 38+2 weeks

Contractions: ..... Vaginal Discharge: .....

Obstetric History: G 5 P 2 L 2 A 2 Previous LSCS —

Height: 1.59 Weight: 62 BMI: 26.9

Temp: 98.1°F HR: 79 RR: 20/m 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

☐ 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 ..... Ms. Mahalakel

Name of Person Orientation was given to: ..... Ms. Mahalakel

Orientation not given Reason: ..... NIC

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 27/7/2026 at 5.40pm

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/12/2024 Time of Arrival: 5.40pm Time Seen by Nurse: 5.40pm

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: lower abdomen pain DOC

3) **Vital Signs:** Temperature: 98 Pulse: 92 RR: 20 SpO_2: 100% BP: 110/70 Weight: 69

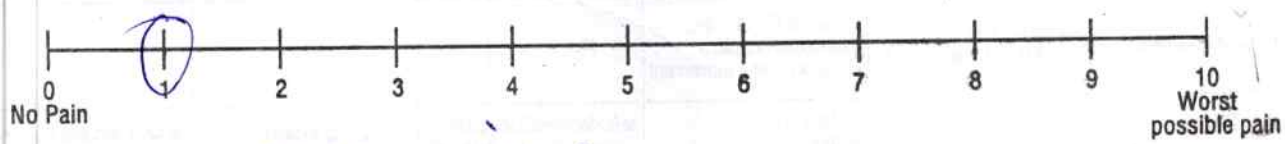
4) **Gestational Criteria:**

Gravida:	G 5	P 2	L 2	A 2

LMP: 25/10/25 EDD: 1/8/26 Gestational Age: 38+2 weeks

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

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



- Location: Back pain
- Duration: 10 min Days / Weeks/ Months (Strike out which is not applicable)
- Character: mild
- Frequency: 10 min
- Interventions: Comfortable positions

6) **Past History:**

a) Surgeries: D&C 2019 | D&C 2022

b) Medical: Hypothyroidism T. THYRONORM 150mcg
T. Thyrolin - mon-thu bf 5am. Fri skip

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T. Thyronorm 150mcg OD
T. Thyronorm 162-5mcg OD

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: 5.30pm

Nurse Name : D. Soheswari Nurse Signature: .....

Date: 27/7/26 Time: 5.45pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 27/7/2026

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		
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

(1)

				Date : 27/12	28/12	28/7	29/12
				Time : E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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
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
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BRADEN 'Q' SCALE

				Date :	28/1	M 29/1/17		
				Time :	[illegible]			
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				TOTAL SCORE	27	27		
				Evaluator's Name	[illegible]	[illegible]		

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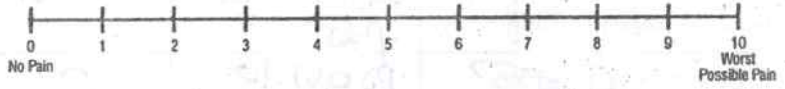
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	8pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Deni 8pm
28/7/26	12pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Deni 8pm
28/7/26	4 am.	1/10	Lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Bani 8pm
28/7/26	8am	2/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	
28/7/26	12pm	1/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	
28/7/26	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
29/7	[illegible]	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	6am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

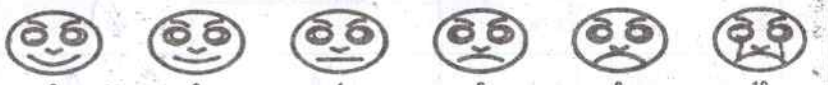
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Patient Sticker

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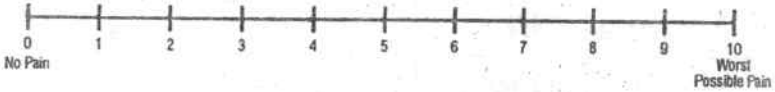
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Morse Fall Risk Assessment

Choose Highest Applicable Score from each Category		Date / Time	E 27/7/26	N 27/7/26	M 28/7/26
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature	DH 27/7/26	Deni Offcv	Rm

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

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 28/7	M 29/7	
		Score	20	20	
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	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20	0	0	
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20	20	
		Signature	20	Suf 60723	

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's Name: GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
MRD NO:... 24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN
Age :..... ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 28/7/26 Time: 5.00 am
Location : (R) Side Metacarpal
Size : 24
Cannula inserted by : S N Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
28/7	7am	☐Yes ☐No	☐Yes ☐No	Observe	Devi
	9am	☐Yes ☐No	☐Yes ☐No	Observe	
	11am	☐Yes ☐No	☐Yes ☐No	Observe	
	1pm	☐Yes ☐No	☐Yes ☐No	Observe	
	3pm	☐Yes ☐No	☐Yes ☐No	observe	
28/7/26	5pm	☐Yes ☐No	☐Yes ☐No	Observe	
29/7/26	12am	☐Yes ☐No	☐Yes ☐No	observe	
	4am	☐Yes ☐No	☐Yes ☐No	observe	
	10AM	☐Yes ☐No	☐Yes ☐No	observe	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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		
		☐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 RECO

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		
		☐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		
		☐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-00029905
Mrs S.P. MAHALAKSHMI IP18-00036641
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness ... es No Healthcare Literacy: Yes ☐ No ☑

Identified Education Needs:

1. Diagnosis HSP, G1A2 38+2w 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		
27/7/26	6pm	yes	patient educated to diversion breathing exercise breathing exercise	patient	No learning Barrier	oral	None	Good	well	
28/7/26	8am	yes	Educate & Inform about Plan of treatment	Patient	None	oral	None	yes	Good	
29/7/26	8am	Yes	Educate & Inform about Plan of treatment	patient	None	oral	None	yes	Good	

Part - III: CODES

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

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

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

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

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

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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: (N/A)
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

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

9. Additional notes: .....

Continuity of Care:

Date: .....

28/7/26

L - 2
A - 2
P - 2
C - 1
H - 1
8

28/7/26

C 2
A - 2
T - 2
C - 2
H - 1
9

28/7/26

L - 2
A - 2
T - 2
C - 2
H - 1
9

Handover given by ... Sr. Parameswari

Signature ... 0168

Date & Time: 28/7/26 @ 1pm

Handover taken by ... 0168

Signature ... 28/7/26 @ 2-20pm

Date & Time: .....

PATIENT TRANSFER FORM

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GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	27/7/26 @ 5.31pm	28/7/26 @ 2.30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Akshitha	Further mgt
From Unit	**To Unit**	**Information to Attendant**
LDR	706	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Casesheet	CTG	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Supacef	3
2.	C. Pan	10
3.	T. Para	10
4.	Fusein	5
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/P Paraveen 016808	Dr. Akshitha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 28/7/26 @ 2.30pm

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

GVC-2[illegible]9[illegible]

ANTENATAL RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Antenatal No:

DR. Mathangi°

Reg.No:

PERSONAL DETAILS

Name: MRS. Mahalakshmi° Age 31 Date of Birth 24/3/1994 Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address: Saidapet West Cmrs with sdp) Chennai, Tamilnadu.

Mobile: 9095363509. E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
$G_5 P_2 L_2 A_2$ SVD X2	LMP - 25/10/2025 EDD - 08/08/2026.

HISTORY

Year of Marriage: Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP 25/10/25 EDD 1/8/26 Corrected EDD

OBSTETRIC FORMULA: $G_5 P_2 L_2 A_2$

Gravida 5 **Para** 2 **Live** 2 **Abortions** 2

OBSTETRIC HISTORY

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

Medical History: Hypothyroid (175 µg) Family History:

Surgical History: Allergies:

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife | Husband | ICT

VDRL | HIV | HbsAg | TSH | GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
Hb - 12 TSH - 3.9 Hb - 11.9 TSH - 0.54			

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT - (N) ; (N) Uterine (A) Dopplers ; FTS - Negative									
TIFFA	Anomaly Scan - (N) ; Placenta - Anterior ; (N) Uterine (A) dopplers									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
		27+4	AC 25th centile				EFW - 1.0 kg	(29th week)	(N) Liw (Doppler CL-34)	
Others	Echo (N)									

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

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT
			(post CT) hist/cytology	

Name: Mrs. S.P Mahalakshmi **Corrected EDD:** _____ Parity _____

SYSTEMIC EXAMINATION

Height _____ CVS _____

Weight: _____ Respiratoy System: _____

BMI: _____ Breasts: _____ Thyroid: _____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
29/12/25	60.1	125/68							
7/2/26	61.8	103/64							
13/2/26									
7/3/26	60.5	101/65							
27/3/26	62.1	108/62							
13/5/26	64.5	107/66							
1/6/2026	69.8	102/65							
8/6/26	65.1	111/70							
16/6/26	65.9	116/63							
14/7/26	68.2	113/76							
21/7/2026	68	111/72	37+3	T	Cephx	+			R/v 28/7/26

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:_____

_____

_____

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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INDUCTION OF LABOR CONSENT

Name: Mrs. S.P. Mahalakshmi 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: S.P.M.L

Name: Mrs. Mahalakshmi

Date & Time: 27/7/2026 @ 6pm

Patient Attendant:

Signature: .....

Name: Mr. Baabalan

Relationship with Patient: Husband

Date & Time: 27/7/2026 @ 6pm

Doctor:

Signature: 104288

Name: Dr. Divyalakshmi

Date & Time: 27/7/26 @ 6pm

Witness

Signature: .....

Name: .....

Date & Time: .....

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☑ Others Hypothyroid

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: Single loop of cord tight around the neck

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☑ Intact ☐ Episiotomy ☐ Tear

Suture Material Used: .....

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Intact No tear

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350ml

Blood Transfusion: -

Other Details (if any): -

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 4 hours

2nd Stage: 10mins

3rd Stage: 15mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.896 kg

APGAR: 8|10, 9|10

Date and Time of Delivery: 28/07/2026, 11:41 AM

LW Doctor: Dr. Mathangi

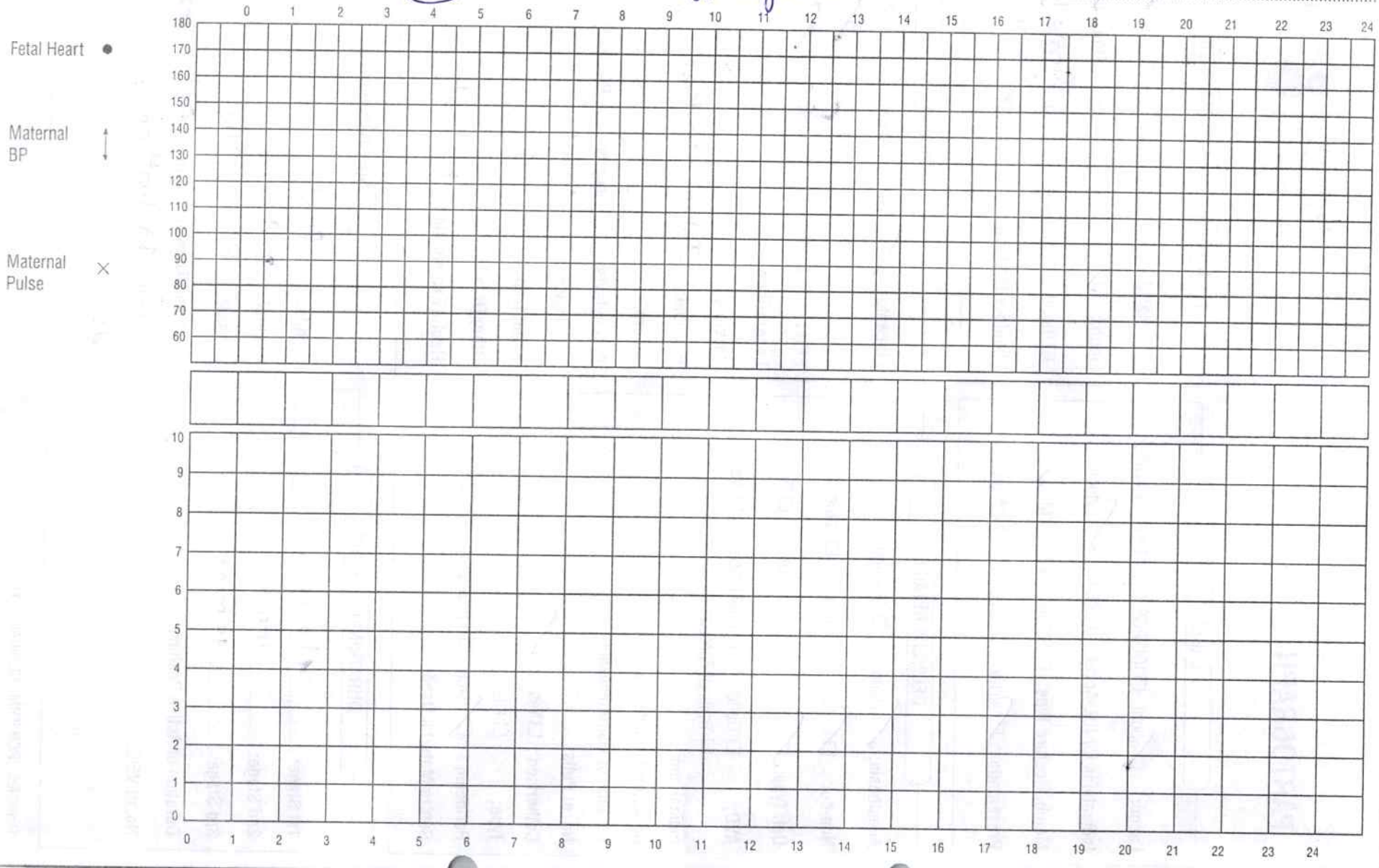
LW Sister: .....

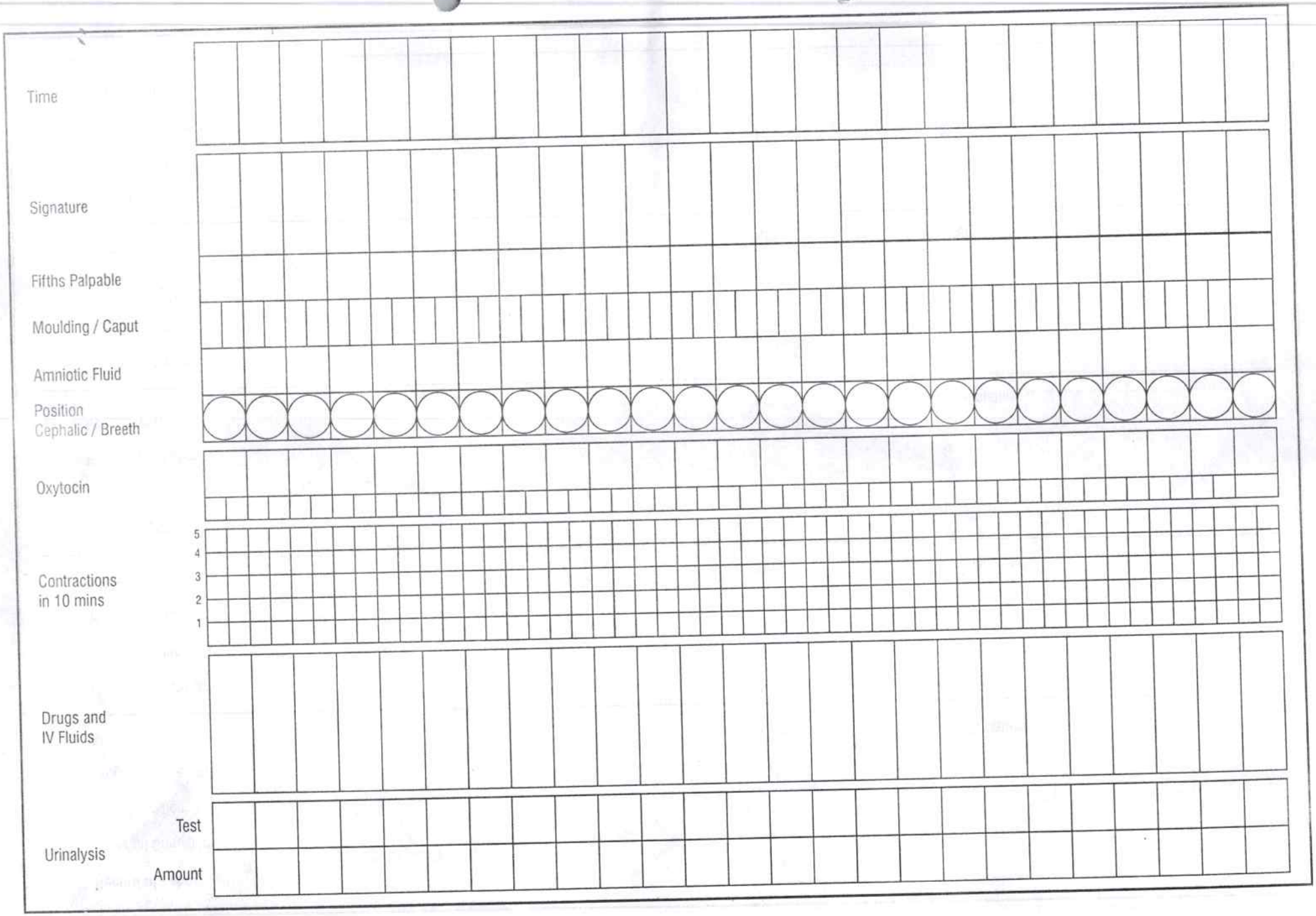
(P.T.O.)

PARTOGRAPH

Name: Mrs. Mahalakshmi Obstetrics Formula: $G_5 P_2 l_2 A_2$ Blood Group Type: B- POSITIVE

Memb. Ruptured: SROM PROM (ARM) Risk Factors: Hypothyroid




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

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

INFORMED CONSENT FOR VAGINAL BIRTH

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24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Male ☑ Fe ..... 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.P. Mahal

Name : MRS. MAHALAKSHMI

Date & Time : 27/7/26 @ 6 pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : K. BOOBALAN

Relationship with Patient: HUSBAND

Date & Time : 27/7/26 @ 6pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Renugalakshmi

Date & Time : 27/7/26 @ 6pm