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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

Date: 03/7/26

Gender:

Ward: 7th

Room No: 709

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date:

Time:

Nurse Sign

Date: 03/7/26

Time: 6 AM

Pharmacy Sign

Date:

Time:

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

DISCHARGE TRACKING SHEET

DR- NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: MRS. SIVASAKTHI G

UHID No: BUC-35094 IP No: ..... Consultant: DR. PRIYADHARSHINI Dept: LDR

Date of Admission: 1/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	10.30 Pm.	LDR	7th floor	Devi 01/7/26
02/7/26	4:50 AM	7th Floor	LDR	
2/7/26	5 pm	NICU	709	

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
03/7/26	CBC	26021070	[illegible]
03/7/26	CBC	26020873	[illegible] 6073
03/7/26	Hb/PCV	26021072.	[illegible] 6073

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7/26	CTG - (1)			008773	01/7/26
2/7/26	CTG - (2)			008774	
2/7/26	CTG-(3)			008781	
	CTG-4			008781	
	CTG-5			008782	
2/7/26	Infusion pump	5.30 am.		1720404	
	CTG (6).			008787	
	CTG (7)			008794.	
	CTG (8)			008828	
	CTG (9)			008828.	
	CTG (10)			008828.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	IV Placement	1	1720408	[illegible]

ANY OTHER INFORMATION: vacuum

2/7/2026 - vacuum assisted Normal vaginal delivery

Date and time : - 02/7/2026 at 12pm to 1pm.

DR. priyadharshini

DR. [illegible]

Duration : 1hrs.

Date: 03/7/26 Time: 6Am Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] 07382	7th Floor,		

Rainbow Children's Hospital | BirthRight

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	3/7/2026 12 PM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		3/7/2026 12 PM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	01/7	02/7	3/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	NA	NA	yes						
Central Lines	NA	NA	no						
Arterial Lines	NA	NA	no						
Feeding Catheter	NA	NA	no						
Urinary Catheter	NA	NA	no						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	NA	yes						
Intubation Tray	NA	NA	no						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	no						
Ventilator Tubing,(Any Water, Blood)	NA	NA	no						
Humidification	NA	NA	yes						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	no						
Chest Physio & Neb	NA	NA	[illegible]						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	01/7 8pm	3/7/20	[illegible]						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	2/7/26 8pm	3/7/26 8pm							

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036276 **Admit Date** : 01-Jul-2026 **Admit Time** : 08:35 PM **UHID** : GUC-00085094

Patient Details :

Patient Name	: Mrs SIVASAKTHI .G	**Age**	: 28 Y 11 M 18 D
Guardian	: Mr GANESH	**DOB**	: 13-07-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur Chennai Tamil Nadu INDIA 600070	**Phone No**	: 7299880072/ 9600227762
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr GANESH **Relationship** : Husband

Contact Address : no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur Chennai Tamil Nadu INDIA 600070 **Phone No** : 7299880072

Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Priyadharshini S M **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : > SIVASAKTHI	UHID Number : 850944
Self/Attendant Name : > GANESH	Relation : > Husband
Self/ Attendant Signature : > A. Ganesh Phone Number : > 7299880072	Name & Signature of Financial Counselor

Rainbow Children's Hospital

BirthRight 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 SIVASAKTHI .G**	**Age :**	**28 Y 11 M 18 D**
IP No:	**IP18-00036276**	**Sex:**	**Female**
Consultant:	**Dr. PRIYADHARSHINI S M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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: > A. Ganesh

Name: > A. GANESH

Relationship: > Husband

Date: 01-07-2026 Time: 8:35

Witness Name: Bhuvi

Witness Signature:

Patient Address:

no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur
Chennai Tamil Nadu INDIA 600070

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Docu. No. : RCH /FRM / CLI

)CTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints PPM well.
No c/o pain/bleeding/leaking P/V.
Induction of labor.

Obstetric Formula:
G2P1L1

Obstetric History:
P1L1 - FT, LSCS, Boy, 3kgs, A&H.
Vindhathalam, 2020.

Present Pregnancy Record:
Dating, NT+FTS. Anomaly, Growth } Normal.

RISK FACTORS:
- Previous LSCS
- (L) uterine A - HRF @ 28w3D.

Height: 151 cm
Weight: 64.5 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: conscious Pallor: (-)
Icterus: (-) Edema: (-)
Temp: (A) PR: 82bpm
BP: 110/70mmHg DTR:
CVS: S1S2 (+) RS BAE (+) NVBS
Liver/Spleen: Urine Output:

LMP: 10/10/25 EDD: 17/7/26.
Corrected EDD: GA: 37w5D

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Uterus @ term.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others -
Head Fifths Palpable: 5/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
SPT scar (+), healthy, no tenderness.

Per Speculum Examination not done.
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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

DIAGNOSIS

29yrs | G2P1L1 | 37w5D | prev LSCS | LCB 6yrs | hypothyroid |
TOLAC.

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Family History:	Surgical History:
NIL.	LSCS - 2020.
Medical History:	**Medication History:**
Hypothyroid - gestational	Thyronorm 50mcg OD.
Plan of Care:	**Investigations:**
- monitor vitals - Strict BP, PR, [illegible] - w/t S/S scar tenderness. - CTG QAH - DFMC - w/t pain abdomen, bleeding, leaking PV. C/D/W Dr. Priyadharshini • To do a PV exam. • shift to ward • Reshift to LDR at ~~4:30~~ 5 AM. • Inj. Synto at 5AM after orders. • Enema [illegible]	- CTG Reactive - Bedside USG: cephallic (DOP) FH (+).

Doctor Name: Dr. [illegible]
Signature: [signature] 127435
Date & Time: 1/7/26

Consultant Name: Dr. Priyadharshini
Signature: [signature] 127435
Date & Time: 1/7/26

GUC-00085094 IP18-00036276
Patient Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	8/6/26	3/7/26		Blood grouping & typing.
Time				
Hb	10.6	10.2		A2 POSITIVE.
PCV	32	30		
RBC				HIV } Non reactive
WBC	10380.			HBSAg }
N/L				VDRL }
Platelets	2.21			Rubella IgG = negative
CRP				
ESR				4/12/25
PCT				HbA1c = 5.
RBS			3/12/25	- TSH = 3.16.
Na				8/6/26.
K				TSH = 6.910.
Cl				
Ca/Mg				3/12/25
Phosphate				ECG } Normal.
Urea				2D ECHO }
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

16/2/26 10/22/7

(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 : 24|6|26:

SIUG 36w5D

Pla (A)

cephalic

FH (A)

Radiology : USG : AFI = 15.1 cms

EFW = 2892gms.

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26. 5AM	S/B Dr Abirami	
	Pt received in LR	
	no sp complaints	
	PFM well	
	O/E: afebrile	
	GC fair	
BP 110/70mmHg	P° / PE°	
PR 78bpm	P/A: uterus @ term	
SPO_2 99% @ RA	Relaxed	
Temp (N)	cephalic (5/5th)	
	FH ⊕	
	clinically liquor (N)	
	C/D/W Dr Priyadharshini	
	• To start inj synto	
	• close vitals monitoring	
	• To do P/V at 7AM and inform	
	128435	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8:30AM	Pt reviewed	Advice
	C/O Lower Abominal Pain on & off	- Liquid diet
T-(N)	O/E Pt GC fair, Afebrile	- Vitals Monitoring
PR-88/min	P° / PE°	- Walking
BP- 100/62mmHg	CVS /	- W/F contractions / Progress
	RS / NAD	- Inform (SOS)
	P/A - Uterus @ Term	
	Mildly Acting (3C/20"/10')	
	Cephalic	
	FHS - good	
2/07/2026	C/S/B Dr. Priyadharshini	
9:30 AM	Pt reviewed, C/O Lower Abdominal Pain on & off	
	P/A - Uterus @ Term	Advice
	Mildly Acting (3C/20"/10')	- Liquid diet
CTG - Reactive	Cephalic	- Continuous CTG
	FHS - good	- To start INJ. SYNTO @ 4 ml/hr
PR - 83/min	P/V - Cx - 0.5 cm long	- W/F contractions / Progress
	OS - 3 cm dilated	- All fours position
	Membranes (+)	- INJ. SUPACEF 1.5g IV (ATD)
	Vertex @ -3	
	↓ SAP, ARM done clear liquor drained	

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/07/2024	C/S/B Dr. Priyadharshini	
10/30 Am	P/A - uterus @ Term	Advice
	Moderately Acting (5C/30"/10')	- liquid diet
	Cephalic	-INJ EPIDOSIN 2CC IV Stat
CTG - Reactive	FHS - Good	-INJ. PETHIDINE 50mg IM +
Eaaly deceleration @	P/V - Cx - 0.5cm long	INJ. PHENEGAN 25mg IM
	OS - 3cm strechable	- Continuous CTG
	membranes - Absent	- Continue INJ. SYNTO
	vertex @ - 2	acceleration @ 24ml/hr
02/07/2024	C/S/B Dr. Priyadharshini	
11:45 AM		
	P/A - uterus @ Term	
	Moderately Acting [5C/30"/10')	
	Cephalic	
	FHS - good	
	P/V - Cx - Fully effaced	
	OS - Fully dilated, Membranes	
	vertex @ +1	
		Advice
		- Squatting.
		- Shift to LDR.
		- Continuous CTG

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12:15 PM	S/B Dr. Priyadharshini	
	p/v: Cx fully effaced. Os fully dilated. membs (-) Vx +2	
	Advice Vacuum assisted delivery in view of poor maternal efforts.	
		16/4/25
2/7/26 12:16 pm	VACUUM ASSISTED VAGINAL DELIVERY WITH RMLE.	
	Ind: Poor maternal efforts / Variable decelerations	
	C/B - Dr. Priyadharshini S.M.	
	A/B - Dr. Vidhitha / Dr. Shreeder.	
	↓ SAP, pt ↓ lithotomy position, perineum painted and draped. Local anesthesia infiltration given on perineum. pt. encouraged to bear down. Vacuum cup applied in view of Poor efforts and	

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Persistent variable decelerations. At crowning, RMLE given to deliver an alive term BOY baby with one loop of cord around the neck. Baby cried after birth. Cord clamped and cut and baby handed over to the pediatrician. Placenta and membranes delivered intact. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured.	
	P/A - uterus firm and well contracted P/V - No active bleeding pv. P/R - Rectal mucosa & sphincter tone (N)	
	B Alive term BOY A 02.07.2026 @ 12:19 pm B 2.833 kg Y 8/10, 9/10	
	Baby w/s	Bedside USG ET visualized. Minimal blood clots

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advice	
	- normal diet.	
	- Oral hydration.	
	- Inj. SUPACEF 1.5gm IV one more dose	
	- monitor vitals.	
	- follow drug chart.	
	- w/f bleeding pv	
	- Measure & inform 1st void	
	- Hb / PCV c/n 6am.	
	- Inform SOS.	
2/7/26	(signature) 164285	
4:30pm	S/B Dr. Divyalakshmi / Dr. Sreedevi	
PND-0	pt reviewed	
	Nil c/o.	Advice
T-N	O/E: pt AC fair, afebrile	- Normal diet.
PR-64/min	p° PE°	- oral fluids
BP-104/68mmHg	P/A: soft.	- monitor vitals
	ut-contracted well	- follow drug chart
voided 300ml		- Hb/PCV c/n 6am
PVR ~ 100ml	GE: spi intact	- Inj. SUPACEF 1.5gm IV
	no undue bleeding pv	STAT @ 9pm
		- Inform SOS
Baby on/s	Shift to ward	(signature) 164288 - Shift to ward.

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Panitha	
2/7/2026		
9:45 PM	Pt reviewed	
	o/e	Advice
PND-0	Pt GC fair	- (N) Diet.
	afebrile	- Plenty of orals.
T- 99.1°F.	P° / PE°	- Vitals monitoring.
BP- 110/63	CVS /	- Follow drug chart.
PR- 74/min	RS / NAD	- W/f Bleeding P/V.
	P/A- Ut firm & contracted.	- Hb/PCV c/m 6Am
Voiding freely	L/S - Epi wound healthy	- Temp chart hourly monitoring
	No undue Bleeding P/V.	till fever subsides.
		- Tepid Sponging.
Passed Stools		INJ 6P.
3/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
8:30AM	No further fever Spikes	Advice
PND-1	Pt reviewed, N/C/O	- Normal diet
	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
T-(N)	P° / PE°	- Vitals Monitoring
PR- 80/min	CVS /	- Follow drug chart
BP-118/84 mm Hg	RS / NAD	- W/F ↑ Bleeding PV
Baby - M/S	P/A- Ut well contracted	- Inform(SS)
B/L - Breast soft	Soft	- Temp. charting hourly
Voiding freely	L/E - No undue bleeding PV	
Passed Stools	Epi wound healthy	
Hb- 10.2	SIB2217	

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB THYRONORM	50mcg	P/o	1-0-0		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Harish. 127435

Date & Time : 1/7/26.

Nurse Name & Signature: S.N. Tamilselvi 016920

Date & Time : 1/7/26 at 9pm

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EDICATION 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: 709

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	50mcg	po	OD	2/7/26 at 7AM	☑C ☐DC
2	Tab. CEFTUM	500mg	po	BD	-	☑C ☐DC
3	Tab. PAN	40mg	po	BD	-	☑C ☐DC
4	Tab. ZERODOL-SP	1 tab	po	BD	-	☑C ☐DC
5	Inj: SUPACEF	1.5g	IV	STAT	2/7/26 at 10AM	☑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 : 16428 Dr. Dayalakshmi

Date & Time : 2/7/26 @ 3pm

Nurse Name & Signature: S. Shalini auoth

Date & Time : 2/7/26 at 3pm

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Refer Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 1/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
12-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

REGULAR PRESCRIPTIONS

Weight. 64.30kg Ward. LDR

DRUG : TAB THYRONORM

Dose	Route	Frequency	Start Date	Date/Time
50mcg	P/O	1-0-0	1/7/26.	2/7 / 03/7
				7AM 7AM

Name & Signature of the Doctor Starting the Drugs: 128635

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. CEFTUM

Dose	Route	Frequency	Start Date	Date/Time
500mg	PO	BD	3/7	3/7
				8AM, 8PM

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. PAN

Dose	Route	Frequency	Start Date	Date/Time
40mg	PO	BD	3/7	2/7 3/7
				7AM, 7PM

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. ZERODOL SP

Dose	Route	Frequency	Start Date	Date/Time
1 tab	PO	BD	2/7	2/7 3/7
				8AM, 8PM (12AM)

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

Weight. 64.30kg Ward. IDR

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
2/7/26	4AM	ENEMA	100ML	P/R	127435	S.M V.A
2/7/26	9.30 AM	INJ. SUPACEF	0.1 ml	Id	182217	DS SP.
2/7/26	10AM	INJ. SUPACEF	1.5 g	IV	182217	DS SP.
2/7/26	10.20 AM	INJ. EPIDOSIN	2 cc	IV	182217	SP DS.
2/7/26	11AM	INJ. PETHIDINE	50mg	IM	182217	DS SP.
2/7/26	11AM	INJ. PHENERGAN	25mg	IM	182217	DS SP.
2/7/26	12.20 PM	Inj. SYNTO	10units	IM	16428	DS SP
2/7/26	12.30 PM	Inj. TRAPIC	1gm	IV	16428	DS SP
2/7/26	1.50 PM	T. MISOPROSTA	600mcg	PR	16428	DS SP.

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

I.V. FLUIDS CHART

Weight. 64.30kg Ward. 202

Date	Time	Composition of 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
2/7/26	5.30 am	INJ SYNTOCINON 5 UNITS in 500 ml RL	IV	24 ml/hr	122435		2/7/26		
2/7/26	5.30 am	INF 1 O RL	IV	75 ml/hr	122435		2/7/26	164288	
2/7/26	12.20 pm	Inj: SYNTO 20 units in 10 RL	IV	125 ml/hr	104288		2/7/26	164288	

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

sathi

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 64.3 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/7/26	12.25 pm	INJ. METHERGINE	0.2mg	IM	12217	SP	SP
2/7/26	12.50 pm	JUSTIN SUPPOSITORY	100mcg	PR	12217	SP	SP
2/7/26	9pm	I: SUPACEF	1.5gm	IV	16425	S.M	V.A
2/7/26	7PM	T. PARACETAMOL	1g	PO	12468	S.M	V.A

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Stick

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

11/7/26	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			22				20			22
	0 - 10																								
Saturations	94 - 100 %														99%			95%				99%			99
	< 94 %																								
Administered O_2 (L/min.)															RA			RA				RA			m.
Temp°C	40																								
	39																								
	38														38.8			38.8				38.4			
	37																								36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90														132			Stable				Stable			80
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90														110			112				114			110
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80														70			72				74			70
	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
TOTAL ORANGE SCORES															0			0				0			0
Nurse Initial															TWO										

On Admission

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(2)

Early Warning Observation Score Chart - Obstetrics

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

02/7/26	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	22		20		20	20	20		20		20	20	20		20		20				22			
	0 - 10																								
Saturations	94 - 100 %	99		99		99	99	98%		99%		99	99	99		98		99%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA	RA	RA		RA		RA	RA	RA		RA		RA				RA			
Temp°c	40																								
	39																								
	38							98.6		98.4		99.2	101.1°F	100.9		99.8°F		99.6F				98.8F			
	37	98.1		98.1		98	98																		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																							98.4°F	
	80	82		88		80	80	70/m		64/m				80				80							
	70															70									
	60											64	62												
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																	120				118			
	120	100		110		110		110		104		100	110	110		110									
	110						100																		
	100																								
	90																								
	80																								
	70																								
	60											(84	80)	(80)		(80)		(80)							
	50																						(64)		
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	62		64		70	60	70		68												84			
	50											60	80	60		80		80							
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓	✓	✓		✓		✓	✓	✓		✓		✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓	✓	✓		✓		✓	✓	✓		✓		✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–		–		–	–	✓		✓		✓	✓	✓		✓		✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–		–		–	–	–						–		–		–				✓			
	Green									–		–													
TOTAL YELLOW SCORES		0		0		0	0	0		0		0	0	0		0		0				0			
TOTAL ORANGE SCORES		0		0		0	0	0		0		0	0	0		0		0				0			
Nurse Initial		[illegible]		[illegible]		[illegible]	[illegible]	[illegible]		[illegible]		[illegible]	[illegible]	[illegible]		[illegible]		[illegible]				[illegible]			

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient St

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

11/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	←				On Admission →						
	09:00 pm	H20	100							200	NO IV Line	Tw
	10:00 pm											Tw
	11:00 pm	H20	100								NO	Sm
	12:00 am											Sm
	01:00 am									200	IV line	Sm
Total Intake :	200 ml					**Total Output :**	400ml					
	02:00 am										NO	Sm
	03:00 am	H20	100							200	IV	Sm
	04:00 am										Line	Sm
	05:00 am	Loop	100ml	24	100ml						0	Sm
	06:00 am			4h	100ml					100ml	0	Sm
	07:00 am			4h.	100ml						0	Sm
Total Intake :	610ml					**Total Output :**	300ml					

Total 24 hrs. Intake	810ml	Total 24 hrs. Output	700ml

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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.

02/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	100ml	RL	Dyisgh		✓			200	0	DS.
	09:00 am	H2o	100ml	100	12ml					200	0	DS.
	10:00 am	H2o	100ml	100ml	24ml					150	0	DS.
	11:00 am	Juice	150ml	100ml	24ml					100ml	0	DS
	12:00 pm	H2o	100ml	100ml	48ml						0	DS
	01:00 pm			100ml	125ml						0	DS
Total Intake :		1.283 ml RL				Total Output : 650ml						
	02:00 pm	Water	200ml	100ml							0	SS
	03:00 pm	Water	250ml	100ml.							0	SS
	04:00 pm	Water	300ml	100ml.						300ml	0	SS
	05:00 pm										0	SS
	06:00 pm									200ml		
	07:00 pm											
Total Intake :		750ml + 300 = 1050ml				Total Output : 500ml						
	08:00 pm	H2o	200ml								0	V.A
	09:00 pm	Juice	200ml								0	V.A
	10:00 pm	H2O	200ml							300ml	0	V.A
	11:00 pm	milk	200ml				✓				0	V.A
	12:00 am									300ml	0	V.A
	01:00 am	H2O	200ml								0	V.A
Total Intake : 1000ml						Total Output : 600ml						
	02:00 am	H2O	200ml								0	V.A
	03:00 am										0	V.A
	04:00 am	H2O	200ml							300ml	0	V.A
	05:00 am										0	V.A
	06:00 am	H2O	200ml							100ml	0	V.A
	07:00 am										0	V.A
Total Intake : 600ml						Total Output : 400ml						

Total 24 hrs. Intake	3,933ml

Total 24 hrs. Output	2,150ml

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 / pre LSCS / 37+5 Days			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ......Nil......			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	1/7/26 N	2/7/26 M	2/7/26 E	2/7/26 N	3/7/26 M	
	Medical Condition (Any special condition to be noted):		Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	
	Diet:	Normal	Ⓝ diet	Ⓝ Diet	Ⓝ diet	Normal diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):		—	—	—	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98F	98.1°F	98.6°F	98.6F	97.8F	
	Res:	20b/m	20b/m	20/mt	20b/m	20b/m	
	SpO₂:	99%	99%	98%	99%	100/RA	
	Pulse:	82bt/m	88b/m	70/mt	70b/m	72/mt	
	BP:	110/70	100/60	110/70/mt	110/80	110/70	
	LOC:	Concious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	0	20	20	20	30	
	Pain Score:	0/10	2/10	1/10	1/10	0/10	
	Skin Integrity	Normal	Normal	Normal	Normal	Normal	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	Am	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Normal	Ⓝ diet	Ⓝ Diet	Ⓝ diet	Normal	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
	Post Operative Procedure Special Orders:		—	—	—	—	
	Handed Over By Name :	SN Tulasi	Preethi	Shalini akshita	Sabari	[illegible]	
	Signature / ID :	Preethi 01612	DSE 0784	Shalini	Teoork	[illegible]	
	Date:	1/7/26	2/7/26	2/7/26	2/7/26	3/7/26	
	Time:	4AM	1:30pm	8pm	7:30am	8am	
	Taken Over By Name :	Preethi	Shalini akshita	Sabari	[illegible]		
	Signature / ID :	DSE 0784	Shalini akshita	6008	[illegible]		
	Date:	2/7/26	2/7/26	2/7/26	3/7/26		
	Time:	7:30am	1:30pm	8pm	8am		

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 1/7/26

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							
Afternoon							
Night	9pm	Relieve pain and discomfort.	9.30 pm	Assess pain using pain scale regularly. Position patient comfortably	Pt feel better	Reassessment done	01/7/26

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 2/7/2026.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Achieve acceptable. pain control and comfort.	8.30 AM	- Assess pain using scale regularly. - position patient comfortably.	patient vitals are stable	Reassessment done	[signature] 02/7/26
Afternoon	2pm	Achieve acceptable pain control and comfort	2³⁰ pm	-> Assess the patient condition -> Monitor vital signs -> Maintained I/O chart -> Provide comfortable position	Patient pain was Reduced	Reassessment was done	[signature] 2/7/26
Night	8pm	Achieve Acceptable pain control and comfort	9pm	- Assess the pt condition - maintain vital signs - maintain the chart	pt pain was reduced	Reassessment was done	[signature] 6 pm

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

C1

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/26	9.00 pm	Admission Notes on 1/7/26	
		Pt got admitted in 8th	
		floor under Dr Priyadharshini	
		mam pt consious & orientated	
		pt general condition is good	
		Pt came for VBAC 42 p1 L1 /Bu.	
		LSCS / 37wst 4days / Hypothyroid.	
		Admission CTG connecting FHR	
		is good FHR is 140-142b/min	
		pt vital cuecked & recorded	
	pm	Pt general condition is good.	Devi/018760
	9.40	CTG stop order by Dr Aeshita	
		mam pt condition Informed	
		Dr attended, patient prevention	
		done,	Devi/018760
	10.30 pm.	patient P/V evation done,	
		1cm long & dm dilation. uterine	
		CTG to be followed pt to	
		shifted to LDR. at 4.00 Am,	
		enema at 4.00am pt shifted to	
		7th floor patient handing over to	
		7th floor staff.	Devi/018760
		Receiving Notes	
	10:30pm	pt received from LDR to	
		7th floor pt on walk out	
		Comd. pt is conscious and	
		oriented. CTG started on 8Am	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		pt shifted LDR at 4:30Am.	
		no other complaints	[signature] 6:7728
2/7/26	12:00pm	vitals was checked and	
		recorded and maintain	
		I/O chart.	[signature] 60772
	2Am	Pt's sleeping well. Pv bleeding	
		Normal. CTG start trace Send to	
		Dr. Akshita mam. A/B CTG continue	[signature]
	2:30AM	CTG trace send to	
		Dr. Akshita mam CTG stop	[signature] 6-72-
	4AM	Pt's Bath done, pt's	
		vitals are stable. maintained	
		I/o chart.	[signature] 602
	4:50Am	pt's shifted to LDR, details	
		Hand over given to LDR staff	[signature] 60735
	4.50 am	Receiving notes on 2/7/26	
		Pt received and to mu	
		Pt consious & oriented Pt	
		vital cured & recorded	[signature]
	5.30 am	Pt vital cured & recorded.	
		IV line Insitu (R) Hand metacarpal	
		ASA 18 G ventfon [illegible] is good,	
		CTG connecting FHR is good,	
		IVF RL 500ml with Inj. Synto 5m	
		added 24 ml start Pt general	
		condition is good.	[signature]
			60860

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

(9)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	6.00 am	Patient vital checked & record	
		Contin monitoring patient	
		general condition is good	
		Inj: Synto 48ml on flow FHR	
		is good	[signature] 01/07/26
	7AM	CTG on connect. FHR Monitoring.	
		pulse Monitoring. Inj-synto	
		48ml/hr on connected. pain	
		assessment Done. watching	
		contractions	[signature] 01/07/20
	7.30 AM	patient care Handling over	
		given to Morning duty	
		staff	[signature] 01/07/20
		Morning duty (2/7/2026)	
	7.30 AM	patient handing over	
		taken night duty staff	
		nurse patient convey and	
		oriented general condition fair	
		patient Inj: synton going on	
		Inj: 2ml patient CTG also going	
		on FHR ⊕ 149bpm patient	
		break fast given after break	
		fast enema after stool passed	[signature] 10/7/17
	7.40 Am	S/B DR. Akshitha advice	
		to CTG disconnecting FHR ⊕	
		CTG stop after some time.	
		weekin order patient mark week.	[signature] 10/7/18

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	8Am	patient checked vital are stable patient conscious and oriented general condition fair patient checked contrall 5 contrallns 15to20 sec inform inform to DR. vinitha	Dsel 02/7/26
	9.30 Am	SIB DR. poriyadharshi p/v examination, 0.5cm long. 3cm dilation adivise ICSAP ARM done clear liquir drained patient patient on connecting FHR ⊕ 144b/m patient Inj: Syntocinon 2 ml start patient Inj: Supacef start patient Inj: supacef 0.1ml test dose ID given	Dsel 02/7/26
	10Am	patient asking any allergies for Inj: supacef test dose patient no complaints for allergy reaction patient Inj: supacef 1.5g full dose IV given	Dsel 02/7/26
	10.30 Am	patient complaint pain Inform to DR. poriyadharsh p/v examination 0.5 cm long 3cm dilation advise Inj: Epidosin 2cc IV give the order cane out patient Inj: Epidosin 2CC IV given	Dsel 02/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26 10.40 AM	10.40 AM	S/B DR. Venethra mam advice to Inj: pethidine 1cc IM and Inj: phenergan 25mcg. IM give the order	[signature]
	11 Am	patient Inj: pethidine 1cc IM given and Inj: phenergan 1cc IM given double checked by s/n Anuthy and s/n sobehwari	[signature]
	11.45 AM	patient complaint pain Inform to DR. Venethra S/B DR. priyadharshini p/v examination fully dilation patient shifted to LDR (2)	[signature]
	12.15 pm	patient checked vital signs vital are, stable. patient full dilation patient on contractions FHR (+) 144 b/m patient conscious, and oriented general condition fair	[signature]
	12.19 pm	Vacuum [illegible] Assisted vaginal with RMLE.	
		... : pt in Lithotomy position perineum painted and draped local anesthesia infiltration given on perineum pt.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/2026	contius	of onim ager to been.	
		doem vacuum cup appeud	
		cis news of poor effected	
		persistent variable decelaration	
		At crowning RMLE given.	
		to deliver on alive form.	
		Boy Baby with one loop.	
		of cord around the Neck.	
		Baby cried after birth.	
		cord clamped and cut.	
		Baby handed over to the -	
		pediatrician patient	
		Inj : syaton 10 units Inj : syntocin	
		20 U c RL 500ml start	
		patient placenta and	
		membranes delivery cintoto	
		Episiotomy inspected.	
		patient Inj : Taxpic 1g iv given	
		Inj : mem ing given patient	
		Episiotomy a inspecte and	
		sutured in layers using	
		rapid and vicryl	
		Homeostasis secured. patient	
		p/v bleeding minimal	
		patient Supp. Suppen 100mg.	
		p/R, T. miso 600mcg p/R	
		put other No complaints	

6 Type ISO 11140 | STEAM | Green = Sterilized | Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 | SV: 121°C - 15 min. 134°C - 3,5 min. | Sterintech™

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

(6)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/2021	Contin	B - 2/7/2021 at 12.19 pm.	
		A - BOY	
		B - 2.833 kg	
		Y - 8/10, 9/10	[signature]
	1.30 pm	patient handing over given evening duty staff nurse patient conscious and oriented general condition fair	[signature]
		Evening Duty ON 2/7/21	
	1³⁰ pm	Report Received from Morning Duty Staff to Evening Duty Staff. patient conscious & oriented. IV line patent No swelling, No pain. Vital sign checked & Recorded vital sign are stable	Shalini 01407
		IVF RL IV Connected	
		Patient is (N) Diet.	
		B - Breast soft, No Engorgement	
		U - Uterus Contracted well	
		B - Bladder Urine Not voided	
		B - Bowel Movement is present	Shalini 01407

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Contineou 2/7/26	
2/7/26		L - Lochia Rubhea Present	
		E - Reeda Asessment done.	
		H - Homan's sign Negative.	
		E - patient Emotional Status	
		good	Shalini 01407L
	3³⁰ pm	S/B. DR. priyadharshini She	
		advice Contineou Same	
		treatment.	
	3⁵⁰ pm	Patient urine self voided minimal	
		voided informed DR - Divya	
		S/B. DR- Divya Bed side usg done	
		she advice next voided urine Measure	Shalini 01407L
		I/O chart Maintain	
	4⁴⁰ pm	Patient urine voided 300ml	
		informed DR. Divya	Shalini 01407L
		S/B. DR. Divya She Bed side usg	
		done. patient shifted to	
		7th floor ward	Shalini 01407L
	5³⁰ pm	patient shifted to 7th floor	
		ward.	
		Receiving Notes.	
	5-30pm	Handover Received from	
		LDR. Staff. patient is	
		active and oriented. IV line	[illegible] 01405L
		present. patient normal	
		diet.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
MRD NO 13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M
Age :...... :......................
Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 2/7/26 Time: 5.30 am

Location : [illegible] (L) side metacharpal

Size : 18 G

Cannula inserted by : Siva Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
2/7/26	7am	☐Yes ☑No	☐Yes ☑No	Obser	Devi
	9AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	11AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	1pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	2pm	☐Yes ☑No	☐Yes ☐No	Observe Cannula	[illegible]
	4pm	☐Yes ☑No	☐Yes ☐No	Observe Cannula	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	" "	[illegible]
3/7/	8am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
"	4	☐Yes ☐No	☐Yes ☑No	Obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Location : Time:

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :

Location : Time:

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

Patient Sticker

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/7/24 3/7/24		
		Score			
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			
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	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	0	
Total Morse Fall Scale Score:			0	0	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00085094
Mrs SIVASAKTHI .G IP18-00036276
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7/26	9pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	Devi 018760
02/7/26	3AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] E0473
2/7/26	7am	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	Devi 018760
2/7/26	9AM	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 01[illegible]
2/7/26	11am	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible] 01[illegible]
2/7/26	3pm	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 0140[illegible]
2/7/26	8pm	1/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[illegible]
3/7/2026	10am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	mp	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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.

Docu.No: RCH /FRM / CLINICAL / 152

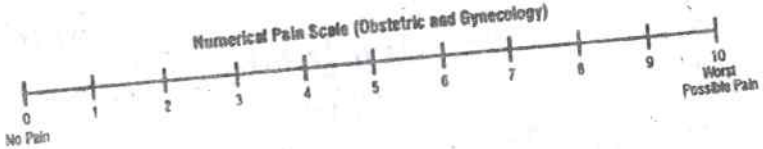
(P.T.O)

PAIN ASSESSMENT TOOLS

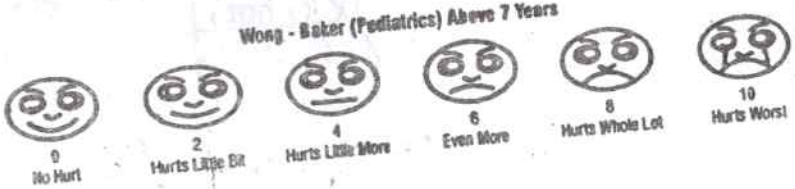
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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 75-85% 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-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

BRADEN 'Q' SCALE

					Date :	01/7/26	2/7/26	2/7	2/7
					Time :	N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
				TOTAL SCORE		28	26	26	26
				Evaluator's Name		[illegible]	[illegible]	[illegible]	[illegible]

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
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

BRADEN 'Q' SCALE

(2)

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

					Date: 3/1/24			
					Time: AM			
"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. No limitations:** Makes major and frequent changes in position without assistance.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
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. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	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. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	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. 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			
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: 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.	3			
				4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	27			
				Evaluator's Name	[illegible]			

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

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

Patient Sticker

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 1/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		2
Caesarean section in labour		1
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	1	
Signature of the Nurse	Devi 2/7/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis G2P1L1/ pre LSCS/ 37+5d 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	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
1/7/26	9pm	Informed consent	Informed to patient and attendor about TOLAC consent	Patient	NO	oral	None	verbal	Good	[signature] 01/6/26
3/7/2…	10…	yes	No ramove the ... here	Patien…	nil	[illegible]	non	yes	good	[signature]

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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:
   - [x] a. Yes
   - [ ] b. No

7. For Caesarian mothers: NA
   - [ ] a. Mother is required sit and feed from the 4th feed
   - [ ] b. Please explain football hold

8. NICU admission: NA
   - [ ] a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 2/7/2026

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

Handover given by D. Sobekwa

Signature D. Sobekwa

Date & Time: 2/7/2026 at 1.30pm

Handover taken by Sawyer

Signature

Date & Time: 2/7/26 @ 5.38pm.

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission	Date & Time of Transfer Order
	11/7/26 at	11/7/26 at 10.30 Pm.
Treating Consultant Name: Dr. Priyadharshini	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: Shifted to care for Further Care
From Unit: JDR	To Unit: 7th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2p Files	Number of Imaging Films: CT01 - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Jayalakshmi 01/07/26	Dr. Akshitha

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/7/26 Time of Arrival: 9.00 pm Time Seen by Nurse: 9.05 pm

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

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

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

3) **Vital Signs:** Temperature: 98.2 Pulse: 80 RR: 20 SpO_2: 100% BP: 110/70 Weight: 64.3

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A –

LMP: 10/10/25 EDD: 17/7/26 Gestational Age: 37wks 1day

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: Pul. LSCS in 2020

b) Medical: Hypothroide.

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

☐ None

☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify ..... Hypothyroid

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 9.00 PM

Nurse Name : M. Devi

Nurse Signature: [signature]

Date: 9/7/20 Time: 9.00 pm

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 8/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify MLU

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 Attender.

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

If yes, identify

Chief Complaints: At comm for VBAC

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Akshita

Time Notified: 9.00pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroide	Pre. LSCS in 2020	NIL

Blood Group: A +ve LMP: 10/10/25 EDD: 17/7/26 Gestational age during admission: 38 weeks 4 days

Contractions: — Vaginal Discharge: —

Obstetric History: G 2 P 1 L 1 A —

Height: 151 Weight: 64.3 BMI: 28.2 Previous LSCS 2020.

Temp: 98 HR: 80 RR: 20 BP: 110/70 SpO_2 100

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

☐ Hypothyroidism	☐ Rh Incompatibility	
☐ Hyperthyroidism	☑ Previous LSCS	☐ Fertility Treatment
☐ Hypertension	☐ Gestational Hypertension	☐ Preterm Labour
☐ Diabetes	☐ Bad Obstetric History	☐ Others: (Specify)
☐ 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 ....0/10.... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ....20/20.... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ....Mr. Sughrathy....

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

Orientation not given Reason: .....

Nurse Signature: .....

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

Date & Time: ....7/7/26 at 9.00 pm....

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

CONSENT FORM FOR TRIAL OF LABOR & REPEAT CESAREAN SECTION

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Patient Name : MRS. SIVASAKTHI Date of Birth : 13/7/1997 Husband's Name : .....

You have had a previous cesarean section although "once a cesarean always a cesarean section" used to be the rule; some women may choose to attempt a "trial of labor" for a vaginal birth after cesarean section (VBAC). Your doctor will review the records of your cesarean section to determine whether or not you may attempt labor.

Suitability for trial of labor for VBAC assessed based on factors like :

- When was the last cesarean done
- What is the type of scar on the uterus (Transverse /Vertical)
- Any complications during/ after previous cesarean
- Where was it done
- Interval between pregnancies
- The course of your current pregnancy

You will have an opportunity to discuss this in detail with your doctor. Large studies have found a success rate of vaginal deliveries in 50 to 60% for women who have a trial of labor. The alternative to a trial of labor is to have a repeat cesarean section without labor.

If you qualify for a vaginal delivery after cesarean Section, you need to understand the benefits and risks of a trial of labor. This will enable you to make an informed choice to either plan a trial of labor or a repeat cesarean section.

BENEFITS AND RISKS OR TRIAL OF LABOR FOR VBAC :

Benefits :

- Vaginal delivery after cesarean section include a shorter hospital stay and recovery period for you.
- A vaginal delivery is considered safer than a cesarean section for the mother, with less blood loss and less risk of infection.
- The baby may benefit from vaginal birth by less remaining lung fluid after the first breath.

Risk :

- May require a cesarean section during labor with a higher risk of infection.
- There is a small (<1-2%) risk of the uterus opening in the area of the old incision. if this happens, it will cause distress, Permanent injury or death to your baby, excessive bleeding and rarely may require a hysterectomy (removal of the uterus).

BENEFITS AND RISKS WITH PLANNED LSCS :

Benefits :

- No risk of uterine rupture in women undergoing LSCS
- Less risk of birth-related asphyxia for baby when compared with VBAC

Risk :

- Longer hospital stay and recovery period
- Increased risk of neonatal respiratory morbidity (TTN)
- Increase the risk of serious complications in future pregnancies like adherent placenta, injury to bladder, bowel or ureter, hysterectomy; blood transfusion.

The risk of anesthetic complications in extremely low, irrespective of whether you opt for planned VBAC or planned LSCS

Your doctor will answer any further questions that you may have.

Please initial here that :

I have read and understand the risk and benefits of each procedure. I have had the opportunity to have my questions answered and I elect for:

☑ **A trial of labor for ABAC** ☐ **A repeat cesarean section**

Name of the Doctor performing the procedure : Dr. Priyadharshini

Patient Attendant :
Signature : .....
Name : LOKESH
Relationship with Patient: husband
Date & Time : 1/7/26

Witness :
Signature : .....
Name : SIVASAKTHI
Date & Time : 1/7/26

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Priyadharshini
Date & Time : 1/7/26

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission	Date & Time of Transfer Order
	01/7/26 at 8:35pm	02/7/26 at 4:50pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Priyadharshini	Dr. Akshita	IDL
From Unit	**To Unit**	**Information to Attendant**
7th Floor	LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP files	CTG - (2)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name		Quantity
1.	underpad	Enema - (1)	2
2.	Gloves 6.5	Nitril gloves - (2)	1
3.	Lox gel - (1)	Gauze - (1)	
4.	Ven flon - (1)	Tegaderm - (1)	
5.	Vein - Olive (1)		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Smadh [signature]	Dr. Akshita

Patient & Clinical Records Received by : Devi OT Hd [signature]

Date & Time of Patient Received : 2/7/2026 at 5pm

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

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

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

GUC-85094

Dr. Priyadarshini

ANTENATAL RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Antenatal No:

Reg.No:

PERSONAL DETAILS

Name: Mrs. Sivasakthi. G Age 28 Date of Birth 13/7/1997 Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address: Anakaputhur Chennai Tamil Nadu.

Mobile 9600227762 E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G2P1L1 prev LSCS Hypertensive Wants VBAC.	LMP - 10/10/25 EDD - 17/7/26

HISTORY

Year of Marriage: Menstrual History: Previous Periods LMP EDD Corrected EDD

Consanguinity: Contraception: OBSTETRIC FORMULA:

Gravida Para Live Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
1.	2020	Term	Hypertensive	LSCS	♂	3kg	
2.	P P.						

Medical History: Nil

Surgical History:

Family History: NCM.

Allergies: Nil.

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife A1+ve Husband

ICT

TSH 3.16 GCT

VDRL NR HIV NR HbsAg NR

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
13/12/25		Hb-13.5 pcv-38 mcv-82 RBC-4.61 WBC-9.26 PLT-219 HBA1c-5.0 urea-4 FBS-87 creatinine-0.44	pus cells-3-5 27/1 Hb-10.9 USG [illegible]
23/12 OGCT-87			

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
15/4		Hb-9.8 OGTT FBS-71.0 2hrs-96 UCP, pus pc-4-6 TSH-7.28	

Tetanus Toxoid: 1st dose ✓ 2nd dose ✓

FETAL EVALUATION

ULTRASONOGRAPHY

08/01 First trimester	SLIUG 12-13wks NT-Neg plac ant
05/03 TIFFA	SLIUG 20-21 wks EFW-371g

Growth scan

Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
27/4	28	cephalic		1.1	38%	AC-36%	(N)	Cut Cx-32	
							LUA	ant margin	
28/5	32wks	cephalic		1.9	40%	AC-4%	(N)	Cx-2.2cm	
24/6	36wks	cephalic		2.84		AC 57%	(N)	anterior Cx-	

Others

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

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT
		PHO vaccine ✓	-	ECG, Echo W
3/6/26	Hb-10.6 PCV-32	TSH-6.1 [illegible] (N)		

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

SYSTEMIC EXAMINATION

Height 151.1 CVS _____ } NAD

Weight: 63.7 Respiratoy System: _____

BMI: _____ Breasts: S/L Thyroid: _____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
8/1/26	58.5	119/79							
3/2/26	58	100/56							
5/3/26	~~58~~ 6	106/66							
6/4/26	61	94/60							
27/4/26	62.3	102/64							
27/5/26	63.5	110/66							
10/6/26	63.9	105/66							
Duey-10 -> TFT									
24/6/26	64.3	99/58							
1/7/26	64.5	100/64							

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:_____

PATIENT TRANSFER FORM

GUC-00085094 IP18-0003627
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 18 D (F)
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

	Date & Time of Admission	Date & Time of Transfer Order
	1/7/26 at 8.35 pm	2/7/26 at 5.30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Priyadharshini	further treatment DR. Divya	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	7th floo	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
op file -	CTh - (10)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Zerodol SP	10
2.	Tab. Xoritas 500mg	10
3.	Tab. Pan 40mg	10
4.	Inj. Supacef 1.5gm	1
5.	DSY Come	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 2404th	Dr: Divya

Patient & Clinical Records Received by : Sowmiya 019559

Date & Time of Patient Received : @ 5.30pm.

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

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

Mrs. Sivasakthi

PARTOGRAPH

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☑ Cord: one loop coiled around 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: P.M.C / variable Decels

Application, Locking & Traction:

Duration of Instrumentation:

No. of Pulls:

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☑ Mild ☐ Atomic ☐ Traumatic ☐ None

Lacerations: -

Cervical: -

Perineal: 2° tear

Others:

Prophylaxis: (Synocinon) Prostodin

Blood Loss: ~ 380 ml

Blood Transfusion: -

Other Details (if any):

Ractal Examination: (N)

DURATION OF LABOUR

1st Stage: 10 hours

2nd Stage: 20 mins

3rd Stage: 10 mins

Duration of Active Pushing:

No. of VE'S:

BABY DETAILS

Gender: BOY

Weight: 2.8 kg

APGAR: 8/10 9/10

Date and Time of Delivery: 2/7/26 @ 12:19pm

LW Doctor: Dr. Priyadharshini

LW Sister: S/N Ahunya

(P.T.O.)

PARTOGRAPH

Name: Mrs. Srivasakthi

Obstetrics Formula: G2P1L1

Blood Group Type: A +ve

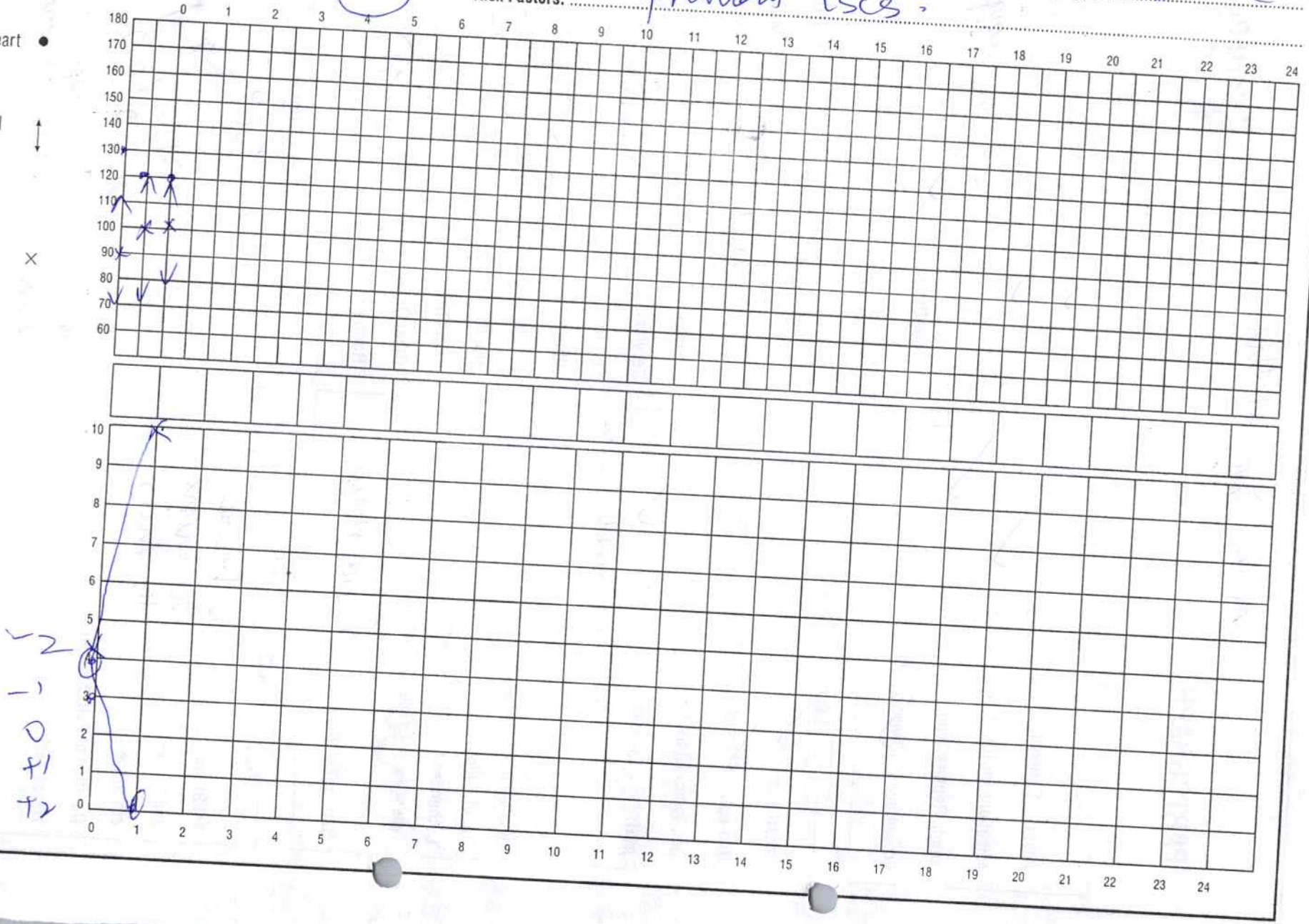
Memb. Ruptured: SROM PROM (ARM)

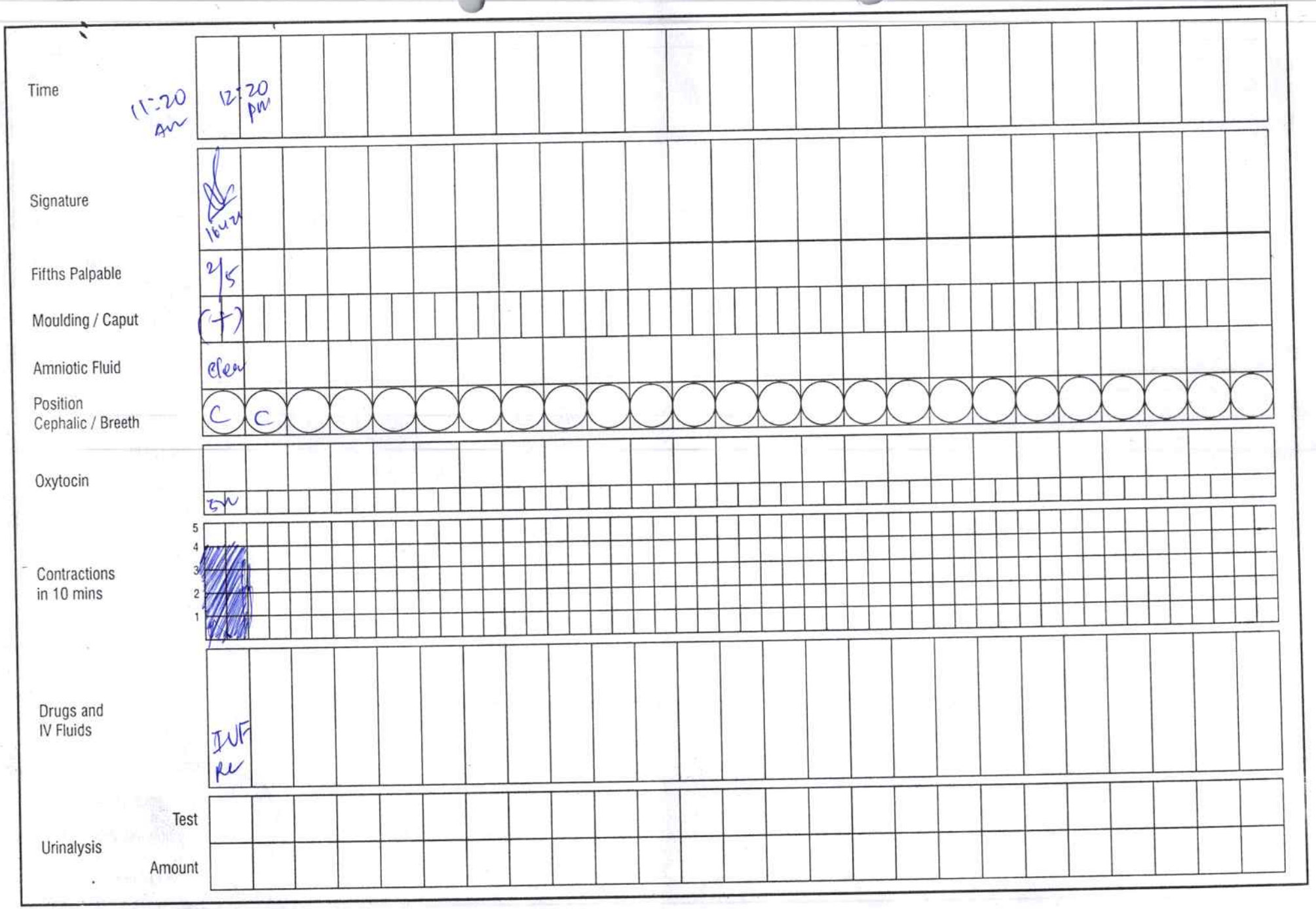
Risk Factors: Previous LSCS.

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
11:20 AM
12:20 PM
Signature
16422
Fifths Palpable
2/5
Moulding / Caput
(+)
Amniotic Fluid
Clear
Position
Cephalic / Breeth
C
C
Oxytocin
5IU
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
INF
RL
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: .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INSTRUMENTAL DELIVERY PROFORMA

Patient Label

Mrs. Sivasakthi

OBSTETRICIAN	Dr. Priyadharshini
ANAESTHETIST	-
ASSISTANT	Dr. Vinitha
DATE	02-07-2026
TIME	12:18 pm
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED 10 MLS
OF 2% LOX
EPIDURAL / SPINAL
GA

CTG
NORMAL / SUSPICIOUS / PATHOLOGICAL
(WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)

LIQUOR
CLEAR / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
0/5 PALPABLE

VAGINAL EXAMINATION — 10 cm

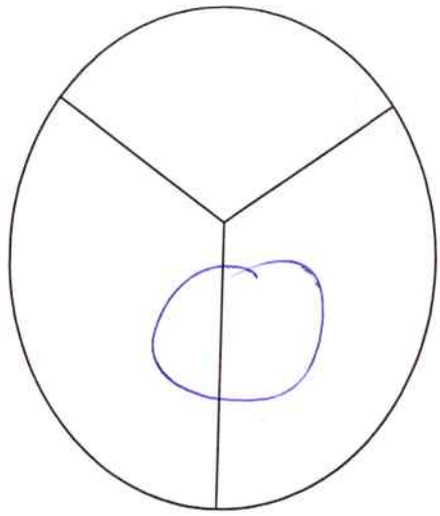
NUMBER OF CMs DILATED
STATION OF PRESENTING PART
-1 / 0 / +1 / +2 / +3

POSITION	DOA /	LOA /	ROA /	ROP /	LOP /	DOP /	LOT /	ROT
CAPUT	0	+	++	+++				
MOULDING	0	+	++	+++				

INSTRUMENT USED
1 Ventouse
KIWI CUP / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION YES / NO	TIME OF APPLICATION 12:18 pm	No. OF TRACTIONS 1
ABANDONED YES / NO (FULL DETAILS IN NOTES)	TIME OF DELIVERY 12:19 pm	LENGTH OF DELIVERY

Brief description of delivery and perineal repair.
(Please mark ventouse position on diagram)



EXTENT OF TEAR

EPISIOTOMY / 1ST degree / 2ND degree / 3A / 3B / 3C / 4TH degree
(If 3rd or 4th, please complete proforma)

SUTURE MATERIAL USED 2/0 VICRYL (number 2777) 3/0 VICRYL (number.....) OTHER?	**SUTURE TECHNIQUE** CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	**PR** YES / NO	**PV** YES / NO
FOLEY CATHETER YES NO REMOVE..... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	**SWAB COUNT** PRE – REPAIR YES POST – REPAIR YES	**ANTIBIOTICS** YES / NO (PRESCRIBE ON DRUG CHART)	**ANALGESIA** YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO	

GUC-00085094 IP 18-00058276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 20 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 03/07/2026 Time: 11:15 AM

Origin: T Height: 151 cm Weight: 64.5 Kg BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: Nil

Diagnosis: Vacuum Assisted Vaginal Delivery T RMLE. Hypothyroid – Gestational.

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups (1)

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (2).

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

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

Patient's / Attendant's

Signature: A Ganesh

Name: A. GANESH

Date & Time: 03/07/26 @ 11:15 AM.

Dietician's

Signature: A. Sadiqa C018336

Name: A. Sadiqa Fesheen

Date & Time: 03/07/26 @ 11:15 AM.

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
02/07/26.	08:30 AM.	- Patient is on Liquid diet. - Patient is stable. Oral intake is Better. - Advised to take Plenty of Oral fluids like water, tender-coconut water, fruit Juices (etc). Fluids - 2.5-3 l/d.	A.N (018336)
	12:30 PM.	Vacuum Assisted Vaginal Delivery & RMLE. done. - Patient is on Normal Diet. - Patient is stable. Oral intake is Better. - Advised to take well-Balanced diet. - Consume small-frequent meals. RDA Values - Energy - + 600 Kcal. Protein - + 17-19 g/d.	A.N (018336)
30/07/26.	08:30 AM. PND-1	- Patient is on Normal Diet- - Patient is stable. Oral intake is Better - Adequate. - Consume galactogogues foods for milk secretion such as garlic, fennel and Oats (etc) - Stools ~~not~~ Passed today.	A.N (018336)