Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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ACTIVITY RECORD FOR BILLING

Name: MRS: ROHINI VARSHA

UHID No: 90434 IP No: 362224 Consultant: PADMASHRI Dept: LDR

Date of Admission: 28/6/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/6/26	7:10pm	LDR	7th floor	[illegible]

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6	CTG - ①			8610	Shalem 24107
	CTG ②			8610	10174
	CTG - ③			008614	016120
28/6/26	Infusion pump	11.25Am	28/6/26 6:30pm	1718672	
	CTG - ④			008614	
	CTG - ⑤			008614	
	CTG - ⑥			008615	01172
	CTG - ⑦			008615	01172
	CTG - ⑧			008616	017808
	CTG - ⑨			008616	017808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/6/26	IV placement		(718578)	Shalini DUTY

ANY OTHER INFORMATION:

Normal vaginal Delivery
Date: 28/6/2026 Time:- 3:30pm to 4:30pm
Duration: 1hr
Dr: padmashri pasupalan
Dr: Divyalakshmi

Date: 29/6/26 Time: 6AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
607383	7th Floor		

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Dr. PADMASHRI PARIMALAM

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		10 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036224 **Admit Date** : 28-Jun-2026 **Admit Time** : 03:50 AM **UHID** : GUC-00090434

Patient Details :

Patient Name	: Mrs ROHINI VARSHA	**Age**	: 26 Y 9 M 14 D
Guardian	: RAMPRASATH	**DOB**	: 14-09-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 10 SUNDAR NARAR 4 TH AVENUE EKKAOJTHANGAL Guindy Ind Estate Chennai Tamil Nadu INDIA 600032	**Phone No**	: 9597729575/ 7010713003
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : RAMPRASATH **Relationship** : Husband

Contact Address : 10 SUNDAR NARAR 4 TH AVENUE EKKAOJTHANGAL Guindy Ind Estate Chennai Tamil Nadu INDIA 600032 **Phone No** : 9597729575

Signature

Doctor Details :

Doctor Name : Dr. PADMASHRI PARIMALAM **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs ROHINI VARSHA**	**Age :**	**26 Y 9 M 14 D**
IP No:	**IP18-00036224**	**Sex:**	**Female**
Consultant:	**Dr. PADMASHRI PARIMALAM**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) M.R—M

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: M.R—M.

Name: Mr RAM PRASATH.

Relationship: HUSBAND.

Date: 28/06/26 Time: 03:50 AM

Witness Name: P Thamaraj Selvan

Witness Signature:

Patient Address:

10 SUNDAR NARAR 4 TH AVENUE
EKKAOJTHANGAL Guindy Ind Estate
Chennai Tamil Nadu INDIA 600032

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BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs ROHINI VARSHA	UHID Number : 90434
Self/Attendant Name : RAMPRASATH.	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Patient c/o leaking PV since 3.4m
* Able to perceive fetal movements well
* No Lower Abdominal Pain.

Obstetric Formula:
Primi

Obstetric History:
G_1 - PP, Spontaneous conception

Present Pregnancy Record:
Booked and Immunised
NT Scan - Normal ; FTS - Low risk,
Anomaly Scan - Normal

RISK FACTORS:
PROM (Since 3A 28/6)

Height: ..... cm
Weight: 50.5 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 88/min
BP: 110/70mmHg DTR:
CVS: $S_1 S_2$ ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

LMP: 2/10/2025 EDD:
Corrected EDD: 14/07/2026 GA:
Menstrual History: Regular : ☑ Yes ☐ No
Obstetric Examination M/S - 1yr, NCM
Fundal Height: Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination
Cervix: ☑ Long (1.5cm) ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated Os admits 1 finger tight
Membranes: ☐ Present ☑ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primi	LMP - 02/10/2025	GA - 37 weeks + 5 days
M/S - 1yr	C. EDD - 14/07/2026	PROM
NCM	RMP	
O +ve.		

(P.T.O)

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

Family History:	Surgical History:
Father - HTN	H/o Lacer for Renal calculi procedure. H/o Fracture in (D) foot (Hairline #)
Medical History: Nil	**Medication History:** Nil
Plan of Care: C/I/T Dr. Padmashree - T. Misoprostol 25mcg sublingual - Check for contractions after 2 hours. - Inj SUPACEF 1.5g IV 1-0-1 (A+D)	**Investigations:** CTG - Reactive

Doctor Name: Dr. Pavithra / Dr. Shreedevi
Signature: [signature]
Date & Time: 28/06/2026 3:30AM

Consultant Name: Dr. Padmashri
Signature: for [signature]
Date & Time: 28/06/2026 3:30AM

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RESULT SHEET

Date	11/6/26					
Time						
Hb	12				O-POSITIVE	
PCV	35.3					
RBC	3.74					
WBC	10,150					
N/L	66.70/26.1				HIV I & II	
Platelets	2.20				Anti-HCV	Non-Reactive
CRP					VDRL	
ESR					HBs Ag	
PCT						
RBS						
Na						
K						
Cl					HbA1C - 4.3	
Ca/Mg						
Phosphate						
Urea					TSH - 0.607	
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						

(P.T.O)

Date	10/4/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Negative					
CUE - Ketones.	Negative					
CUE - PUS Cells.	Plenty					
CUE - RBC Cells	Nil					
CUE						
	Bacteria - ++					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 12/6/26 SLIUG, 36wks+1 days EFW - 2207 grams + 322 grams

X-Ray : Cephalic

ECHO : Placenta - Posterior 28/6/26

CT : AFI - 12.6 cm SLIUG

MRI SLP - 5.11 cm Cephalic

Others (ECG, Contrast Studies etc.,) : FHS - Good

AFI - 12 cm

EFW - 2.5 kg

CPR > 1

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40y-1999 26 Y 9 M 14 D (F)
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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/S/B Dr. Padmashri	
8Am	PA reviewed, Nil c/o	
	Able to PFM well	
	c/o leaking PV	
CTG-Reactive	O/E PA GC fair, Afebrile	
T-(N)	P°/PE°	
PR- 84/min	CVS /	
BP- 108/68 mmHg	RS / NAD	
	P/A - uterus @Term	P/V- Cx-1.5cm/long
Bed side USG	Mildly Acting	os- admits 1 finger
DOP	Cephalic	Membranes - Absent
	FHS-good	Vertex @ - 3
	↓ SAP, Induction of labour done with 20F Foley's inserted intracervically and bulb inflated with 80ml of distilled water. T. Misoprostol 25mcg kept PV.	
		Advice
		- Normal diet
		- Vitals Monitoring
		- CTG Stat
		- W/F Foley's expulsion
		- T. MISOPROSTOL 25mcg Sublingual PA. PR checking Contractions
		- W/F Contractions
		- Inform (Sos)

1822/1

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:25 Am		S/B ~~Dr. Dinyalakshmi~~ C/D/W. Dr. Padmashree
	POSA foley c/g - Reactive 3c/15-20sec/10 mins	
	Advice:	
	- Hourly traction.	
	- Tab. MISOPROSTOL 25mcg PR STAT.	
	- Post miso c/g at 10:30 Am	
	- W/F contractions.	
	- Diaper watch.	
	- Inform SOS.	
		Dr. 04285
28/6/26 11:25 Am		S/B Dr. Dinyalakshmi I/C Dr. Padmashree
	pt. reviewed	
post miso c/g reactive	2c/15 sec/10 mins	
	L/E: Foleys deflated intoto.	
	p/v: Cx 1.5cm long, mid consistency. Os 2 fingers dilated. membranes (+).	
	Vx - 3. Clear liquor leaking PV.	

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advice	
	- To start Inj SYNTO 5 units in 500 ml.	
	RL @ 24ml/hr.	
	- Titrate synto accordingly.	
	- Continuous CTG.	
	- W/f contractions.	
	- Diaper watch.	
	- If inadequate contractions,	
	plan for re-foley's induction	
	- Inform SOS.	
		[signature] 164288
28/6/26 3:40pm	S/B Dr. Divyalakshmi	
		pt. reviewed.
	c/o pressure sensation	
CTG Reactive Synto @ 168ml/hr	P/V: Cx fully effaced.	
	OS 7-8cm dilated.	
	membranes (-)	
	Vx at 0 station	
	pelvis adequate.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advice.	
	- Shift to LDR.	
	- Stop Inj. SYNTO.	
	- Inform SOS.	
		16/12/28
28/6/26 3:10 pm	S/B Dr. Padmashri	
	pt. reviewed	
	P/V: Cx fully effaced Os fully dilated membranes (-) Vx at O	
CTG - Reactive		
		Advice
		- Encourage to bear down.
		- Restart Synto at 168ml/hr
		- Continuous CTG
		- Inform NICU
		16/12/28

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026 3:43 pm	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY. C/B - Dr. Padmashri Parimalam A/B - Dr. Divyalakshmi. S.R.	
Shoulder dystocia, one loop cord, Mild atonic PPH	↓ASP, pt ↓ lithotomy position, perineum painted and draped. Perineum infiltrated with local anesthesia. Pt. encouraged to bear down. At crowning, RMLE given to deliver an alive term GIRL baby with one loop of cord around the neck, easily slipped off. Baby cried immediately after birth. Cord clamped and cut and baby handed over to the pediatrician. Shoulder dystocia ④. McRoberts maneuver + Suprapubic pressure given. Placenta & membranes delivered intoto. Episiotomy inspected Mild atonic PPH noted and medically managed with 2g. SYNTO 20 units in 10 RL, T. MISOPROSTOL 800 mcg PR, Inj. TRANEX 1gm IV, Inj. CARBOPROST 250 mcg IM, Inj. METHERGINE 0.2 mg IV/IM then contracted well. Episiotomy sutured in layers using rapid vicryl - Hemostasis secured.	

GUC-00090434 IP18-00036224
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14-09-1999 25 Y 9 M 14 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - uterus firm and well contracted P/V - No undue bleeding PV. P/R - Rectal mucosa & sphincter tone (N)	
	B Alive term GIRL A 28.06.2026 @ 5:43pm B 2.545kg Y 8/10, 9/10	
	EBL - 380ml	Advice - Normal diet. - plenty of oral fluids. - Monitor vitals. - follow alert chart - W/F bleeding PV. - DBF. - Measure & inform first void.
Baby M/S		
	10/4/28	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Dhanyalakshmi	
28/6/26	pt. reviewed.	
7pm		
	O/E: pt GC fair, afebrile	
	PO / PC ○	Advice
PND-0		- Normal diet.
	P/A: soft	- plenty of oral flu[ids]
T = (N)	Uterus contracted well	- Monitor vitals.
PR: 83 b/m		- follow drug chart.
BP = 109/83 mmHg	L/E: Epi intact	- DBF.
	BWNL	- W/F ↑ bpm.
passed		- Shift to ward
500ml	Baby m/s	- Inform SOS.
urine	Breasts soft	
	6/28	
28/6/26	S/B - Dr Mandhaemari	
9pm		
	pt reviewed	
PND#0	no complaints	
	O/E - GC fair, afebrile	
	no pallor / no PE	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
T - (N)	P/A - soft	Advice
PR - 86/min	ut contracted well	
BP - 112/74 mmHg		continue the same
SpO2 99% RA	L/E - Episiotomy wound	
	intact	
voided urine	BWNL	
		[signature]
B/L breast soft		1560 hrs
Baby - m/s		
29/06/2026	c/s/b Dr. Vinitha / Dr. Shreeden	
9 Am		
PND - 1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T - (N)	P° / PE°	- Plenty of oral fluid
PR - 74/min	CVS / RS - NAD	- Vitals monitoring
BP - 109/68 mmHg		- Follow drug chart
	P/A - ut well contracted	- W/F ↑ Bleeding PV
Baby - m/s	soft	- Inform SOS
B/L - Breast soft	L/E - BWNL	
voiding freely,	Epi wound intact	
Passed stools		
	[signature] 182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

(1)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: ....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi [signature] 18227

Date & Time : 28/6/26

Nurse Name & Signature: S. Nivetha [signature] 011744

Date & Time : 28/6/26.

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

GUC-00090434
Mrs ROHINI VARSHA IP18-00036224
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: IDR ..... Shifted to: 7th floor .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. CEFTUM	500mg	PO	BD	—	☐C ☐DC
2	Tab. PANTOPRAZOLE	40mg	PO	BD	28/6/26 at 7pm	☑C ☐DC
3	Tab. ZERODOL-P	1 tab	PO	BD	—	☑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 : 16428 Dr. Divyalakshmi S.R

Date & Time : 28.06.2026 at 7.10pm

Nurse Name & Signature: S/N: Akalya 018088 SA 018088

Date & Time : 28/6/26 at 7:10pm

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

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 25 Y 9 M 14 D (F)
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DRUG CHART

Date of Admission: 28/6/26 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-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

REGULAR PRESCRIPTIONS

Weight. 80.5 Ward. LDR

DRUG : INJ SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	28/6/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 28/6 — 4AM, 4PM; STOP

DRUG : Tab. CEFTUM

Dose	Route	Frequency	Start Date
500mg	PO	1-0-1	28/6

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 28/6, 29/6 — 8AM, 8PM; D1

DRUG : Tab. PAN

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	28/6

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 28/6, 29/6 — 7AM, 7PM

DRUG : Tab. ZERODOL-P

Dose	Route	Frequency	Start Date
1 tab	po	1-0-1	28/6

Name & Signature of the Doctor Starting the Drugs: 164285

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 28/6, 29/6 — 8AM, 8PM

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

Weight. 50.5 Ward. LDR

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/6	3.40 AM	T. MISOPROSTOL	25mcg	Sub lingual	182217	SP / SK
28/6	4.30 AM	INJ. SUPACEF	D.1ml	Id	182217	SP / IN
28/6/26	8 AM	T. MISOPROSTOL	25 mcg	PV	182217	TJ / SP
28/6/26	9:30 AM	T. MISOPROSTOL	25mcg	Sub lingual	164288	SP / TJ
28/6/26	10.40pm	Inj: EPIDOSIN	2cc	Slow IV	164288	SP / TJ
28/6/26	2:30 pm	Inj. DROTIN	1amp in 8ml NS	slow IV	164288	SA / SP
28/6	3.43pm	Inj: SYNTO	10 units	IM	164288	SA / SP
28/6	3:45pm	Inj. METHERGINE	0.2mg	slow IV	164288	SA / SP
28/6	3:50pm	Inj. CARBOPROST	250 mcg	IM	164288	SA / SP

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

I.V. FLUIDS CHART

Weight. 50-55kg Ward. 2DR

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
28/6/20	8:30AM	IVF 1000 RL	IV	125 ml/hr	16428	SP / TJ	28/6	16428	SP / SP
28/6	11:30 AM	Inj. SYNTO 5 units in 500ml RL	IV	24 ml/hr	16428	TJ / SP	28/6	16428	SA / SP
28/6	3:45 pm	Inj. SYNTO 20 units in 500ml RL	IV	125 ml/hr	16428	SA / SP	28/6	16428	SA / SP

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

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
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STAT / ONCE ONLY DRUGS

Name: Mrs. Rohini Varsha

Weight: 50.5 kg

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/6	3:50pm	Inj. TRAPIC	1gm	IV	16426	SP	SP
28/6	3:50pm	T. MISOPROSTOL	800 mcg	PR	16426	SP	SP
28/6	4:30pm	Inj. EMESET	8mg	IV	16426	SP	SP
28/6	4:30pm	NEOMOL SUPPOSITORY	250mg (4)	PR	16426	SP	SP

Docu. No. : RCH /FRM / CLINICAL / 136

GUC-00090434 IP18-00036224
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Early Warning Observation Score Chart - Obstetrics

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

28/6	Date																				3	4	5	6	7
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2					
RESP (write rate in corresp. box)	> 30																								
	21 - 30																				20			22	
	11 - 20																								
	0 - 10																				98%			99%	
Saturations	94 - 100 %																								
	< 94 %																				RA			RA	
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																				98.6			98.6	
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																				88/min			84/min	
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																				110			108	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																				70			68	
	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	
TOTAL ORANGE SCORES																					0			0	
Nurse Initial																					ft			ft	

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

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA (F)
14-09-1999 26 Y 9 M 14 D
Dr. PADMASHRI PARIMALAM

(9)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 22/6/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20		18		18		19	19	19	19		20	20				20				20			
Saturations	94 - 100 % / < 94 %	99%		100		100		100	100	100	100		100	100%				99%				100%			
Administered O_2 (L/min.)		RA		RA		RA		RA	RA	RA	RA		RA	RA				RA				RA			
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35	98.8		98.6		98.6		98.8	98.6	98.6	98.8		98.8	96.2°F				98.8°F				98.0°F			
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40	82		90		88		81	80	80	78		83	78 b/m				74 b/m				74 b/m			
↑ Systolic Blood Pressure	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	108		104		120		115	90	99	103		109	100 (65)				112 (88)				109 (70)			
↓ Diastolic Blood Pressure	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40	70		68		70		75	60	65	80		83	52				60				68			
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓	✓	✓	✓		✓	✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓	✓	✓	✓		✓	✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		–		–		✓	✓	✓	✓		✓	✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓		✓		–	–	–	–		–	–				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0		0		0		0	0	0	0		0	0				0				0			
TOTAL ORANGE SCORES		0		0		0		0	0	0	0		0	0				0				0			
Nurse Initial		[illegible]		[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]				[illegible]				[illegible]			

GUC-00090434 IP18-00036224
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14-09-1999 25 Y 9 M 14 D (F)
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FLUID CHART

Sheet No. : 1

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

28/6/26		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											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am	←		Admission		28/6/26					→	
	03:00 am	Water	150ml								NAD IV	8
	04:00 am	Water	100ml	IVF RL 100ml						200ml	Nad	8
	05:00 am	Water	100ml								0	8
	06:00 am										0	8
	07:00 am	Milk	150ml							100ml	0	8
Total Intake :						Total Output :						

Total 24 hrs. Intake	600ml

Total 24 hrs. Output	300ml

GUC-00090434 IP18-00036224
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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/6/20												
	08:00 am	H2O	150	IV 200ml						200ml	0	TW
	09:00 am										0	TW
	10:00 am	H2O	100ml	syrup						200	0	TW
	11:00 am			24						200	0	TW
	12:00 pm	Juice	200	48ml						100	0	TW
	01:00 pm			72							0	TW
Total Intake :		894ml				Total Output :				700ml		
	02:00 pm	Juice	100ml	144						200	0	SA
	03:00 pm	H2O	100	192							0	SA
	04:00 pm	TC	100	195							0	SA
	05:00 pm	H2O	100	195							0	SA
	06:00 pm	H2O	100	195						500	0	SA
	07:00 pm										0	SA
Total Intake :		1211ml				Total Output :				700ml		
	08:00 pm										0	P.V
	09:00 pm	H2O	200								0	P.V
	10:00 pm									300	0	P.V
	11:00 pm	H2O	200								0	P.V
	12:00 am						✓				0	P.V
	01:00 am	H2O	100							300	0	P.V
Total Intake :		500ml				Total Output :				600ml		
	02:00 am										0	P.V
	03:00 am	H2O	200								0	P.V
	04:00 am										0	P.V
	05:00 am	H2O	200							300	0	P.V
	06:00 am										0	P.V
	07:00 am	H2O	200								0	P.V
Total Intake :		600ml				Total Output :				300ml		

Total 24 hrs. Intake	3,205 ml	Total 24 hrs. Output	2,300ml

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NURSING CARE RECORD

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

Date: 08/6/26

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	3PM	Prevent fall and injury.	4PM	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment was done	Sheela 040722

atient Sticker

GUC-00090434
Mrs ROHINI VARSHA IP18-00036224
14-09-1999 26 Y 9 M 14 D (F)
Dr PADMASHRI PARIMALAM

NURSING CARE RECORD

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

Date: 22/6/26

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	7.30 AM	Achieve acceptable pain control and comfort	8AM	* Assess pain using Pain scale * Administer analgesic to some extend * Provide Non Pharmacological Measures	Reduced pain and discomfort	Reassessment Done	Sr Fluvy
Afternoon	2pm	Achieve Acceptable pain control and comfort	2:30 pm	Assess pain using pain scale Administer Analgesic to some Extend Provide non pharmacological measures	Reduced pain and discomfort	Reassessment was Done	Sr Aradhya 0180
Night	8pm	Assess the patient condition Monitor vitals Maintain I/O Administer Medication	7AM	Assessed the patient condition Monitored vitals Maintained IO Administered Medication	patient vitals stable	patient feel	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

(1)

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
28/6/26	3³⁰Am	Admission Notes :	
		A New patient got	
		admitts Mrs. Rohini varsha	
		26y/Fe. patient under DR. padmasri	
		mam patient. patient Came	
		for primi 37+5 day complaints	Shalen
		of leaking pv since 3Am PROM	04072
		patient conscious & Oriented	
		vital sign checked & Recorded	
		vital sign are stable.	
		CTG Connected FHR is good	
		s/b. DR. pavithra she pv Examination	
		done. Cervix 1.5cm long, Os admits	Shalen
		1 finger tight.	04072
	3⁴⁰Am	DR. pavithra mam advice. Tab. Miso	
		25mcg sublingual	Shalen
		Tab. Miso 25mcg sublingual given	04072
		Contraction checked 3 contraction	
		15 seconds.	
	4³⁰Am	CTG Disconnected. enformed DR. pavithra	
		New IV line insert Lt Hand	
		18G cephallic. IV line pattent,	
		No swelling. IVF RL connected	
	4³⁰Am	CTG Disconnected Inj. Supacef 0.1ml ID given	
		Part preparation done.	
		patient morning care given	Shalen
	5²⁰AM	No Allergy Reaction.	04072.

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GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continuous 28/6/26 →	
28/6	5²⁰Am	Inj. Supacef 1.5gm IV full dose IV given	
		Patient General condition is fair	
	5³⁰Am	3 contraction 15 to 20 seconds	Shalini 28/6/26
	6Am	I/O chart maintain	
	7¹⁰Am	Patient handing over given to Morning duty staff	Shalini 28/6/26
		Morning Duty (28/6/26)	
	7.30 Am	Patient care Handing over taken from Night duty staff. Monitored vitals and Recorded. Maintained I/O. IV cannula observed, pain assessment done. leaking present.	[illegible] 28/6/26
	8Am	Dr. Padmashree mam assessed the patient Cx 1.5cm long os admits 1 finger membrane absent vertex at -3, V/S AP Induction of labour done with 20FR Foleys inserted intracervically and bulb inflated with 30ml of distilled water. T. Miso 25mg kept PV. CTG connected. FHR monitoring. Maintained I/O. watching contractions	[illegible] 28/6/26

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

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/20	8:30AM	CTG is going FHR ⊕. CTG is non reactive soon pt IV connected on flow as per doctor order. pt had normal diet. IV line pattern.	[illegible]
	9:30AM	CTG is reactive disconnected as per doctor order. Dr. Divyalakshmi advice to give T. miso 25mcg sublingual order carried out. T. miso 25mcg sublingual given as per doctor order.	[illegible]
	10.30AM	Post T. Miso CTG connected. FHR Monitoring. Maintained I/O. watching contractions. Pain assessment Done	[illegible]
	11.10AM	CTG disconnected as per doctor order. Encourage to take adequate oral fluid. maintain I/O chart	[illegible]
	11.25AM	Dr. Divyalakshmi advice to start Tr. syntocinon order carried out. CTG connected FHR ⊕. Tr. synto 5U in 500ml 24ml/hr started on infusion as per doctor order. provide left lateral position to the pt.	[illegible]

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	12pm	CTG on Connect. FHR Monitoring. Maintained I/O. Inj-synto 5units RL 500ml on connected. watching Contractions. No any other complaints. IVF RL 500ml on connected	[signature] 016120
	12.45pm	Inj. Epidosin 2cc IV slowly given as per doctor order. CTG on connect. FHR Monitoring Maintained I/O. patient General Condition Fair. watching Contractions	[signature] 016120
	1pm	Monitored vitals and Recorded. Maintained I/O. CTG Connected. FHR Monitored. pain assessment Done. Inj. Synto 9ml/hr on Connected	[signature] 016120
	1.30pm	pt care hand over given to evening duty staff. Synto bottle going on infusion.	[signature]
		Evening duty	
	1:30 pm	patient care hand over taken from Morning duty staff Nurse patient was stable conscious & oriented IV line presents pattern Inj syntocin 14ml/hr ongoing pt general condition fair	[signature] 018057

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(3)

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	2pm	⇒ patient was stable Inj: syntocin on going FHR is good Ⓐ provided comfortable position To Encourage Adequate contr →	S/N Akalya 01805
	2:30 pm	⇒ Dr: Divyalakshmi Advised to Inj: Duotin 2cc & 8ml NS dilution Every contraction Time 1ml IV given to patient FHR is good Ⓐ pt is shifting position. To Encourage Adequate contr →	S/N Akalya 01805
	2:40 pm	⇒ patient compliants of pushing sensation Informed Dr: Divyalakshmi Do PV Examination she is 7cm to 8cm dilatation Advised to pt shifted to LDR II →	S/N Akalya 01805
	3:10 pm	⇒ Dr: padma shri parimalan Do PV Examination findings was she is fuly dilatation Advised to keep Increasing Inj: syntocin. 16 8ml/hr FHR is good Ⓐ To given to lithotomy position patient vital are stable pt general condition fair →	S/N Akalya 01805

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	3:43 pm	Normal vaginal Delivery patient given to lithotomy position clean the perium for povidone solution Inj: Lox 2%. Infiltration was done To Encourage pushing keep Increasing Inj: Syntocin (90ml/hr FHR is good ⊕ Baby is delivered at 3:43 pm Normal vaginal delively a alive Unit Baby delivered, Baby given to peadiatrian, Inj: Syntocin 10 units Im given Inj: Syntocin 20 units RL 500ml connected on flow placental Expelled minimal of Bleeding is there Dr: padmashri Adviced to Inj: methergen IV given and Inj: Carboprost Im given & Inj Tranexic (900m) ē NS 100ml connected on flow Bleeding is Normal, pt vital are stable Tab: miso 800mg kept the pt suturing was done count done & disposable, provided comfortable position. Shoulder dystocia present	STEAM 6 Type ISO 11140 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 Shilpalya 01805

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	Continue Notes	Baby Details:-	
		Date:- 28/06/2026	
		Time:- 3:43 pm	
		Weight:- 2.545kg	
		Sex:- Girl Baby	
		APGAR SCORE:- 8/10 9/10, →	S/N Akalya 01805
	4:30 pm	⇒ Dr: Divya lakshimi Advised to last one due medication Inj: Cefpaef 1.5gram IV given to pt Neomol Suppository 250mg & kept the pt pt is voiding Inj: Emeset 8mg IV given to patient →	S/N Akalya 01805
28/6/26	5pm	B - Breast is soft NO Enlougment	
		U - Uterus was contracted swell	
		B - Bowel movement present	
		B - pt is self voiding	
		L - Lochia Rubra present	
		E - REEDA Assessment was done	
		H - Homan signs negative	
		E - pt Emotional good →	S/N Akalya 01805
	bpm	⇒ patient was stable	
		Checked for Bleeding minimal of Bleeding TO Enlouge Adequate odalls NO compliants →	S/N Akalya 01805.
	6:45 pm	⇒ patient is voided 300ml	
		Informed Dr: Divya lakshimi	
		DO scan Advised to patient →	Akalya 01805

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D. : RCH /FRM / CLINICAL / 089

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	7:10pm	Shifted to ward. patient care hand	
		overs given to 7th floor staff —	S.W.Abaly
		Receiving nurse	01808
	7:15pm	Pt Receiving LDR. She was	
		conscious & oriented well	
		vital signs are normal & fluid	
		maintained. due C-section Seasons	
		hours advised local breast	
		care. general condition is	
		fair. —	[illegible]
		Night duty	
28/6/26	7:30PM	patient details handover taken	
		over from Evening to Night	
		duty staff. patient is Normal	
		diet, IV line ⊕, oral medication	P.Kaviy 60770
	8.00pm	patient vitals checked and	
		Recorded. Due medication	
		given and Recorded. Dr. Anand	
		eswari Mam come and see	
		advised continue orals	
		Medication	P.Kav 60774
	10.00PM	B-Breast is soft, No engorgement	
		U-Uterus is contracted well	
		B-Bowel movement is present	
		B-Urine voided frequently	
		L-Lochia Rubra is present	

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PAIN ASSESSMENT FORM

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

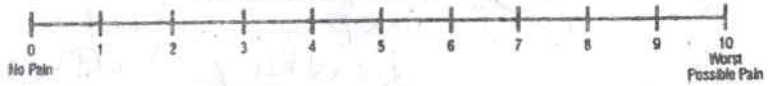
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

					Date : 28/6	28/6	28/6	28/6
					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	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	27	27	27
				Evaluator's Name	Shaalu			

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

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

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

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BRADEN 'Q' SCALE

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				Date :	29/6			
				Time :	M			
Mobility	...sible: ...n slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
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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			
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			
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			
				TOTAL SCORE	27			
				Evaluator's Name	[signature]			

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-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/6/26	29/6/26	
		Score	8pm	8AM	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	
GAIT / Transferring	Impaired	20	20	20	
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15		0	
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20	20	
		Signature	[illegible] 600261	[illegible]	

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 006

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Patient's Name GUC-00090434 Mrs ROHINI VARSHA IP18-00036224
MRD NO:....... 14-09-1999 26 Y 9 M 14 D (F)
Age :............ Dr. PADMASHRI PARIMALAM ☐M ☐F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 28/6/26 Time: 4:30 Am
Location : Lt Cephallic
Size : 18 G
Cannula inserted by : S/N. Nivetha

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
28/6	4:30 Am	☐Yes ☑No	☐Yes ☑No	Observe cannula	Sf
	6:30 AM	☐Yes ☑No	☐Yes ☑No	observe cannula	Sf
	7:30 AM	☐Yes ☑No	☐Yes ☑No	observe cannula	Sf
	8AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observe	SD
	4pm	☐Yes ☑No	☐Yes ☑No	Observe	SD
	6pm	☐Yes ☑No	☐Yes ☑No	Observe	SD
	10PM	☐Yes ☑No	☐Yes ☑No	Observe	P.G
29/6/26	2AM	☐Yes ☑No	☐Yes ☑No	Observe	P.G
	6AM	☐Yes ☑No	☐Yes ☑No	Observe	P.G
	8AM	☐Yes ☑No	☐Yes ☑No	Pattern	AA
	12pm	☐Yes ☑No	☐Yes ☑No	Pattern	AA
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☑ a. Good
   - ☐ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☐ ~~a. Yes~~
- ☐ b. No

7. For Caesarian mothers: N/A

- ☐ a. Mother is required sit and feed from the 4th feed
- ☐ b. Please explain football hold

8. NICU admission: N A

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 28/06/2026

Baby is mothes side

good latching

L - 2	28/6/26	27/6/26
A - 2	L - 2	L - 2
T - 1	A - 2	A - 2
C - 2	T - 2	T - 2
H - 2	C - 1	C - 1
9	H - 1	H - 1
	8	7

Handover given by S/N Aealyo 01805a

Signature SA 01805a

Date & Time: 28/6/2026 at 4:40 pm

Handover taken by S Mimaee

Signature

Date & Time: 28/6/26 at 4:20 pm

GUC-00090434 IP18-00036224
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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/24 Time of Arrival: 3:50AM Time Seen by Nurse: 3:50AM

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

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

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

3) **Vital Signs:** Temperature: 98x7 Pulse: 84/44 RR: 24/44 SpO_2: 100% BP: 110/70 Weight: 60.5

4) **Gestational Criteria:**

Gravida:	G 1	P –	L –	A –

LMP: 2/10/2023 EDD: 14/7/24 Gestational Age: 37 wks 5 days

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: Hb. Cases for Renal calculi Procedure / H/o. fracture in Lt Foot Hairline #

b) Medical: Nil

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Panthea

Nurse Name : S. Shalini OWOH Nurse Signature: Shalini OWOH

Date: 28/6/26 Time: 7:30 AM

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 28/6/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes , identify

Chief Complaints: Preeni 37+5 wks PROM

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 3.30 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	H/o. Laser for Renal Calculi Procedure H/o. fracture in Lt foot (Hairline #)	Yes.

Blood Group: O+ve. LMP: 2/10/25 EDD: 14/7/26 Gestational age during admission: 37+5 days

Contractions: – Vaginal Discharge:

Obstetric History: G 1 P – L – A – Previous LSCS –

Height: Weight: 50.5 kg BMI:

Temp: 98.6°F HR: 88/mt RR: 20/mt BP: 110/70 SpO_2 98%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Father - HTN

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

Fall Assessment: ☐ Yes ☐ No Score ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..... 28 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☑ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Rohini Varsha .....

Orientation not given Reason: ..... ✓ .....

Nurse Signature: ..... S. Shalini .....

Nurse Name: ..... S. Shalini (CHO74) .....

Date & Time: ..... 28/6/06 at 3.30 Am .....

Mrs. Rohini Varsha

PARTOGRAPH

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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LABOUR

Labour: ☐ Spont ☑ IOL-PGE 1 ☐ E2 ☑ Others (Foleys)

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 around the neck.

Shoulder Dystocia: ☑ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

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

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

Indications: -

Application, Locking & Traction: -

Duration of Instrumentation: -

No. of Pulls: -

Catherised : ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☑ Atomic (mild) ☐ Traumatic ☐ None

Lacerations: -

Cervical: -

Perineal: 2° perineal tear

Others: -

Prophylaxis: Synocinon ✓ Prostodin ✓

Blood Loss: ~ 350ml

Blood Transfusion: -

Other Details (if any): -

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 12 hours

2nd Stage: 15 mins

3rd Stage: 05 mins

Duration of Active Pushing: 10 min

No. of VE'S: 5

BABY DETAILS

Gender: GIRL

Weight: 2.545 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 28.06.2026 @ 3:43pm

LW Doctor: Dr. Dinyalakshmi. S. R.

LW Sister: SN: Parameshwari

PARTOGRAPH

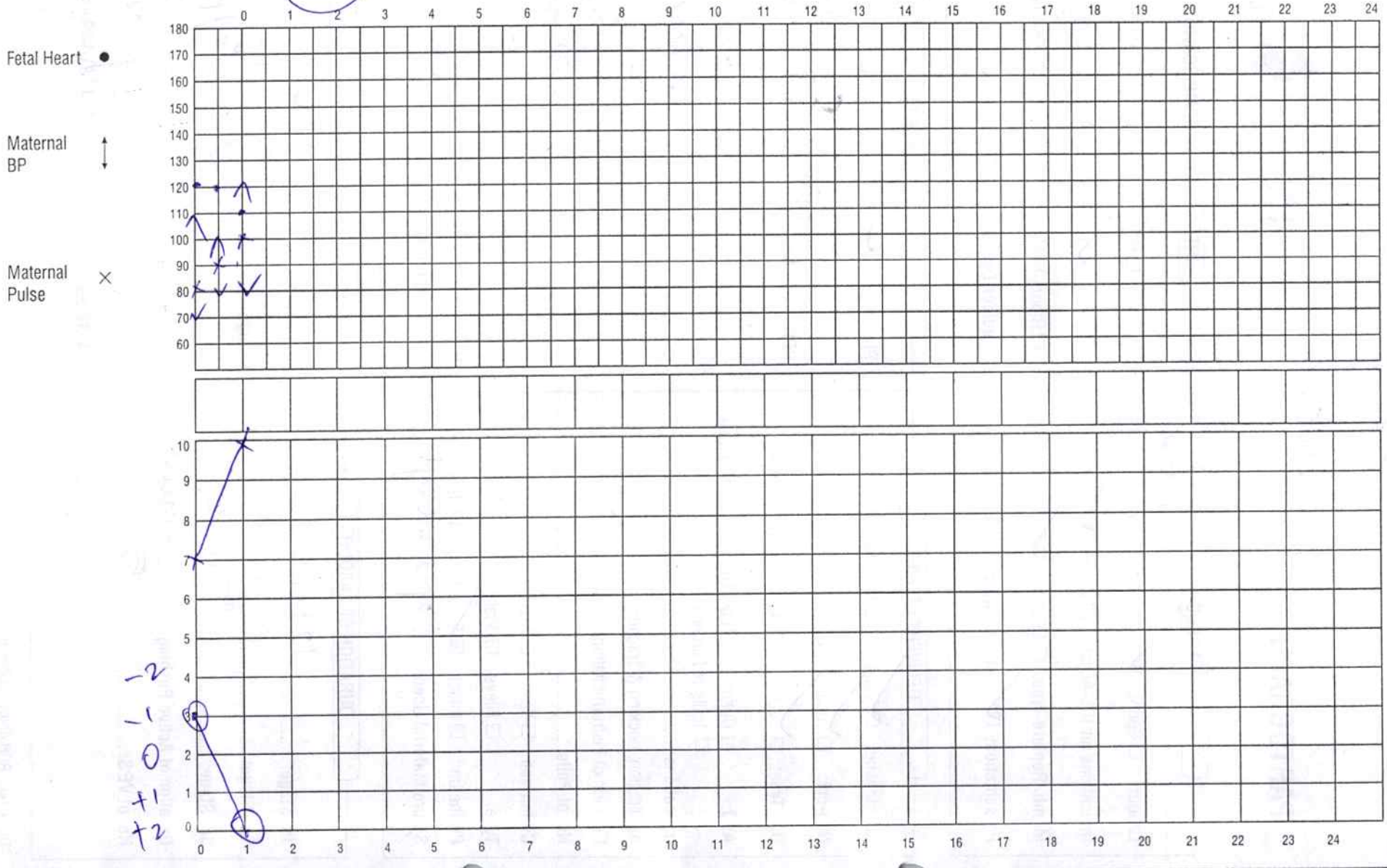
Name: Mrs. Rohini Varsha

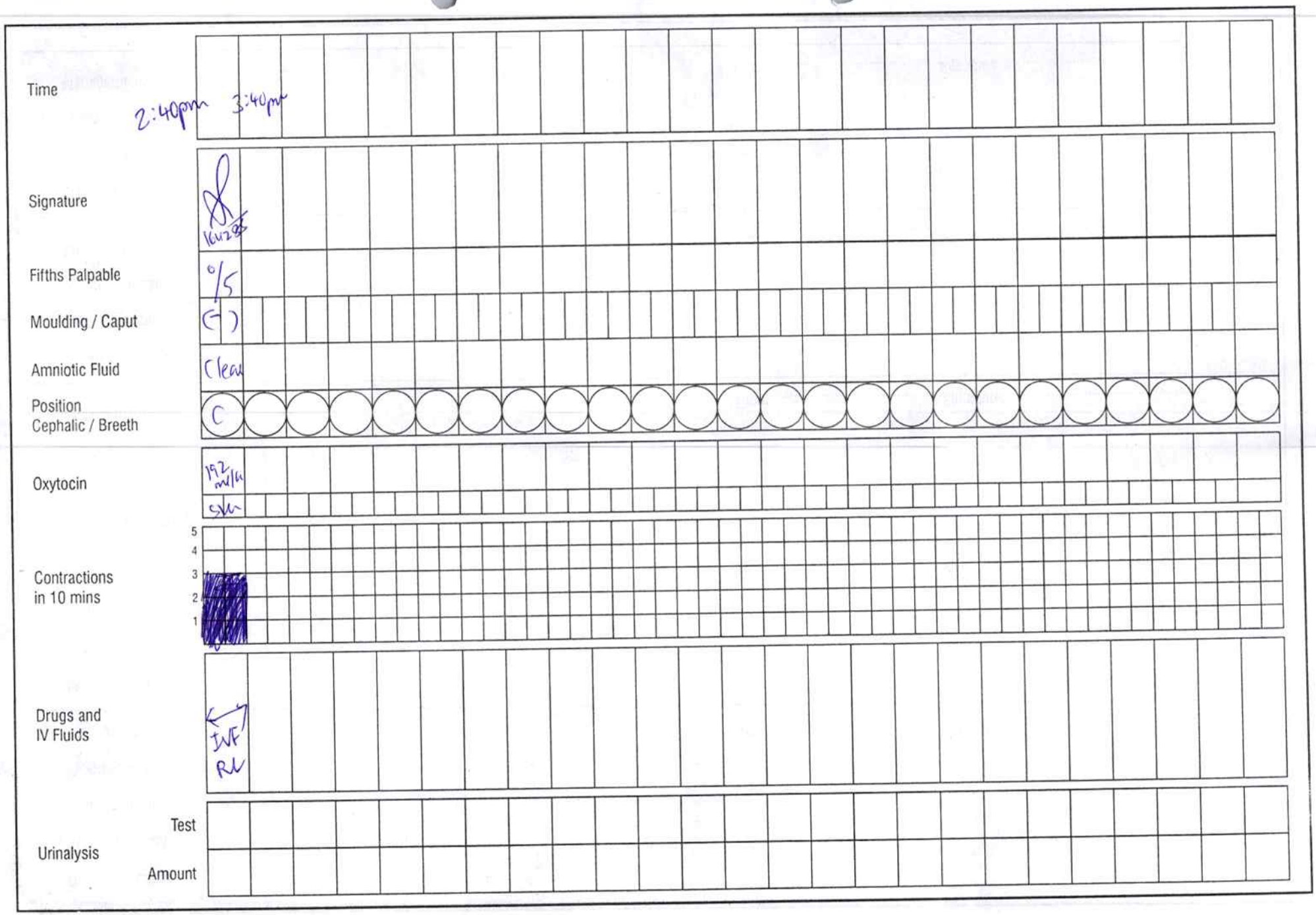
Obstetrics Formula: Primigravida

Blood Group Type: O positive

Memb. Ruptured: SROM PROM ARM

Risk Factors: PROM since 3AM




Time
2:40pm
3:40pm
Signature
Fifths Palpable
0/5
Moulding / Caput
(-)
Amniotic Fluid
Clear
Position
Cephalic / Breech
C
Oxytocin
192 ml/hr
Contractions in 10 mins
5
4
3
2
1
Drugs and IV Fluids
IVF
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: .....

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 28/6/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	–	
Signature of the Nurse	Shalini 01407	
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.

PATIENT TRANSFER FORM

(1)

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GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	28/6/20 at 3:50 Am	28/6/20 at 4:10pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr: padmashri parimalam	Dr: Divyalakshimi	Observation
From Unit	**To Unit**	**Information to Attendant**
LDR	4th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP files	CT4	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab: Ceftum	(10)
2.	Tab: Pan 40mg	(10)
3.	Tab: Zerodol-p	(6)
4.	Newborn pad	(2)
5.	Newborn fitted	(1)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Abdul 0130	Dr: Divyalakshimi

Patient & Clinical Records Received by : S. Mithra

Date & Time of Patient Received : on 28/6/20 at 7pm

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

PATIENT TRANSFER FORM

Patient Name & UHID no.	
Treating Doctor/Unit/Ward	
From Unit	
Number of Sheets in the Transfer File	

Sl.No.	
1.	
2.	
3.	
4.	
5.	

Shifting Summary / Notes made by Unit Nurse

Name & Signature of Person who Received the Patient

Patient & Clinical Records Received

Date & Time of Patient Received

If the transfer order time & Completion time

☐ Unavailable bed

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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

Gender: ☐ Male Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : .....

Name : ROHINI VARSHA

Date & Time : 28/6/26 at 8AM

Patient Attendant :

Signature : .....

Name : RAMPRASATH

Relationship with Patient: HUSBAND

Date & Time : 28/06/2026 & 08:11 AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreeden

Date & Time : 28/6/2026 at 8:11 AM

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00090434 IP18-00036224
Mrs ROHINI VARSHA
14-09-1999 26 Y 9 M 14 D (F)
Dr. PADMASHRI PARIMALAM

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

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

You are scheduled for an induction of labor on 28/6/26 (date) at 37 weeks + 5 days weeks of gestation).

The reason for your induction is PROM / Term

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: B. Rohini Varsha
Name: ROHINI VARSHA
Date & Time: 22/6/26 at 8AM

Patient Attendant:
Signature: M. Ramprasath
Name: RAMPRASATH
Relationship with Patient: HUSBAND
Date & Time: 28/06/2026 & 08:11 AM

Doctor:
Signature: 182217
Name: Dr. Shreedevi
Date & Time: 28/6/26

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