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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 2 M 1 D (F)
Dr. MATHANGI RAJAGOPALAN

Date: 8/7/26

Name of the Patient:

UHID No: Gender:

Ward: 6th Floor Room No: 607

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: 8/7/26

Time: 6.00 pm

Pharmacy Sign

Date: 8/07/26

Time: 8.41 am

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 2 M 1 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	8/7/26 6am						
Activity Sheet update by Pharmacy		8.44					

ACTIVITY RECORD FOR BILLING

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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Name: mrs. Arivu tamil

UHID No: 80799 IP No: Consultant: Dept:

Date of Admission: 6/7/26 Time: 10.30 am Date of Discharge: Time:

Room / Bed No: 607 Ward: 6th floor Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	9.10 AM	LDR	6th floor	

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
7/7/26	CBC	8/7/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	CTG	①		9047	
6/7/26	CTG	①		9053	
6/7/26	CTG	③		9090	
7/7/26	CTG ④			009092	
7/7/26	CTG ⑤			009092	
7/7/26	CTG ⑥			009092	
7/7/26	CTG ⑦			009092	
7/7/26	CTG ⑧			009097	
7/7/26	CTG ⑨			009097	
7/7/26	CTG ⑩			009097	
7/7/26	Infusion pump	1.30 AM	7/7/26 5.39 AM	80172329	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	Evplacement	①	2676	
6/7/26	Diet	①	1723746	
7/7/26	physio	①	1723745	

ANY OTHER INFORMATION:

Delivery Details: Kiwi assisted vaginal delivery

Date: 7/7/26

Duration: 1 Hour

Time: 1Am – 2Am

Dr. Mathangi

Dr. Vinitha

Date: 8/7/26 Time: 6Am Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Preeti SSN			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 2 M 0 D (F)
Dr. MATHANGI RAJAGOPALAN

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt	8/1/26 @9a				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi	
ANAESTHETIST		
ASSISTANT	Dr. Vinitha	
DATE	7/7/26	
TIME	1:26 am	
PLACE	**LABOUR WARD** (circled)	**THEATRES**

CONSENT (VERBAL) / WRITTEN	**EPISIOTOMY** (YES) / NO	**BLADDER EMPTIED?** FOLEY IN/OUT (NO)
ANALGESIA LOCAL / PUDENDAL AMOUNT USED____MLS OF_____ EPIDURAL / SPINAL GA	**CTG** (NORMAL) / SUSPICIOUS / PATHOLOGICAL (WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)	**LIQUOR** (CLEAR) / BLOOD STAINED/ MECONIUM **ABDOMINAL FINDINGS** /5 PALPABLE

VAGINAL EXAMINATION

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

POSITION DOA / LOA / ROA / ROP / LOP / DOP / LOT / ROT

CAPUT 0 + ++ +++

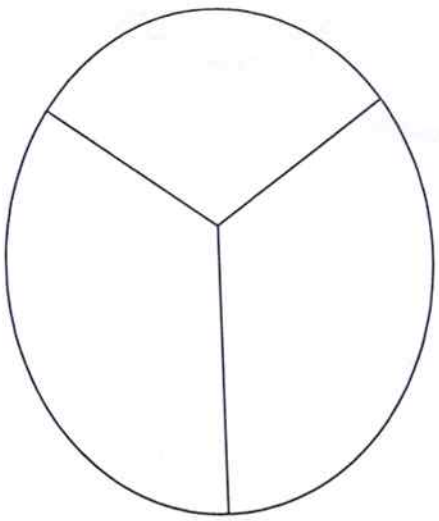
MOULDING 0 + ++ +++

INSTRUMENT USED

KIWI CUP / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION YES / (NO)	**TIME OF APPLICATION** 1:26 am	**No. OF TRACTIONS** 1 traction
ABANDONED YES / (NO) (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 1:26 am.	**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.....) 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 _____ POST – REPAIR_____		**ANTIBIOTICS** YES / NO (PRESCRIBE ON DRUG CHART)	**ANALGESIA** YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO		

PARTOGRAPH

GUC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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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: .....

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 Kiwi

Indications: Poor Maternal efforts / Fetal distress

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: 1 pull

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: 2-0 Vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: –

Cervical: –

Perineal: Episiotomy

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: .....

Blood Transfusion: .....

Other Details (if any): .....

Ractal Examination: .....

DURATION OF LABOUR

1st Stage: .....

2nd Stage: .....

3rd Stage: .....

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.264 kg

APGAR: 8 | 10 : 9 | 10

Date and Time of Delivery: 7/7/26 1:26 am

LW Doctor: Dr. Mathangi

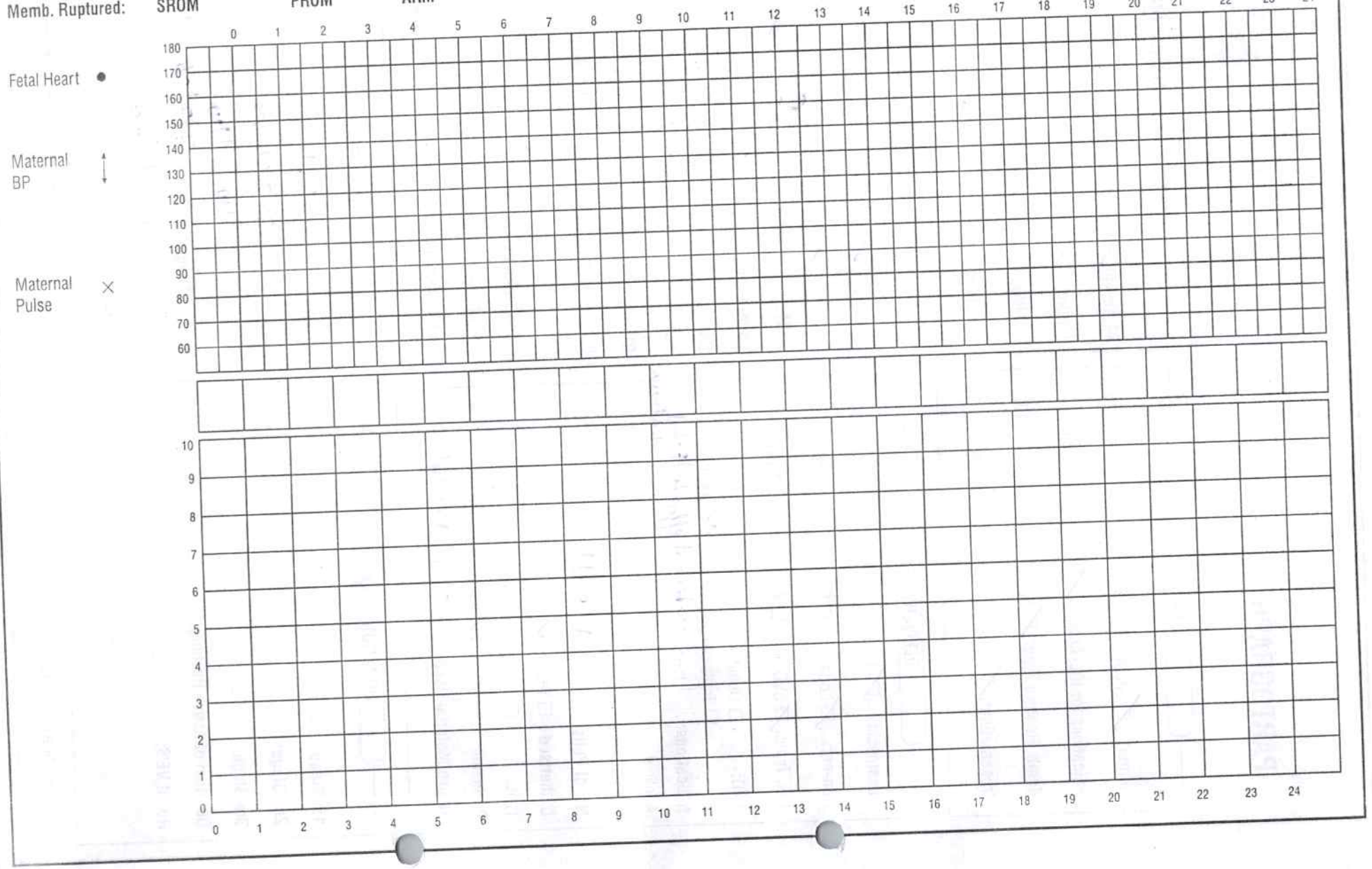
LW Sister: .....

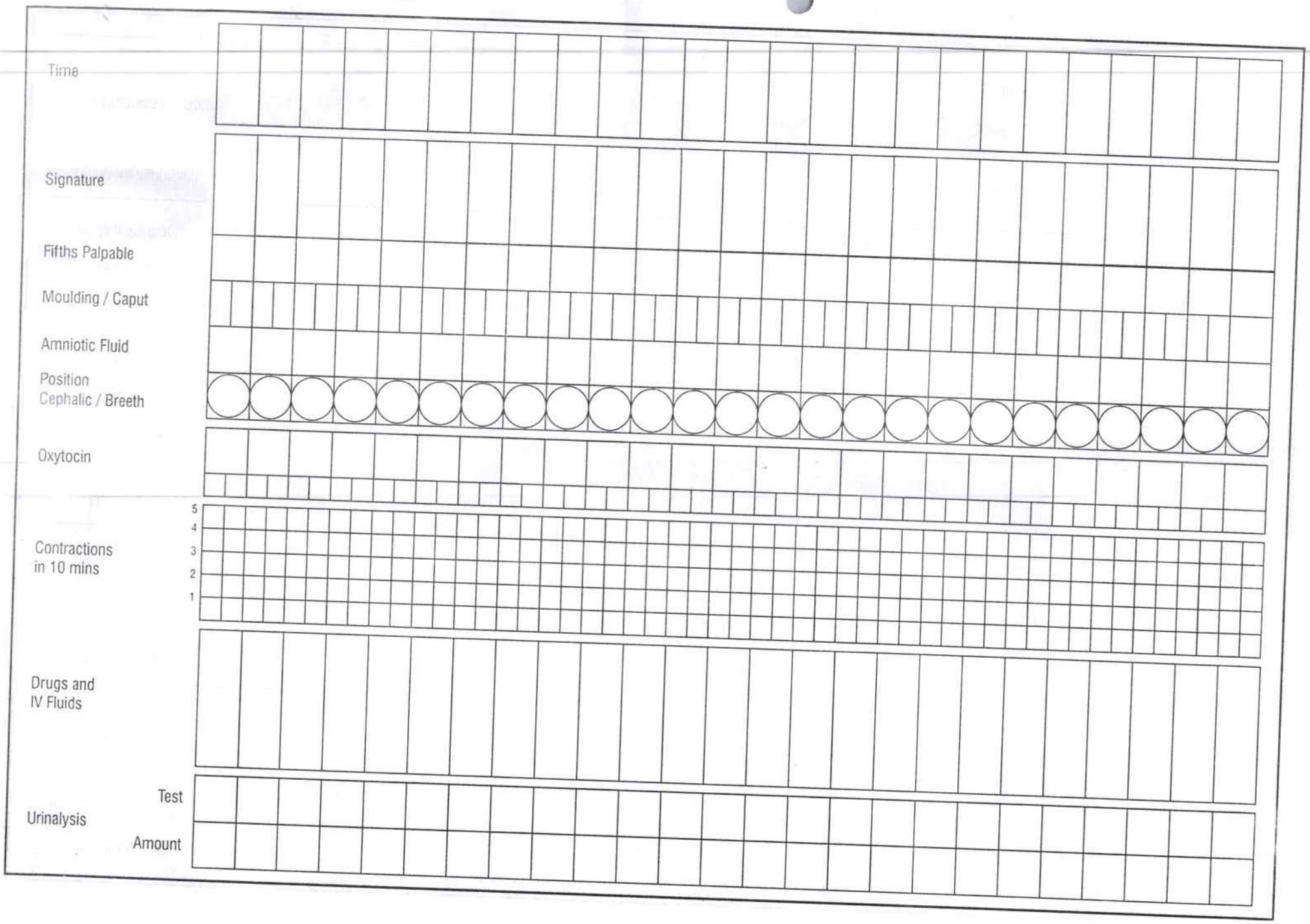
(P.T.O.)

PARTOGRAPH

Name: ..... Obstetrics Formula: ..... Blood Group Type: .....

Memb. Ruptured: SROM PROM ARM Risk Factors: .....




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

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

INFORMED CONSENT FOR [illegible] BIRTH

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Male ☐ Fer. 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 : ARIVUTAMIL AVVAI A

Date & Time : 6/7/26

Patient Attendant :

Signature : .....

Name : Govindarajan. R

Relationship with Patient: husband

Date & Time : 6/7/26 @ 9-30 pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vimitha

Date & Time : 6/7/26

GUC-00080799 IP 18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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UCTION OF LABOR CONSENT

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

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

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

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: .....

Name: ARIVUTAMILAVVAI.A

Date & Time: 6/7/26

Patient Attendant:

Signature: .....

Name: Gravindarajan.R

Relationship with Patient: husband

Date & Time: 6/7/2026 & 9.37pm

Doctor:

Signature: .....

Name: Dr. Vimitha

Date & Time: 6/7/26

Witness

Signature: .....

Name: .....

Date & Time: .....

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 : IP18-00036343 **Admit Date** : 06-Jul-2026 **Admit Time** : 10:10 AM **UHID** : GUC-00080799

Patient Details :

Patient Name	: Mrs ARIVUTAMILAVVAI A	**Age**	: 38 Y 1 M 29 D
Guardian	: Mr GOVINDARAJAN R	**DOB**	: 07-05-1988
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no 57 sri sudharsan flat 1st floor f1 1st main road Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 9500126264
		E-mail	: grajan123@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 607 **Ward Name** : 6F-PRIVATE

Room No : PVT 607 **Admission Type** : First Visit

Contact Details :

Name : Mr GOVINDARAJAN R **Relationship** : Husband

Contact Address : plot no 57 sri sudharsan flat 1st floor f1 1st main road Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : / 9500126264

Signature

Doctor Details :

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

Referral Doctor : FAMILY **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs ARIVUTAMILAVVAI A**	**Age :**	**38 Y 1 M 29 D**
IP No:	**IP18-00036343**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**6F-PRIVATE/PVT 607**

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:.....) Rgovindaraj

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: Rgovindaraj

Name: Govindarajan.R
Relationship: husband
Date: 6/7/2026 Time: 10:10 AM
Witness Name: A. Sivasankari
Witness Signature: A.

Patient Address:

plot no 57 sri sudharsan flat 1st floor
f1 1st main road Madipakkam Chennai
Tamil Nadu INDIA 600091

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 : ARIVUTAMILAVVAI A	UHID Number : GUC-00080799
~~Self~~/Attendant Name : Govindarajan. R.	Relation : Husband
~~Self~~/ Attendant Signature : Govindaraj. Phone Number : 9500126264	Name & Signature of Financial Counselor A.


இந்திய அரசாங்கம்
Government of India
அறிவுதமிழ்அவ்வை அ
Arivutamilavvai A
பிறந்த நாள்/DOB: 07/05/1988
பெண்/ FEMALE
7853 5650 3794
VID : 9173 9014 1085 7382
எனது ஆதார், எனது அடையாளம்


Unique Identification Authority of India
7853 5650 3794
VID : 9173 9014 1085 7382
1947 | help@uidai.gov.in | www.uidai.gov.in

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

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-00080799 IP 18-00036545
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

mrs. Arivu

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

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt c/o lower abdominal Pain since yesterday
* Able to PFM
* c/o blood tinged mucoid discharge

Obstetric Formula: $G_3 A_2$

Obstetric History:

G_1 - Missed Miscarriage @ 7wks, RMP

G_2 - Missed Miscarriage @ 8wks

G_3 - PP, Spontaneous Conception

Present Pregnancy Record:

Booked and Immunised
NT Scan - (N) ; FTS - low risk
Anomaly Scan - Normal

RISK FACTORS:

Hypothyroid
TPO / TG positive

Height: 162 cm
Weight: 69.5 kg
Allergies: Nil

Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: (N) PR:
BP: DTR:
CVS: $S_1 S_2$ (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 08/10/2025 EDD: 15/07/2026
Corrected EDD: GA: 38 wks + 5 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

RMP, NCM, M/S - 4yrs

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 one finger
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

Gynaecoid

DIAGNOSIS

TPO / TG positive

$G_3 A_2$	LMP - 08/10/2025	GA - 38wks + 5days
M/S - 4yrs	EDD - 15/07/2026	Spontaneous Labour
NCM	RMP	Hypothyroid
Atve.		Anemia Corrected

Patient Sticker

Family History:

Father - T_2DM (Expired)

Surgical History:

Nil

Medical History:

Hypothyroid Since Conception

Anemia corrected with INJ. FCM 500mg till 36 weeks

~~30/5/26~~

Medication History:

T. THYRONORM 100mcg od

Took Tab. Aspirin 150mg / CUSTENSE

Plan of Care:

C/S/B Dr. Mathangi

- Admission
- Parts preparation
- Secure IV line
- Informed consent for NVD
- Shift to ward
- CTG 4th hourly
- W/F contractions / Progress
- Spontaneous progression

Investigations:

CTG - Reactive

Doctor Name: Dr. Pavithra / Dr. Shreedevi

Signature: 18221

Date & Time: 06/07/2026

Consultant Name: Dr. Mathangi

Signature: for 18221

Date & Time: 06/07/2026

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07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	12/6/26	7/7/26				
Time						
Hb	11.1	11.3			A-POSITIVE	
PCV	34.3	34				
RBC	3.41	3.45				
WBC	11,400	17,240			ICT- Negative	
N/L	74/22	84/13				
Platelets	1.86	2.31			HIV I & II	
CRP					HBsAg	
ESR					Anti-HCV } NR	
PCT					RPR	
RBS	FBS-79 PPBS-106				ECG }	
Na					ECHO } Normal	
K						
Cl					HbA1C - 5.2	
Ca/Mg						
Phosphate					TSH - 2.78	
Urea					TT4 - 12.1	
Creatinine					TT3 - 139.41	
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		8221				
N/L	8221					

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : 29/6/26

USG : SLIUG GA - 37 wks + 5 day EFW - 2477 grams (9.1 lb

X-Ray : Cephalic Cx - 3.30 cm

ECHO : Placenta - Anterior Doppler (N)

CT : Liquor - Normal

MRI : AFI - 12.6

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 7pm	S/B Dr. Priyalakshmi	
	pt. c/o pain abdomen on & off	
	O/E: pt GC fair, afebrile P° / PE	Advice
vitals stable		- Normal diet - oral fluids
CTG Reactive	P/A: Ut term 1c / 25 sec / 10 min cephalic FHS: good	- Shift to ward at 9pm
	L/E: mild show (+)	[signature] 164298
6/7/26 9:45pM	S/B Dr. Vinitha Pt reviewed; No Go O/E: GC fair; Afebrile P/A: Ut term; Cephalic; 2/20"/10' Mild contractions FH good C/D/W Dr. Mathangi · Foleys IOL	
	↓ SAP, pt in lithotomy position, 22F Foleys inserted IOL done, bulb inflated with 60 cc sterile water.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Vinitha	
11 PM	Pt c/o pain abdomen;	
	Foleys expelled	
	O/E: GC fair; Afebrile	
BP: 122/72 PR: 72/min SpO_2: 98% RA	P/A: Ut term;	Cephalic
	4/30"/10'	
	FH good	
	P/V: Cx: 0.5 cm long;	
	OS: 3cm dilated (stretchable)	
	Vx: -2 station	
	BOM (+)	
		C/D/W Dr. Mathangi
		· T. Paracetamol 1g P/O STAT
		· CTG Q4H
		· W/F contractions;
Visited 12/1/13		· SPOL
6/7/26	S/B Dr. Vinitha	
12:45 am	Pt c/o leaking P/V	
	O/E: GC fair; Afebrile	
	P/A: Ut term; cephalic	
	4/30"/10'	
	P/V: Cx: Well effaced;	
	OS: 7cm dilated	
	Vx: -1 to 0 station	
	Clear liquor draining	
		C/D/W Dr. Mathangi
		· W/F contractions
		· Continuous CTG

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 1 am	S/B Dr. Vinitha	
	Pt c/o pain abdomen; c/o pushing	
	O/E: GC fair;	Afebrile
	P° / PE°	
	P/A: Ut term cephalic; 3/30" / 10' FH good	
	P/V: Cx well effaced; os fully dilated	
	Vx: 0° station	
		c/d/w Dr. Mathangi;
		• Continuous CTG
	V.HD 12/11/13	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 1:26 AM	S/B Dr. Mathangi	
	Kiwi assisted vaginal delivery ε RMLE C/B Dr. Mathangi Assisted by : Dr. Vinitha (Ind: Poor Maternal efforts / Fetal distress)	
	↓ SAP, pt in lithotomy, perineum painted and draped. LA given. RMLE given. Head at +3 station, Kiwi cup applied. Chignon created. Head of baby delivered with traction in 1 pull. followed by delivery of rest of baby. Baby cried immediately after birth. Immediate cord clamping done, cut and baby handed over to pediatrician. Placenta and membranes delivered in total by CCT. Episiotomy sutured in layers. PR - Rectal mucosa intact, Sphincter tone normal BWNL	
	B Time : 1:26 AM A Date 7/7/26 B Sex : Girl Y Weight : 2.264 kg	Adv: Normal diet Plenty of oral fluids. Drugs as per chart Vitals RbCGm ~~bpm~~ bpm Encourage to void

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26. 5:15am	S/B Dr. Vinitha	
	Pt reviewed;	No c/o
	Voided 550ml	
	O/E: GC fair; Afebrile	
USG - Post void - bladder collapsed	BP: 110/70	
	PR: 80/min	
	SpO_2: 100% RA	
	P/A: Ut contracted & firm;	
	soft; BS ⊕	
	LE: B/L NL	
	Epi intact	
		Adv:
		· Shift to ward
		· Normal diet
		· Abc 4m 6pm
		· Follow drug chart
		· Vitals monitoring
V[illegible] 3		· Inform SOS

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/2026	C/S/B Dr. Pavithra/ Dr. Shreedevi	
8:30 Am		
PND - 0	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T - (N)	P° / PE°	- Plenty of oral fluids
PR - 80/min	CVS /	- Vitals Monitoring
BP - 110/70mmHg	RS / NAD	- Follow drug chart
	P/A - ut firm & well contracted	- CBC today 6pm
Voiding freely	Soft	- W/F ↑ Bleeding PV
Baby - M/S	L/E - No undue bleeding PV	- Inform (Iss)
B/L - Breast soft	Epi wound Intact	
	[signature] 18221	
	S/B Dr. [illegible]	
7/7/26 4pm	pt reviewed.	
Atthe	passed stools after delivery	
PND O	O/E: afebrile	Plan
Temp (N)	GC fair.	- monitor vitals.
SpO2 99% @ RA	P° / PE°	- CBC 6pm today.
BP 100/60mmHg	P/A uterus WC	- normal diet
PR 88bpm.	soft	- hydrate
	BS (+)	- ambulate
B/L breast soft	L/E BWNL	
secretion (+)	[signature]	
Baby M/S	129435	
DBF		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr. Mohana / Dr. Priyalakshmi	
8:30PM	Pt reviewed	
	Nil c/o	
PND-0		
T - N	O/E: pt GC fair, afebrile	
PR - 80/min	P0 / PE0	Advice
BP - 100/60mm		- Continue same order
Hb - 11.3	P/A - soft	
Plt - 2.31	ut-well contracted	- Inform SOS.
	L/E: Epi healthy	
	BWNL	
Baby m/s		
Breasts soft		
not passed stools		
	[illegible signature] 164228	
08/07/2026	c/s/b Dr. Akshitha / Dr. Shreedevi	
8:30AM		
PND-1	Pt reviewed, Nil c/o	Advice
	O/E Pt G/C fair, Afebrile	- Normal diet
T-(N)	P0 / PE0	- Plenty of oral fluids
PR- 80/min	CVS	- Vitals Monitoring
BP- 108/63 mmHg.	RS NAD	- Follow drug chart
Voiding freely	P/A- ut well contracted	- Inform (SOS)
Passed stools	Soft.	- Process discharge
Baby - M/C	L/E - BWNL	
B/L- Breast soft	Epi wound Healthy	
	[illegible signature] 182217	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: BHI Floor 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	T. THYRONORM	100mcg	PO	OD		☑ 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] 182217

Date & Time : 06/07/2026

Nurse Name & Signature: ~~[illegible]~~ Anupriya, [illegible]

Date & Time : 6/7/[illegible] @ 1[illegible] hrs

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

GDC-00080799 IP184000036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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

GUC-00080799 IP18-00038343
Mrs ARIVUTAMILAVVAI A
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DRUG CHART

Date of Admission: 6/7/26.......... 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight 69.5kg Ward. 60A

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
100mcg	PO	1-0-0	6/7/26

Name & Signature of the Doctor Starting the Drugs: 18221?

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
6AM	SP	SN	SP

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	P/O	1-1-1	7/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7
8am	SP	SP
2pm	MM	
10pm	BC	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	P/O	1-1-1	7/7

Name & Signature of the Doctor Starting the Drugs: 12

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7
6am	SP	SP
2pm	MM	
10pm	BC	

DRUG : T PAN-D

Dose	Route	Frequency	Start Date
40mg	P/O	1-0-1	7/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7
7am	SP	SP
7pm	MM	

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 69.5 kg Ward. 607

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7	1.38 AM	INJ. SYNTOCIN	10 IU	IM	12113	TJ SP
7/7	1.30 AM	INJ. CARBOPROST	250 mcg	IM	12113	TJ SP
7/7	1.30 AM	INJ. TRAPIC	1g	IV	12113	TJ SP
7/7/26	1 AM	INJ. SUPACEF	0.1 ml	ID	12113	TJ SP
7/7/26	1.38 AM	INJ. SUPACEF	1.5g	IV	12113	TJ SP
7/7/26	1.45 am	T. MISOPROSTOL	600 mcg	PR	182217	SP TJ
7/7/26	1.45 am	JUSTIN SUPPOSITORY	100 mcg	PR	182217	SP TJ

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

Patient Sticker

I.V. FLUIDS CHART

Weight. 69.5kg Ward. 2DR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7	1.30 AM	1 ⊙ RL 500ml + 20 U synto	IV	125 ml/hr	12113	TJ SP	7/7/26	12113	TJ SP
7/7	1.30 AM	1 ⊙ RL	IV	Maintenance	12113	TJ SP	7/7/26	12113	TJ SP

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 69.5 Ward LDR

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
1 tab	P/R	1-0-1	7/7

Date/Time	7/7	8/7
8am	/	DR/SP
8pm	DR/BL	

Name & Signature of the Doctor Starting the Drugs: [signature] 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

Mrs ARIVUTAMILAVVAI A
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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

6/7/90	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			18m		20m				18m				20m		20bm		22bm				18			
	0 - 10																								
Saturations	94 - 100 %			97%		98%				97%				98%		99%		98%				99%			
	< 94 %																								
Administered O_2 (L/min.)				RA		RA				RA												RA			
Temp°c	40																								
	39																								
	38																								
	37			98.2F		97.8F				98.2F				97.6F		98F		98.2F				98F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			110bm		120bm				78bm				78bm		74bm		76bm				80			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			118		119				118				122		116						110			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
				(66)		(72)				(66)				(86)											
				79		68				82				72		108						70			
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			
TOTAL ORANGE SCORES				0		0				0				0		0						0			
Nurse Initial																									

GUC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

7/7

		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				21				18bpm				20bpm				19bpm			
	0 - 10																									
Saturations	94 - 100 %		99				99%				98%				99%				98%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98				98.6°F				98.2°F				98.4°F				98.2°F				98.6°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80				80				86bpm				90bpm				92bpm				88bpm			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110				99				102				116				100				103			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50										(72)				(80)				(85)				(84)			
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50		70				53				63				62				57				65			
	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				1				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial			M				R				A				JK				D				J			

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

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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.

6/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am				On		Admission					
	11:00 am	H20	250ml							✓		
	12:00 pm	Juice	200ml							✓	0	
	01:00 pm	H20	400ml								0	
Total Intake :		850ml								Total Output :	2 time	
	02:00 pm	H20	200ml							✓	0	
	03:00 pm											
	04:00 pm	H20	100ml							✓	0	
	05:00 pm	Milk	200ml									
	06:00 pm											
	07:00 pm	H20	100ml							✓	0	
Total Intake :		600ml								Total Output :	3 time	
	08:00 pm	H20	200ml							✓	0	
	09:00 pm									150	0	
	10:00 pm	H20	150								0	
	11:00 pm	H20	100							200	0	
	12:00 am	H20	100								0	
	01:00 am									300ml	0	
Total Intake :		550ml								Total Output :	650ml	
	02:00 am	H20	100		Rifsynto 125						0	
	03:00 am				125					1st void	350	0
	04:00 am	H20	150		125					2nd voided	200	0
	05:00 am	H20	100		125						0	
	06:00 am	H20	100								0	
	07:00 am										0	
Total Intake :		850ml								Total Output :	550ml	

Total 24 hrs. Intake	2,850ml

Total 24 hrs. Output	1,200ml 15 times

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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.

7/7		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							✓	0	
	09:00 am	H2O	100ml									
	10:00 am	Soup	200ml								0	
	11:00 am											
	12:00 pm	H2O	100ml							✓	0	
	01:00 pm											
Total Intake :		500ml				Total Output :				2 times		
	02:00 pm	H2O	200ml									
	03:00 pm	H2O	200ml							✓	0	
	04:00 pm	Soup	100ml									
	05:00 pm	H2O	250ml							✓	0	
	06:00 pm	H2O	250ml							✓	0	
	07:00 pm	H2O	250ml							✓	0	
Total Intake :		1250ml				Total Output :				3 times		
	08:00 pm	H2O	200ml									
	09:00 pm	H2O	100ml							✓	0	SS/Out
	10:00 pm	Milk	100ml									
	11:00 pm									✓	0	SS/Out
	12:00 am											
	01:00 am	H2O	100ml							✓	0	SS/Out
Total Intake :		500ml				Total Output :				3 times		
	02:00 am											
	03:00 am	H2O	200ml							✓	0	SS/Out
	04:00 am											
	05:00 am										0	SS/Out
	06:00 am	H2O	200ml							✓		
	07:00 am	Milk	100ml								0	SS/Out
Total Intake :		500ml				Total Output :				2 times		

Total 24 hrs. Intake	2750ml	Total 24 hrs. Output	10 times

Mrs ARIVUTAMILAVVAI A
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3A2 | 38 wks + 5 days.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

	Date / Shift	6/7 M	6/7 E	6/7/26 N	7/7/26 M	7/7/26 E	7/7/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	K/C/O Hypothyroid	K/C/O Hypothyroid	K/C/O Hypothyroid	K/C/O Hypothyroid	K/C/O Hypothyroid	K/C/O Hypothyroid
	Diet:	Ⓐ diet	Ⓐ diet	Ⓐ diet	Ⓐ diet	Ⓐ diet	Ⓐ diet
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	NP	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2F	97.4F	97.4F	98.8	98.2F	98.2F
	Res:	18bm	18bm	20bm	20bm	20bm	18bm
	SpO_2:	97%	98.2%	98.6%	98.2%	98.2%	99%
	Pulse:	76bm	78bm	74bm	70bm	78bm	80bm
	BP:	118/72/66	118/72	110/66/72	80/70	108/62	106/60
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	No risk	No risk	No Risk	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	NR	NA	NA
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	Normal	Ⓐ diet	Ⓐ diet
	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	Dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Anupriya	Anupriya	Jeeritha	Devi	Devi	Jothipriya
Signature / ID :							
Date:		6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26
Time:		@ 11AM	@ 8pm	@ 9.30pm	7.00am	@ 7.30pm	8 am
Taken Over By Name :		Anupriya	Jeeritha	Devi	APM	Anupriya	
Signature / ID :							
Date:		6/7/26	6/7/26	8/7/26	7/7/26	7/7/26	
Time:		2pm	@ 2pm	2pm	2pm	2pm	

GDC-00080799 IP 18-00050545
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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: 6/7/26

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	10Am	Improve knowledge and promote self-care.	11Am	teach medication regimen and follow up care Educate regarding diet	patient is cleared no doubt	patient was stable	Arul [signature]
Afternoon	2pm	prevent fall risk and safe	4pm	keep side rails low position.	keep side rails low position maintained	Patient was stable	Aru [signature]
Night	8pm	improve knowledge and promote self-care	9pm	Teach medication and follow Educate regarding diet, activity.	understood about instruction	Patient was stable	Jey [signature]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

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: ....

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	8 am	Relieve pain discomfort.	8.30 am.	Assess pain using pain scale regularly. Position patient comfortably.	Pt feel better.	reassessment done.	[illegible] 0960
Afternoon	1.30 pm	maintain fluid volume	2pm	Assess Pt condition monitor vitals Encourage oral fluids.	improving fluid volume	Reassessment Done	[illegible] 012893
Night	8pm	promote cleanliness & comfort.		→ Provide privacy → change linens & clothing. → maintained nail Hygiene	maintained personal Hygiene	Reassessment done	[illegible] 020[illegible]

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Mrs ARIVUTAMILAVVAI A
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(1)

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
8/7/96	10.30pm	→ patient received from LDR. Admission pt detail hand over taken from LDR staff consciousness oriented, NO IV line kept in RA, had normal diet, c/o lower Abdominal pain	Dr.
	11.30pm.	→ patient pre preparation done, no other complaints	Dr.
	11.40pm	→ patient new IV line inserted done. no pain	Dr.
	12.10pm	→ patient CTG started FHR is good. CTG send to Dr. Pavithramam advised continue CTG	
	1pm	→ patient Intake & output chart maintained & record.	Dr.
	2pm	→ patient IV line (+) checked no other complaints	Dr.
	4pm	→ patient vital signs checked and record. Vitals are stable	Dr.
	5.15pm	→ patient CTG started FHR is good. pt show presented. Informed. to Dr. Divya mam advised to normal. no problem	Dr.
	6.30pm	→ Dr. Dhyalakshmi mam come and seen the patient mam advised to night ~~pt~~ shifted to	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26		pt LDR at 9pm patient	
		LTGr stop at 7.30 pm	[signature]
	7pm	→ patient intake and output	
		chart maintained & record	[signature]
	7:30pm	→ patient detail hand over	
		given to night duty S/N	[signature]
		Night Duty notes	
6/7/26	7:30pm	patient details hand over	
		taken from Evening duty staff	[signature]
		patient active and oriented →	
		IV line healthy.	
	8pm	vitals checked and recorded	
		patient had dinner	
	9pm	→ patient shift to LDR	
		patient detail hand over given	
		to LDR S/N	[signature]
		Receiving notes	
6/7/26	9pm.	The patient received from 6th	
		Floor to LDR. Patient is conscious.	
		Patient details handing over taken	
		from 6th Floor staff. Patient	
		having no complaints of pain.	
		IV line present and pattency.	
		Vital Signs Checked and recorded	
		Vitals are Stable. →	Balaji 6685
	9.45pm	Dr. Vinitha mam seen the patient.	
		Dr. Vinitha mam discussed about	

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(2)

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Kn

☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26		→ Continue notes ↓	
		patient condition with Dr. Mathangi	
		mam. Adviced to insert Foley's	
		22 F. →	Balu/order
	9.50pm	Dr. Venkitha MO patient is on	
		Lithotomy position. 22 F foleys	
		inserted, IOL done. Patient having	
		no complaints of pain →	Balu
	11 Am	Monitored vitals and Recorded.	
		Maintained I/O. CTG on	
		Connect. FHR Monitoring. patient	
		complaints of pain. pain	
		assessment done. No any	
		other complaints ———	[signature]
7/7/26	12 AM	Monitored vitals and Recorded.	
		Maintained I/O. CTG on	
		connect - FHR Monitoring.	
		Pain assessment done. ———	[signature]
	12.45 AM	Patient complaints of	
		leaking PV Cx - well effaced	
		OS 7cm dilated, VX - 1 to 0	
		station, Clear liquor draining	
		Inj. [illegible] 0.1ml IV given as	
		per doctor order ———	[signature]
	1 Am	Maintained I/O. Monitored	
		vitals and Recorded. CTG on	
		connect. FHR Monitoring.	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		Counseling Contraceptions. Patient doesn't have any allergic Reaction after Inj-Supact test dose. Inj-supact 1.5g IV given	0/6/26
	1.26AM	Delivery Notes	
		Kiwi assisted vaginal Delivery & RMLE	
		V/SAP patient in lithotomy perineum painted and draped local anesthesia given. RMLE Given head at +3 station Kiwi cup applied. Head of Baby delivered with traction in 1 pull. followed by delivery of rest of Baby. Baby cried immediately after birth. Immediate cord clamping done. and baby handed over to pediatrician. Placenta and membranes delivered in total by CCT. Episiotomy sutured in layers Rectal mucosa Intact. Sphincter tone Normal. PV Bleeding assessed. Monitored vitals and Recorded.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		Baby Details:	
		B - Alive Girl Baby	
		A - 7/7/26 at 1.26AM	
		B - 2.2kg	
		Y - 8/10, 9/10	
	2AM	PV Bleeding assessed. Maintained	
		Dlo. patient voided 350ml	
		Informed to Dr. Vinitha.	
		post voide scan done. Bladder	
		200ml. advised to measure	
		2nd voide	
	4AM	2nd voide done measured	
		200ml. post voide scan	
		done bladder collapsed.	
		B - Breast IS soft, No engorgement	
		U - uterus contracted	
		B - Bladder last voide 200ml	
		B - Bowel movement present	
		L - Lochia Rubra, No foul smelling	
		E - REEDA assessment done	
		H - Homan Sign Negative.	
		E - Emotional status good	
	5AM	Dr. Vinitha advised to	
		shift the patient to ward	
		doctor orders carried	
		out. Pain assessment	
		Done	

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	6AM	Monitored vitals and Recorded. Maintained I/O. Patient General condition Fair. pain assessment Done Administered medicines as per drug chart	[signature] 8/6/20
	7AM	Maintained I/O. Administered medicines as per drug chart. No any other complaints	[signature] 8/6/20
	7.30 AM	patient care Handing over given to Morning duty Staff	[signature] 8/6/20
	7.30 am.	Morning duty report on 7/7/26 Pt taken over from the night duty staff pt consious & oriented to time present pt general condition is good,	[signature]
	8.00 am	pt vitals checked & recorded pt due medication given as per doctors order. P/V bleeding minimal. B- Breast is soft no engagement. U- Uterus is contracted. B- patient is self voided. B- Bowel movement present. L- Lochia rubra present no foul smelling	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Contine:		E-REEAD assessment done,	
		H- Homan's sign negative	
		E- Emotional status is good	— Devi 010960
		SIO no perineum mem eruption	
		in the patient. Shifted to	
		ward.	— Devi 010960
		Receiving notes	
	9 Am	→ patient received from LDR	
		~~pat~~ to 607. Patient details	
		handing over taken from	
		LDR staff. Patient is	
		Conscious and oriented.	
		Patient is on room	
		air. Iv line present. Iv	Bari 012893
		line pattern.	
		vital signs are checked	
		and recorded vital signs	
		are stable.	
	10Am	No any other fresh	
		complaints Patient is	
		Stable	Bari 012893
	12Pm	vital signs are checked	
		and recorded. vital sigs	
		are stable.	
		I/o chart maintained	
	1Pm	Patient had diet	
		no any other complaints	Bari 012893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ ~~No~~ Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	2Pm	Due medications are given as Per Doctor's order.	
		B. Breast is Soft.	
		U - uterus contracted	
		B. Patient Self voided	
		B. Bowel movement (+)	
		L - Lochia Rubra (+)	
		F - Reeda Assessment NA	
		H - Homan sign negative	Sai 012893
		E - Emotional Status is good	
	4Pm	Vital Signs are checked and recorded. Vital Signs are Stable. no any other fresh complaints. Patient is Stable	Sai 012893
	6Pm	Due medications are given as Per Doctors order. CBC Sample Sended to lab. No chart maintained	Sai 012893
	7.30Pm	The Pt details handing over given to night duty staff.	Sai 021890

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00080799 IP 18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 2 M 0 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: GUC-00080799 IP18-00036343 Mrs ARIVUTAMILAVVAI A ....
MRD NO:. 07-05-1988 38 Y 1 M 29 D (F) Dr. MATHANGI RAJAGOPALAN ....
Age :......... :: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 6/7/26 Time: 11.50 am
Location : (L) Anesthetic
Size : 18 G
Cannula inserted by : S/N Anu

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
6/7/26	11:50 am	☐Yes ☑No	☐Yes ☑No	Before	[signature]
	4 pm	☐Yes ☑No	☐Yes ☑No	Healthy	[signature]
	6 pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
	8 pm	☐Yes ☑No	☐Yes ☑No	Healthy	[signature]
	10 pm	☐Yes ☑No	☐Yes ☑No	Observed	[signature]
	12 AM	☐Yes ☑No	☐Yes ☑No	Obsv	[signature]
	4 AM	☐Yes ☑No	☐Yes ☑No	obsv	[signature]
	6 AM	☐Yes ☑No	☐Yes ☑No	obsv	[signature]
	8 am	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	12 PM	☐Yes ☑No	☐Yes ☑No	health	[signature]
	2 pm	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	4 pm	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	6 pm	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	8 pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	10 pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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.

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

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PAIN ASSESSMENT FORM

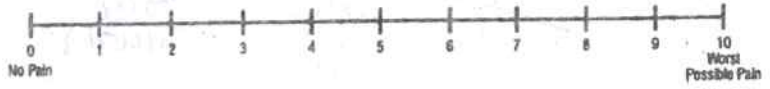
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
06/7	10AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	12AM	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
7/7/26	4AM	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Breathing Exercise	
7/7/26	8am	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
7/7/26	12pm	1/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	
7/7/26	4pm	1/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
8/7/26	4am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
				☐ 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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 06/7	E 06/7	N 6/7
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15	15	15	15
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15		0	0
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			15	15	15
		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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 6/7/26	F 7/7/26	N 7/7/26
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		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)

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BRADEN 'Q' SCALE

					Date : 6/7	6/7	6/7	7/7
					Time : 8AM	9pm	8pm	M
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	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	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	28	28	28
				Evaluator's Name	Dr	Dr	Dr	Dr

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

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BRADEN 'Q' SCALE

Patient ID

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

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

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
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GDC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/7/26 Time of Arrival: 10.30Am Time Seen by Nurse: S/N Anupriya

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: 98.2F Pulse: 76 RR: 20 SpO_2: 97% BP: 118/72 Weight: 69.5

4) **Gestational Criteria:**

Gravida:	G 3	P 0	L 0	A 2

LMP: 8/10/25 EDD: 15/7/26 Gestational Age: 38 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 (circled) No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroid, Anemia Corrected c̄ Inj. FCM 500mg

Docu. No. : RCH /FRM / CLINICAL / 098

(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: 1-Thyronorm 100mcg

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: 10:30 am

Nurse Name : Sheela Nurse Signature: .....

Date: 6/7/18 Time: 10:30 am

Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 6/7/26

Baseline Information:

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

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 .....

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

If yes , identify .....

Chief Complaints: pt came for pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 10.30am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	–	–

Blood Group: A+ve LMP: 8/10/25 EDD: 15/7/26 Gestational age during admission: 28+5 days

Contractions: mild Vaginal Discharge: nil

Obstetric History: G 3 P 0 L 0 A 2 Previous LSCS –

Height: 162 Weight: 69.2 BMI: .....

Temp: 98.2°F HR: 72/mt RR: 18 BP: 118/72 SpO_2 97%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Father

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..26.. (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 .....

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 ..Tiv. Artvutamilavceia

Name of Person Orientation was given to: ..Patient

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..6/7/22 10:30 pm..

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 6/7/26

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
Parity ≥ 3		1 or 2
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		
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.

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - [x] a. Yes
   - [ ] b. No

2. If No, Reason .....

3. Nipple condition:
   - [ ] a. Nipple well formed
   - [ ] b. Flat nipple
   - [ ] c. Inverted nipple
   - [x] d. Short nipple

4. Milk flow:
   - [ ] a. Good
   - [x] b. Drops of colostrums
   - [ ] c. Dry

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

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

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

9. Additional notes: DBF given

Date: 7/7/26

Continuity of Care:

Baby Motherside

L - 2

A - 1

T - 2

C - 1

H - 2

8

Handover given by Sr. Faizkali

Signature 016720

Date & Time: 7/7/26 at 2AM

Handover taken by .....

Signature .....

Date & Time: .....

PATIENT TRANSFER FORM

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Mrs ARIVUTAMILAVVAI A
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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 6/7/26 @ 10.16am	Date & Time of Transfer Order: 6/7/26 @ 9pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Mathangi	Reason for Transfer: Further Management
From Unit: 6th floor	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Epfile	Number of Imaging Films: CT9 - 3	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
SN Praveena	Dr. Mathangi

Patient & Clinical Records Received by : S/o parasuraman 01/6808

Date & Time of Patient Received : 6/7/26 @ 9.15pm

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 IP No: [illegible]
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

ER FORM

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

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Your Right to a Safe Delivery

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 10.10AM	7/6/26 at 9AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Mathangi	Shifted to ward
From Unit	**To Unit**	**Information to Attendant**
Dept LDR	6th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
2pages	CD - 10	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
Staff Nurse 07/6/26	Dr. Mathangi

Patient & Clinical Records Received by : Staff Nurse

Date & Time of Patient Received : 7/6/26 at 9AM

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-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 07/07/2026 Time: .....

Origin: ..... Height: 162 cm Weight: 69.5 kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: .....

Diagnosis: KIWI ASSISTED VAGINAL DELIVERY TERM LE

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups (2)

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (1)

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: .....

Name: .....

Date & Time: .....

Dietician's

Signature: A.N. (018336)

Name: A. Sadiya Farheen

Date & Time: 07/07/2026

DIETARY NOTES

Date	Time	Notes	Sign
07/07/26.	10 AM.	Kiwi Assisted Vaginal Delivery + PMLE done.	
		-Patient is on Normal Diet. -Patient is Stable. Oral is Adequate - Better - Advised to take well Balanced diet -Consume Small - frequent meals -Include protein - Iron rich foods. RDA. Values - Energy - 1600kcal Protein - 1.5 - 1.9g/d. Include galacto gogues foods for milk secretion - garlic, fennel & Oats (etc)	AB (018346)