Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTAN

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital — to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. Noorul Harisha

UHID No: 90323 IP No: 36227 Consultant: DR. MATHANGI Dept: LDR

Date of Admission: 22/6/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	12.15 pm	LDR	HIFloor	
23/6/26	9pm.	7th Floor	LDR	
24/6/26	5pm	LDR	7th Flr	

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
30/06/26	CBC		
30/6/26	CBC	~~26020679~~	Suf 8093

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/6/26	CTG - (1)			008613	
	CTG - (2)			008619	
	CTG - (3)			008617	
	CTG - (4)			008622	
	CTG - (5)			008622	
	CTG - (6)			008624	
	CTG - (7)			008624	
29/6/26	Infusion pump	8AM		17/18942	
	CTG - (8)			008626	
	CTG - (9)			008626	
	CTG - (10)			008627	
	CTG - (11)			008627	
	CTG - (12)			008627	
	CTG - (13)				
	CTG - (14)				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV Placement	1	17/8863	Devi/OPH
29/6/26	IV placement	1	17/9184	Promo

ANY OTHER INFORMATION:

29/6/26 11:30 AM - 12:30pm
1st wi assessed vaginal delivery
Dr. Mathangi
Dr - Visiting Dr - Shreedevi

Date: 30/6/26 Time: 6AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sneeef 607383	4th Floor		

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/6/2026 at 12pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/6/2026 12pm			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
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Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	28/6	29/6	30/6						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	NA	yes	yes						
Central Lines	NA	NA	nn						
Arterial Lines	NA	NA	nn						
Feeding Catheter	NA	NA	nn						
Urinary Catheter	NA	NA	nn						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	NA	yes						
Intubation Tray	NA	NA	nn						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	nn						
Ventilator Tubing,(Any Water, Blood)	NA	NA	nn						
Humidification	NA	NA	yes						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	nn						
Chest Physio & Neb	NA	NA	nn						
Handed Over By Name :	V.Abirami	P.Priya							
Signature :		P.P							
Date & Time:	28/6 @1pm	29/6 8PM	30/6 8PM						
Hand Over Taken By Name :	Simy								
Signature :									
Date & Time:	28/6 8pm	30/6 8PM							

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 : IP18-00036227 **Admit Date** : 28-Jun-2026 **Admit Time** : 11:32 AM **UHID** : GUC-00090323

Patient Details :

Patient Name	: Mrs NOORUL HARISHA		
Guardian	: Mr AASHIK IMRAN	**Age**	: 29 Y 5 M 16 D
Gender	: Female	**DOB**	: 12-01-1997
Occupation	:	**Religion**	:
Address (H)	: NO.12/11, VIRABATHIRAN STREET, ADI NAGAR, Tambaram East Chennai Tamil Nadu INDIA 600059	**Martial Status**	:
		Phone No	: 6382583923/ 9940207311
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr AASHIK IMRAN **Relationship** : Husband

Contact Address : NO.12/11, VIRABATHIRAN STREET, ADI NAGAR, Tambaram East Chennai Tamil Nadu INDIA 600059 **Phone No** : / 6382583923

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

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 NOORUL HARISHA**		
IP No:	**IP18-00036227**	**Age :**	**29 Y 5 M 16 D**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mr. Aashik Imran
Relationship: Husband
Date: 28/06/2026 Time: 11:32 AM
Witness Name: A. Sivasankari
Witness Signature:

Patient Address:
NO.12/11, VIRABATHIRAN STREET, ADI NAGAR, Tambaram East Chennai Tamil Nadu INDIA 600059

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 : Mr. Aashik Imran	UHID Number : GUC1000090323
Self/Attendant Name : Aashik Imran M.	Relation : Husband
Self/ Attendant Signature : Phone Number : 9940207311	Name & Signature of Financial Counselor A. Ru

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00409/13051

To
நூருல் ஹாரிஷா
Noorul Harisha
W/O Aashik Imran,
No 12/11,
Virabathran Street,
East Tambaram Adhi Nagar,
VTC: Tambaram,
PO: Tambaram East,
District: Kancheepuram,
State: Tamil Nadu,
PIN Code: 600059,
Mobile: 6382583923

Signature Not Verified

உங்கள் ஆதார் எண் / Your Aadhaar No. :

XXXX XXXX 1045

VID : 9128 8665 0452 9807

எனது ஆதார், எனது அடையாளம்

Government of India

நூருல் ஹாரிஷா
Noorul Harisha
பிறந்த நாள்/DOB: 12/01/1997
பெண்/ FEMALE

Aadhaar no. issued: 03/07/2015

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி எனது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.

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

XXXX XXXX 1045

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

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

Unique Identification Authority of India

முகவரி:
W/O ஆஷிக் இம்ரான், No 12/11, வீரபத்திரன் தெரு, கிழக்கு தாம்பரம் ஆதி நகர், தாம்பரம், தாம்பரம் கிழக்கு, காஞ்சிபுரம், தமிழ் நாடு - 600059

Address:
W/O Aashik Imran, No 12/11, Virabathran Street, East Tambaram Adhi Nagar, Tambaram, PO: Tambaram East, DIST: Kancheepuram, Tamil Nadu - 600059

Details as on: 13/04/2024

XXXX XXXX 1045

VID : 9128 8665 0452 9807

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to PFM well.
Admitted for IOL

Obstetric Formula: Primigravida

Obstetric Hostory:
I-PP, spontaneous conception

Present Pregnancy Record:
- Booked & immunised
- NT (N), Low PAPP-A
- Anomaly scan (N)
- Growth scans (N)

RISK FACTORS:
Hypothyroid
GDM on MNT

Height: 167 cm
Weight: 67 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Icterus: No
Temp: (N)
BP: 120/76
CVS: S_1S_2 (+)
Liver/Spleen: soft
Pallor: No
Edema: No
PR: 85 bpm
DTR: (+)
RS B/L NVBS (+)
Urine Output: adequate

LMP: 01/10/2025 EDD: 8/7/26
Corrected EDD: GA: 38+4 weeks
Menstrual History: Regular : ☐ Yes ☑ No m/s: 3 years

Obstetric Examination
Fundal Height: Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (Profuse wdpv (+))
Draining: ☐ Present ☐ Absent ☐ Bleeding show (+)
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS
Primigravida / 38+4 weeks / Hypothyroid / IOL
B positive
GDM on MNT

(P.T.O)

Patient Sticker

Family History:
Mother - T2DM.
Dyslipidemia.

Surgical History:
N/L

Medical History: H/O PCOS
hypothyroid x 3 years
GDM on MNT

Medication History:
Tab. THYRONORM 37.5mcg OD
(25mcg + 12.5mcg)
Tab. ASPIRIN 150mg HS stopped one week back.

Plan of Care: I/P Dr. Mathangi

Advice

- Admission
- parts preparation
- Plan: Foley's induction

↓

p/v: Cx 1cm long;
OS 2 finger tight.
Bag of membranes forming
V_x - 3
pelvis gynaecoid

* Plan: Gel Induction at 4 Am.
- CTG Q4H. Next at 3:30pm
- W/F contractions;
- Reshift to CDR 9pm
- Shift to ward.

Investigations:
CTG

Doctor Name: Dr. Dhivyalakshmi S R
Signature: 164285
Date & Time: 28/6/26, 11 Am

Consultant Name: Dr. Mathangi
Signature: for 164285
Date & Time: 28/6/26, 11 Am

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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

..... 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

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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

Patient Sticke

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 2:15pm	S/B Dr. Priyalakshmi	
	pt. reviewed	
38+4 wks	O/E: pt GC fair, afebrile	Advice
T: N	P/O PEB	- (N) diet
PR: 84/min	P/A: sft. term	- oral fluids
BP: 122/72 mHg	1 tightening / 10 sec / 10 min	- CTG Q4H. next 3:30pm
	Cephalic	- monitor vitals
Next CTG 3:30pm	FHS good	- yellow alert chart
		+ Plan MISO 50 mcg p/v at 12 Am followed by Gel induction at 4 AM.
	16/12	
28/6/26 9pm	S/B - Dr. Anandhaeswari	
POG-38w+4d	pt reviewed	c/o lower Abdominal pain on & off
	Able to PFM well.	
T (N) (97°F)	O/E - GC fair, afebrile	
BP - 122/74 mHg	no pallor/no PE	Advice
PR - 90/min	CVS/RS/P/A WNL	- Left lateral position
		- FHR monitoring
CTG - reactive	P/A - uterus not active	- CTG Q4 Hrly.
	Head engaged	- vitals monitoring
	FH fwd	- Normal diet

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- plenty of oral fluids
		- Follow dry chart
		- Plan T. MISOPROSTOL 50mcg P/o at 12 AM
		↓
		f/b PGE2 gel at 4AM after P/v assessment
29/6/26 12 AM	S/B Dr Anandhaman	
	pt renewed	
T-(N)	no c/o pain	
BP-110/70 mHg		
PR-88/m	P/E-GC-fair, afebrile	
	no pallor, no pedal edema	
LTG-reactive		
	P/A- at term	
	not Active	Advice
	Head unengaged	
To do	Fit grad	- Tab MISOPROSTOL
post viz		50mcg P/o stat given.
LTG		- FHR monitoring
↓		- Encourage oral intake
reactive		
		1560

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/22	S/B - Dr. Anandhaeswari	
4 AM		
	pt reviewed	
T - AF		
BP - 110/64 mmHg	c/o mild pain	
PR - 86/min		
	o/E - GC fair, afebrile	
	no pallor / no pedal edema	
CTG - reactive	CVS / S1 S2 / NAD	
	P/A - at term	
	mild tightening (2 contraction	
	Head unengaged 10-15")	
MBS - 4/13	FH good	
		Advice
	P/V - cx. 2cm effaced - vitals monitoring	
	medium consistency - PGE2 gel	
	mid post position	induction
	os 2 cm dilated	: oral intake
	membranes (+)	- Left lateral
	Head @ -3 station	position
	pelvis adequate	post gel CTG @
	shaw @ / no	5AM &
	drawing PV	review
29/6/22		
5AM	SAP, PGE2 gel induction done	
		1520

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8.10 AM	S/B - Dr. Anandhaeman	
	c/o pain @	
	O/E - GC fair, afebrile no pallor/no PE	
T - (N)		
BP - 112/70 mm Hg	CVS/RAS	
PR - 86/min	B	
SpO2 - 99% / RA		
	P/A - at term	
	Active (3 contractions 30")	
CTG - reactive	Head unengaged	
	FH just	
	C/D/W Dr. Mathangi. R	
		Advice,
		- FHR monitoring
		- CTG monitoring
		- Inj SYNTO 5U in 10 RL @ 24 drops/min.
		- W/F progress of labour
		Sri 15/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026	C/S/B Dr. Viritha / Dr. Shreeden	
8:30 AM		
	Pt reviewed, c/o lower Abdominal Pain on & off	
CTG - Reactive		
	O/E Pt GC fair	Afebrile
INJ. SYNTO @ 24ml/hr	P° / PE°	Advice
T - (N)	CVS /	- Liquid diet
PR - 89/min	RS / NAD	- Continuous CTG
BP - 120/70mmHg	P/A - Uterus @ Term	- Continue INJ. SYNTO & titrate accordingly
	Moderately Acting (3C/25"/10')	- WIF contractions / Progress
	Cephalic	- Inform (SOS)
	FHS - good	- Folbw drug chart
	(8221)	
29/06/2026	C/I/T Dr. Mathangi	
8:40 AM	- Pt c/o fed Lower Abdominal Pain	
	- To give INJ. PETHIDINE 50mg IM + INJ. PHENEGAN 25mg IM	
	(1F221)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026	C/S/B Dr. Mathangi	
9:40 Am	P/A - Uterus @ Term	Advice
	| SC | 25" | 10')	- All four's position
	Cephalic	- Continuous CTG
LTG - Reactive	FHS - good	- Continue INJ. SYNTO
	P/V - Cx - Thick effaced	acceleration & titrate according
	OS - os admits two finger	- WIF contractions / Progress
Bed side USG	Membranes - Present	- Inform (SOS)
- DOP (Reflexed) to LOP	Vertex @ - 3	
- No loop of cord		
	18221	
	↓ SAP, ARM done clear liquor drained	
	18221	
29/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
11:15 Am		
	P/A - Uterus @ Term	Advice
	Moderately Acting (5C/30"/10')	- Shift to labour room
CTG - Reactive	Cephalic	- Encourage active pushing
	FHS - good	- Continuous CTG
	P/V - Cx - Fully effaced	- Continue INJ. SYNTO
	OS - fully dilated	acceleration
	Membranes Absent	- WIF contractions
	Vertex @ 0 to +1	
	18221	

GUC-00090323
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026	C/S/B Dr. Mathangi	
11:30Am		
	P/A - Uterus @ Term	Advice
	Moderatly Acting (5c/30"/10')	- Position for Labouring
	Cephalic	- Encourage Active pushing
CTG-Reactive	FHS - good	
	P/V - Cx - Fully effaced	
	OS - Fully dilated	
	Membranes - Absent	
	Vertex @ +1	
29/06/2026		
11:47AM	KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	Indication: Poor Maternal Efforts	
	S/B: Dr. Mathangi	
	A/B: Dr. Vinitha / Dr. Shreedevi	
	Under SAB in dorsolithotomy position. Perineum painted and draped. With good uterine contractions, full cervical dilation 2% lignocaine local infiltration given. In view of poor maternal efforts kiwi cup was applied in vertex at +2 station. Chignon created. A right mediolateral episiotomy given to deliver an alive term boy baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord Blood Collected for blood grouping. Placent and membranes	

Shoulder Dystocia
McRoberts manuver
& Suprapubic pressure given

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	delivered intoto with controlled cord traction. Episiotomy	
	inspected and sutured in Layers using rapid vicryl and	
	2-0 vicryl. Hemostasis secured. Instruments & swabs	
	count checked.	
	P/A - ut firm & well contracted	
	P/V - No undue bleeding PV	
	P/R Rectal Mucosa & sphincter tone Normal	
	B | 29/06/2026, 11:47Am	
	A | Boy	
	B | 9/10, 10/10	
	Y | 3.055 kg	
		Advice
		- Normal diet
		- plenty of oral fluids
		- Vitals Monitoring
		- follow drug chart
		- W/F ↑ Bleeding PV
		- measure and inform 1st void
		- CBC (1M 6Am)
		- Inform (SOS)
	02217	

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Stic

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 2:50pm	S/B Dr. Dayalakshmi / Dr. Shreedevi	
	Pt. reviewed	
PND-0	Pt. voided 350 ml urine	
	Bedside USG PVR - 134 ml	
	Advice	
	- Measure & inform next void	
	- Inform SOS.	
	16/6/26	
29/6/26 4pm	S/B Dr. Dayalakshmi	
	Pt reviewed. Nil c/o	
PND-0	2nd void	
T- (N)	O/E: Pt GC fair, afebrile	Advice
PR-	P° / PEO	- (N) diet
BP-	P/A: Soft	- oral hydration
Voiding freely	Nt tenderness	- monitor vitals
	L/E: Cpi intact	- follow day chart
Baby w/s	PSWM	- CBC c/n bam
Breasts/soft		- W/F T bpm
		shift to ward
	16/6/26	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Pavithra.	
29/6/2026 9pm	Pt reviewed.	
POD-0		
T-(N) BP-110/62mmHg PR 89/min	O/E Pt c/c fair afebrile P/Pa	Advice - Soft Diet - Plenty of orals - Vitals monitoring - Follow drug chart.
	CVS/ RS/NAD	
Baby M/S.	P/A- Soft Ut firm & cont well	- Syrup Duphalac 15ml stat.
Voiding freely		
Not passed stools	C/S- Epi wound intact. RWNL	

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

GUC-00090323 IP18-00036227
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12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

(b)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2020	C/S/B Dr. Akshitha / Dr. Shreedevi	
9AM		
POD-1	Pt reviewed, NAD c/o	Advice - Soft diet - Plenty of oral fluids - Vitals Monitoring - Follow drugchart - Plan (D) today - Inform (SOS)
T-(N)	O/E Pt GC fair, Afebrile	
PR- 80/min	P° / PE°	
BP- 108/60 mmHg	CVS/	
Hb - 10.4	RS/ NAD	
Baby- M/S	P/A - Soft	
B/L- Breast soft	Ut firm & well contracted	
Voiding freely	LE- No undue bleeding PV	
Passed stools	Epi wound Healthy	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sti

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RESULT SHEET

Date	17/6/26	30/6/21				
Time						
Hb	11.5	10.4				
PCV	35	31				
RBC		3.74				
WBC	9900	15.75				
N/L		84/10				
Platelets	2.13	2.54				
CRP						
ESR						
PCT						
RBS	F-84					
Na	PP-125					
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

β POSITIVE

ICT- NOS

HIV
HBsAg
VDRL
Anti HCV
} NR

~~25/6/26~~
TSH- 2.05
18/5 TSH - 4.64

75g OGTT
F - 86
2hr - 148↑

ECG (N)
Echo
EF-66%

Rubella - Immune
Hb electrophoresis (N)

16/6/21 15/9/21

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

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

18/6/20

Radiology : USG : SLIUG - 37+1 weeks cephalic placenta - anterior AFI - 9.7 EFW - 2.885 kg (39th centile)

X-Ray : .....

ECHO : Fetal echo (N)

CT : .....

MRI .....

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

HC - 5th centile Cx - 2.7cm

Patient

GUC-00090323 IP18-00036227
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Dr. MATHANGI RAJAGOPALAN

(1)

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab- THYRONORM	37.5mg	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 : 164258 Dr. Divyalakshmi - S-R

Date & Time : 28/6/26, 11 AM

Nurse Name & Signature: S/N. Tamilselvi

Date & Time : 28/6/26 at 11AM

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 7th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	37.5mcg	PO	OD		☑C ☐DC
2	C. AUGMENTIN	625mg	PO	TDS		☐C ☐DC
3	C. PAN D	40mg	PO	BD		☑C ☐DC
4	T. PARACETAMOL	1g	PO	TDS		☐C ☐DC
5	JUSTIN SUPPOSITORY	100mg	PR	BD		☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 29/06/2026

Nurse Name & Signature: D. Soheswari

Date & Time : 29/6/2026 at 5pm

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

Patient Sticker

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

Patient

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 22/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 67 kg Ward. 2DR

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
37.5 µg	PO	OD	29/6

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: Empty Stomach

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
6AM	88	P.K S.M

DRUG : C. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	29/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
8AM	NS AA	
2pm		
10pm	P.K S.M	
	D_1	D_2

DRUG : L. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	29/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
8AM		P.K S.M
1pm		

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	29/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
8AM		NS AA
2pm		
10pm	P.K S.M	

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 67kg Ward. LDR

V

			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
28/6	—	Inj. SUPACEF	0.1ml	ID	16428	not given
28/6/26	12.00 am	T. MISOPROSTOL	50mg	p/v	Andl 156062	NBS MDS
29/6/26	4 AM	PGE2 gel (DINOPROST - TONE)	0.3mg	Intra cervically	Andl 156062	S MD
29/6/26	9.40 AM	INJ. SUPACEF	0.1ml	Id	182217	SP SA
29/6/26	10 AM	INJ. SUPACEF	1.5g	IV	182217	SP SA
29/6/26	8.10 AM	INJ. EMESET	4mg	IV	182217	SP SA
29/6/26	8.45 AM	INJ. PETHIDINE	50mg	Im	182217	SP SA
29/6/26	8.45 AM	INJ. PHENERGAN	25mg	Im	182217	SP SA
29/6/26	11.45 AM	INJ. SYNTO	10 U	Im	182217	SP SA

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 67 kg Ward. ADR

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
29/6/24	8:10AM	INJ. SYNTO 5U in 500m/RL	IV	24 ml/hr	182217	SP / SA		182217	SP / SA
29/6/24	8:10AM	IVF 1 ORL	IV	free flow	182217	SP / SA		182217	SP / SA
29/6	11:47AM	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182217	SP / SA			

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

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ....6.7..... kgs

Sheet No: .....(1).....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	11.55Am	INJ. TRAPIC	1g	IV	12/11/3	SP	SA
29/6	11.50AM	INJ. CARBOPROST	250mcg	IM	12/11/3	SP	SA
29/6	12.20pm	TAB. MISOPROSTOL	600mcg	P/R	12/11/3	SP	SA
29/6	12.20Pm	JUSTIN SUPPOSITORY	1 tab	P/R	12/11/3	SP	SA.
29/6		Syrup Duphalac	15ml	PO	12/11/3	N.UT	P.B

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Mrs NOORUL HARISHA
12-01-1997 25 Y 5 M 17 D (F)
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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	29/6/22

Date ▸ Time: 29/6 9Am; 30/6 AB NS

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

9pm N.W d

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
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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

221666

		Date																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20					20	12				20				22	20			22				22			20
	0 - 10																									
Saturations	94 - 100 %					99%	99%				99%				98%	99%			99%				99%			98%
	< 94 %																									
Administered O_2 (L/min.)						RA	RA				RA				RA	RA			RA				RA			RA
Temp°c	40																									
	39																									
	38																									
	37					98F	98F				97.6F				98.0F	98.0F			98				98			98.6F
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100					90	84				82				adpm	90			810				210			88bpm
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120					120	122				100				124	113			110				110			112
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40					72	72				75				82	78			70				80			78
NEURO RESPONSE [✓]	Alert					✓	✓				—				✓	✓			⌐				✓			✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					✓	✓				⌐				✓	✓			⌐				✓			✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					—	—				—				✓	—			⌐				—			—
	Heavy / Foul																									
Liquor	Clear / Pink					—	—				⌐				—	—			⌐				—			—
	Green																									
TOTAL YELLOW SCORES						0	0				0				0	0			0				0			0
TOTAL ORANGE SCORES						0	0				0				0	0			0				0			0
Nurse Initial																										

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

29/6/26.

FHR

3AM - 135 to 145 b/mt

7:30 AM - 132 to 145 b/mt

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Mrs NOORUL HARISHA
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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

2 g l b.

		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		19		18		17		22		20				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		100		100		100		99		99				99%				98%				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA		RA		RA		RA				RA				RA				RA			
Temp°C	40																									
	39																									
	38																									
	37		98F		98F		98F		98.1		98.1				96.2°F											
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		89		92		92		92		89				88bl m				84bl m				80bl m			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		120		110		120		116		110				106				110				109			
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70		72		70		60		62				58				60				58			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓		✓		✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—		✓		—		—		—				—				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink				✓		—		—		—				—				✓				✓			
	Green		—																							
TOTAL YELLOW SCORES			0		0		0		0		0				0				0				0			
TOTAL ORANGE SCORES			0		0		0		0		0				0				0				0			
Nurse Initial			AK		SJ		SJ		SJ		PD				PL				PB				PB			

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/6/20												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	←				on Admission				→		
	12:00 pm	H2O	100							2 Count NOIU	NO	
	01:00 pm	H2O	150							200ml Line	NO	
Total Intake : 250 ml										Total Output : 400 ml		
	02:00 pm										NO	
	03:00 pm	H2O	150ml							✓		SM
	04:00 pm										IV	
	05:00 pm	H2O	200ml									
	06:00 pm	Milk	200ml							✓	line	SM
	07:00 pm											
Total Intake : 550 ml.										Total Output : 200 ml		
	08:00 pm										NO	Sim
	09:00 pm	H2O	200							200	IV	Sim
	10:00 pm	Milk	150ml							100ml	Line	Sim
	11:00 pm	Water	100ml								No	
	12:00 am										IV	
	01:00 am	Coat	100ml							100ml	Line	
Total Intake : 550ml										Total Output : 400ml		
	02:00 am										No	Dan
	03:00 am	Water	150ml							200ml	No	Dan
	04:00 am	Water	150ml								Line	Dan
	05:00 am	Water	200ml							150ml	0	Dan
	06:00 am									100ml	0	Dan
	07:00 am	Water	100ml								0	Dan
Total Intake : 600ml										Total Output : 450ml		

Total 24 hrs. Intake	1,950ml	Total 24 hrs. Output	1250ml + 2 time urine passed

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
29/6/26												
	08:00 am	H2O	200ml	24ml						100	0	SA
	09:00 am	Juice	50ml	48	RL						0	
	10:00 am			72ml						100	0	
	11:00 am			96	300ml					200	0	
	12:00 pm	H2O	150	125							0	
	01:00 pm	H2O	100	125							0	
Total Intake : 1290ml										Total Output : 400ml		
	02:00 pm	H2O	100ml	125ml						350ml	0	DS
	03:00 pm	H2O	100ml	125ml							0	DS
	04:00 pm	H2O	200ml	125ml						300	0	DS
	05:00 pm	Milk	150ml							✓	0	DS
	06:00 pm	H2O	100ml								0	DS
	07:00 pm	H2O	100ml								0	DS
Total Intake : H2O - 650ml + 375 mL-RL										Total Output : 550ml urine		
	08:00 pm					✓					0	P.V
	09:00 pm	H2O	200							300	0	P.V
	10:00 pm										0	P.V
	11:00 pm	H2O	200								0	P.V
	12:00 am									300	0	P.V
	01:00 am	H2O	200								0	P.V
Total Intake : 600ml										Total Output : 600ml		
	02:00 am										0	P.V
	03:00 am	H2O	200							300	0	P.V
	04:00 am	H2O	100								0	P.V
	05:00 am										0	P.V
	06:00 am	H2O	200							300	0	P.V
	07:00 am										0	P.V
Total Intake : 500ml										Total Output : 500ml		

Total 24 hrs. Intake	3,415ml

Total 24 hrs. Output	2,050ml

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi / 32 weeks + 4 days IOL

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	28/6/26 M	28/6/26 E	28/6/26 N	29/6/26 M	29/6/26 E	29/6/26 N
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
Diet:	Normal (N)	(N)	(N)	liquid	(N) diet	(N) diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98F	97°F.	98.10F	98F0	98.1°F	98.2°F
Res:	20b/m	20b/m	20b/min	20b/m	20b/m	20b/m
SpO_2:	99%.	98%.	99%.	100%.	100%.	97%
Pulse:	92bt/m	90b/m	80b/min	89b/m	98b/m	84b/m
BP:	122/77	120/80	124/84	120/70	110/70	106/78
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	15	15	15	20	20	20
Pain Score:	0/10	0/10	0/10	2/10	2/10	2/10
Skin Integrity	Normal	Normal.	Normal	Normal	Normal	Normal

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
- Physiotherapy:	–	–	–	–	–	–
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Normal	Normal.	Normal	Liquid	Normal	Normal
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Sr. Jaiba	Soumya	Sumol	Sr. Akshaya	P. Sabiha	P. Kavya
Signature / ID :	01855	01855		01855		
Date:	28/6/26	28/6/26	29/6/26	29/6/26	29/6/26	30/6/26
Time:	1.30pm	8pm	8pm	2pm	7.30pm	8am
Taken Over By Name :	Soumya	Sumol	Akshaya	P. Sabiha	P. Kavya	Jaiba
Signature / ID :	01855		01855			
Date:	28/6/26	28/6/26	29/6/26	29/6/26	29/6/26	30/6/2026
Time:	1.30pm	8pm	8am	2pm	8pm	8am

UHID 00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11AM	Improve knowledge	11.30 AM	* Teach medication Regimen * Educate Regarding Diet * Encourage question to clarify	Improved knowledge to some extend	Reassessment done	Sowmya 01/07/26
Afternoon	2PM	maintain good Nutritional Status.	2.30 PM.	maintained good Nutritional Status.	Engcourage. oral Intake.	Reassessment done	Sowmya 01/07/26.
Night	8PM	Maintain Good Nutritional status	12Am	Maintained good Nutritional Status	Encouraged oral Intake	Done.	S.Mep. 60f3/26.

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
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Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 29/6/2018

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable pain control & comfort	8:30 Am	- Assess pain using pain scale - Provide pain comfortable.	patient was stable	Reassessment was Done	SN Akalya 018082
Afternoon	2pm	Achieve acceptable pain control and comfort.	2:30 pm	- Asses pain using pain scale regularly. - position patient comfortably	patient vitals are stable	Reassessment Done	
Night	8pm	Assess the patient condition Monitor vitals Maintain I/O Administer medication	8am	Assessed the patient condition Monitored vitals Maintained I/O Administered medication	patient vitals and stable	Reassessment done	

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	11AM	Admission Notes (22/6/26) Mrs. Noorul Harisha / 29 years / female got admission under Dr. Mathangi mam. Patient admitted for Induction of labour. Patient Dragnosis is primi / 32+4 days / Hypothyroid / GDM on MNT / IOL. Monitored vitals and Recorded. Maintained I/O. Parts preparation Done. CTG connected. FHR Monitored. No any other complaines. Vaginal birth and Induction consent taken from patient and Family members. Pain assessment Done. Orientation given	016/26
	12pm	Dr. Lucetta advised the patient PV Examination Done & 1cm long os & Finger tight, Bag of membrane forming, V X-3 station Pelvic Gynecoid. Informed to Dr. Mathangi mam advised for plan of go at 4AM. advised to shift the patient to ward	016/26
	12.30pm	Patient Shifted from LDR to 4th Floor. Patient care Handing over given to 4th Floor Staff	016/26

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26		RECEIVING NOTES	
	12:30pm	pt received from LDR to 7th floor pt is conscious and oriented CTG - 1 was going, tommorow sel planned pt shifted on 9:20pm CTG was started on 3:20pm pt is in ambulatory no any complains, no IV line	[illegible]
	1:00pm	Maintain I/O chart and recorded.	
	1:30pm	pt details handing over given by morning duty staff	[illegible]
		Evening Duty Notes.	
	1:30pm	Handover Received from morning duty staff. patient is active and oriented. CTG 4th hourly. Reshift at 9pm.	Soniya 0455?
	3:30pm	CTG : connect . CTG traces Reactive.	
	4pm.	Checked vital sign and Recorded.	
	6pm	monitored pulse and output chart and recorded.	Soniya 01455e
	7:30pm	handover given to night Duty staff.	

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☐ Drug Allergies .... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty	
28/6/26	7:30pm	Pt's details Handover taken from Evening duty staff. Pt is conscious oriented, vitals are stable. Pt's on diet, oral fluids encouraged. CTG done Shifted to LDR at 9pm. monitored vitals, follow drug chart plan misoprostol 50mcg PO at 12AM, followed by oral induction at 4AM.	607363
	8pm	Pt's vital signs checked and recorded. vitals are stable. maintained I/O chart. →	607363
	9pm	Pt's shifted to LDR at 9pm. Pt's details Handover given to LDR staff. →	607363
		Receiving Notes ON 28/6/26	
	9pm	Report Received from 7th floor staff to LDR staff. Patient Conscious & Oriented. NO. In line vital sign Checked & Recorded vital sign are stable.	S. Shalini 214072
	9pm	CTG Connected FHR is good patient left lateral position. Changed.	S. Shalini 014072
	9.40pm	CTG Disconnected informed Dr. Anandhavalli.	

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		← Continued 29/6/26 →	
28/6/26.	10pm	I/o Chart Maintain.	
		Patient general condition is fair	
	11.30pm	CTH Connected FHR is good	
		Pt general condition is good.	Devi/01/760
	12.00 am	CTH stop order by Dr Anandhi mom T-miso 50 mcg PR 9 gm as per doctors order.	Devi/01/760
	1.00 am	Post Twin CTH connecting FHR is good PHR is 130-136 b/min Pt general condition is good Mild contraction	Devi/01/760
	1.40 Am	CTH Disconnected Order by DR Anandhani patient general condition is fair	
	2Am	I/o Chart Maintain.	
	3Am	FHR is checked 135 to 145 b/mt informed Dr. Anandhani.	
	3.30 Am	CTH Connected FHR is good patient left lateral position changed.	
	4Am	vital sign checked & Recorded vital sign are stable.	
	4Am	S/S. DR. Anandhani She pv Examination done. cervix 25% effaced Os 2cm long dilated membeane (-) Head -3 station pelvic adequate.	Sharon 01/07/26
		↓ASP PE Tablet intracervically insert	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continued 29/6/26 →	
29/6/26	4AM	Patient left lateral Position changed. IIo chest Maintain.	
	5AM	Pat gel CTH Connected. FHR is good. Patient left lateral Position changed 3 Contraction 30 to 40 secs informed Dr. Anandheshwari	Shalini 01407
	5.50 AM	CTH Disconnected Order by Dr. Anandheshwari. Patient Morning Care given. New IV line insert 18G left Hand cephallic IV line Patent IIo chest Maintain.	Shalini 01407
	6AM	Due Medication given Patient general Condition Fair	
	7.30 AM	Patient nursing Over given to Morning duty staff	Shalini 01407
	7:30 AM	morning duty patient Care hand over taken from Night duty staff Nurse Pt was stable Conscious & oriented IV line present & patten more fall risk Assessment was Done Score is 20. pain Assessment was Done Score is 2/10 patient General Condition Fair To Encourage Adequate oralls	SNAbdulla 01505

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26	8.10am	⇒ Pt vital signs checked & recorded. pt vomited 1 episode informed to Dr. Vinitha advice to give Tr. Emesd. start Tr. Syrb 24 wise order carried out. CTG connected FHR (+). Tr. Syrb 5 u in 500 ml RL 24 wise started on infusion as per doctor order. Tr. Emesd 2cc IV given as per doctor order.	Poorvitha
	8.45am	pt c/o pain Dr. Vinitha advice to give Tr. pethidine Tr. phenergan order carried out. Tr. pethidine 1m 1cc, Tr phenergan 1cc 1m given as per doctor order.	Saipoorna
	9.40am	Dr. mathangi came did PV examination ✕ thick offered, os admits 2 finger membrane (+). Vx-3.8cm done clear liquor discharge. advice to give Tr. Syntocinon. Put All four position. Tr. Syntocinon 0.1u IV last dose given as per doctor order. All four position provided. CTG is going FHR (+)	Poorvitha

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/24	10AM	pt vital signs checked & recorded. Encourage to take adequate oral fluid. maintain Dro chart. pt have no clo allergy. Ichuri Tr. supacef 1.5gm IV given.	PUQ DMO
	11.35AM	pt is stable. Tr. syntocinon is going on infusion. CR is going FHR WNL. pt clo pushing feel. Po vinethan did per examination os fully dilated. pt shifted to labour room.	PUQ DMO
	11.47AM	Dr. mathangi came did per examination fully dilated. Inthotomy position given. parts painted. Tr. lox 2% given in perineum. Rmt episiotomy done. Encourage to push during contraction pocs maternal effort kiwi applied. pt is pushing. A single baby delivered kiwi assisted vaginal delivery. Baby cried at birth. Dr. Sri lakshmi received the baby. cord clamping done. IV line site swelling - Now next page.	

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26 continue		IV placement done ~~in~~ in left forearm with fluid RL + Inj Syntocinon 10 IU IM, + Inj Syntocinon 20 U in 500 ml NS with connected on infusion. Placenta expelled. + Inj Tepic 1gm in 100 ml NS IV given, + Inj Carboprost IM given as per doctor's order.	
		Date - 29/6/26 Time - 11.47am Sex - Boy weight - 3.055 kgs.	Pooja Rao
		Pt vital signs checked & recorded BP - 120/76 mmHg PR - 98bpm. RR - 28bpm. Pt have vaginal bleeding. RM to episiotomy suture done. + Inj Misoprostol 600 mcg, PR - Insertion suppository kept PR - by Dr. Madhavi, Dr. Vinitha / Dr. Shreedevi assessed for bleeding. Pt is stable.	Pooja Rao
	10.30pm	Encourage to take adequate oral fluid, BF given to baby suckling good. placed the baby on mother side.	Pooja Rao
	1pm	Pt is stable. maintain Rs done	Pooja Rao

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

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26		B - Breast soft	
~~no~~ continue		U - uterus contracted	
		B - she is on self	
		B - Bowel movement (Y)	
		L - lochia rubra (Y)	
		F - ~~REEDA~~ assessment done	
		H - Homans sign negative	
		E - Pt remained stable good.	
	1.30pm	Pt care hand over given to evening duty staff — of evening duty (29/06/2026).	
29/6/26	1.30 pm	patient handing over given taken by morning duty staffs & Nurse Bushy was activity till now. Not passed Pv bladdering mentioned patient conscious and oriented. Perineal condition Fair —	
	2pm	Patient checked with the Midwife.	
		B - Breast soft.	
		U - uterus contracting	
		B - She is on self.	
		B - Bowel movement (Y).	
		presence.	
		L - Lochia rubra present	
		No evidences by Foul Smelling.	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/21	6am	H - Hema's sign Negative E - Enosicals Status good ———	
	2.30 pm	patient voided 350ml intern DR. Divyalakshmi advice to use teen bels foley Bladder scan advice Nerv voids measuring	
	3.30 pm	patient 2nd voided voided 300ml Intern to DR. Diyalakshmi Shifts to ward ———	
	5pm	Patient handing over given 4th Floor Nurse ———	
	6pm	Receiving Notes On 29/6/21 Patient Received from ICU to 4th floor. patient delivered handing Over taken from S/N Sabeshwari patient Conscious and Oriented IV line patency pv bleeding is Normal. Urine Voided freely patient is on Normal diet ———	
	6pm	Maintain Intake and Output Chart Doc medication given as per Doctor's order ——— (PTO)	

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/6/26 M	28/6/26 E	28/6
		Score	15	15	N
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	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			
	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:			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	29/6/26	29/6/26 (E)	29/6/26 (N)
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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	Abdg 0 1855	DS	Plee born

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

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Morse Fall Risk Assessment Form

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

- ☐ 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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	11AM	6/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	SN 01672
28/6/26	7pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Sanjit Oct
29/6/26	12AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 01407 2
29/6/26	6AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 01407 2
29/6/26	8AM	2/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Akshaya 01888
29/6/26	2pm	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
29/6/26	2pm	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
29/6/26	8pm	1/10	Epigastrium	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Medication given	Priya 60726
30/6/26	6am	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 30/6/26
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

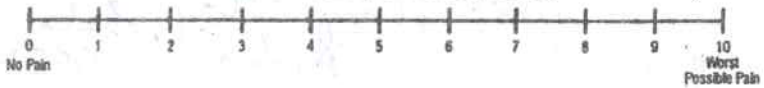
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

					Date : 28/6/20	28/6/20	28/6	29/6
					Time : M	E	N	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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name			83	

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

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

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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BRADEN 'Q' SCALE

				Date : 29/6 29/6 30/6
				Time : E N N
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis — Primi 33+4d
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
28/6/26	11AM	Informed consent	Informed consent to patient and family members	patient	NO	oral	None	Verbal	Good	SN 01/07/26
29/6/26	2pm	yes	Mother explain to breast feeding position	patient	No	oral	None	Verbal	Good	DSN
30/6/26	10am	yes	to burp the baby properly.	patient	nil	verbal	none	yes	Good	Staff Nurse

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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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/26 Time of Arrival: 11am Time Seen by Nurse: 11Am

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: Admitted

3) **Vital Signs:** Temperature: 98°F Pulse: 90bt/m RR: 20brpm SpO_2: 99% BP: 120/72 Weight: 67kg

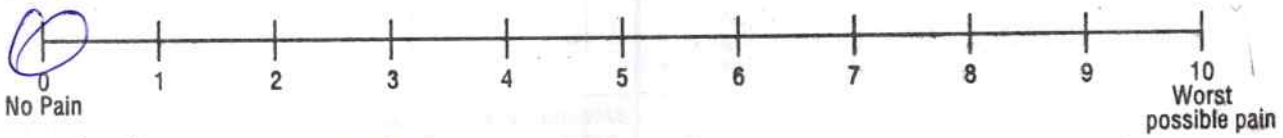
4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 1/10/25 EDD: 8/7/26 Gestational Age: 38+4days

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

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



- Location: 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: H/o PCOS / Hypothyroid x 3 years

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T. Thyronorm (37.5 mg)

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: ..... 11AM .....

Nurse Name : ..... S/N. Tamilselvi. J ..... Nurse Signature: ..... 28/6/20 .....

Date: ..... 28/6/20 ..... Time: ..... 11AM .....

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 22/6/26

Baseline Information:

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

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 Mother

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

If yes, identify

Chief Complaints: Patient admitted for Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Dhivyalakshmi

Time Notified: 11AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
H/o PCOS Hypothyroid x 3 years	NIL	NIL

Blood Group: B+ve LMP: 11/10/25 EDD: 8/7/26 Gestational age during admission: 33+4 days

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 1 P — L — A — Previous LSCS NIL

Height: 167cm Weight: 61kg BMI: 24.02

Temp: 98°F HR: 90bt/m RR: 20bt/m BP: 120/72 SpO_2 99%

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	

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Mother T2 DM, Dyslipidemia .....

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ... 27 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

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

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

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

Name of Person Orientation was given to: ..... Mrs. Nooral .....

Orientation not given Reason: .....

Nurse Signature: ..... SN Tauf 01/6/20

Nurse Name: ..... SN Tauf Soli 01/6/20

Date & Time: ..... 28/6/26 at 11AM

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 22/6/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		0
Signature of the Nurse	Sr. Tamilselvi 0167	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Patient's Name:.... ....
MRD NO GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA (F)
12-01-1997 29 Y 5 M 16 D
Dr. MATHANGI RAJAGOPALAN
Age :....... x: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29/6/26. Time: 5³⁰ Am
Location : Lt cephalic.
Size : 18 h
Cannula inserted by : S/N Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/6	6Am	☐Yes ☑No	☐Yes ☑No	observe cannula	8r
	7Am	☐Yes ☑No	☐Yes ☑No	observe cannula	8
	9AM	☐Yes ☑No	☐Yes ☑No	obs.	Df
	11AM	☐Yes ☑No	☐Yes ☑No	DSl	Df
	1pm	☐Yes ☑No	☐Yes ☑No	Df	Df
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Removed

Cannula removed : ☑Yes ☐No, if yes date and time : 11.30
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 2

Date : 29/6/2026 Time: 11.30Am
Location : RA mcv
Size : 20 n
Cannula inserted by : S/N Aneesh.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/6	12pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
"	2pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
"	4pm	☐Yes ☑No	☐Yes ☐No	[illegible]	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	obser	P.G
	2AM	☐Yes ☑No	☐Yes ☑No	Obsae	P.G
	6Am	☐Yes ☑No	☐Yes ☑No	obsn	P.G
30/6/26	8Am	☐Yes ☑No	☐Yes ☐No	Ch	[illegible]
EFA	12pm	☐Yes ☑No	☐Yes ☑No	ob	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

5. Steps for Positioning and attachment:
   - [ ] a. Baby goes to the breast
   - [x] 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

P.T.O

6. Was the position explained:
   - [x] a. Yes
   - [ ] b. No

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

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

9. Additional notes: .....

Continuity of Care:

Date: 29/6/2016

C - 2 29/6/16
A - 2 C - 2
T - 2 A - 2
C - 1 T - 2
H - 2 C - 1
H - 1
9 8
P 29/6/2016

Handover given by Deborah

Signature Deb 2017

Date & Time: 29/6/2016 at 2pm

Handover taken by E. Pawnya

Signature

Date & Time: 29/6/16 5pm

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Mrs NOORUL HARISHA
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INDUCTION OF LABOR CONSENT

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

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

You are scheduled for an induction of labor on ..... (date) at 38+4 (weeks of gestation).

The reason for your induction is Term .....

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

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

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

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

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

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

Patient

Signature: N. Jaf.

Name: NOORUL HARISHA

Date & Time: 28/6/26 at 12pm

Patient Attendant:

Signature: .....

Name: Aashik Imran M.

Relationship with Patient: Husband.

Date & Time: .....

Doctor:

Signature: 16U28

Name: Dr. Dinyalakshmi

Date & Time: 28/6/26.

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Ma 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: Dr. Mathangi

Consentee :

Signature : N. Harish

Name : NOORUL HARISHA

Date & Time : 28/6/26 at 12pm

Patient Attendant :

Signature : .....

Name : Asshin Imam M.

Relationship with Patient: Husband

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent)

Signature : .....

Name : Dr. Durgalakshmi

Date & Time : 28/6/26.

PATIENT TRANSFER FORM

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

Dr. Mathangi	Date & Time of Admission: 28/6/26 at 11.32 Transfer Ordered by: Dr. Dhivyalakshmi	Date & Time of Transfer Order: 28/6/26 at 2.30pm Reason for Transfer: Shifted to ward for further care
From Unit: LDR	To Unit: 4th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2p Files	Number of Imaging Films: CTG - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Lendocpad	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
S/N 28/6/26	Dr. Dhivyalakshmi

Patient & Clinical Records Received by :

Date & Time of Patient Received : 28/6/2026 at 12.30pm

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

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

PATIENT TRANSFER FORM

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Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	28/6/26 at 11:32AM	28/6/26 at 9pm.
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. pavithra	Reason for Transfer: IOL
From Unit: 7th Floor	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP files	Number of Imaging Films: CT Gr – (1)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. madhumitha	Dr. Pavithra

Patient & Clinical Records Received by : S. Shanthi 044072

Date & Time of Patient Received : 28/6/26 9pm

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

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PATIENT TRANSFER FORM

GUC-00090323 IP18-00036227
Mrs NOORUL HARISHA
12-01-1997 29 Y 5 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
28/6/2024 at 1.32 AM	29/6/2024 at 5pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. mathangi	Dr. Divyalaxmi	Fifth Month

From Unit	To Unit	Information to Attendant
LDR	7th	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
4	CT	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Pantop 40 – 1 (10)	
2.	T. Pan 1 (10)	
3.	Aquadm – 1 (10)	
4.	IV Set – 1 (1)	
5.	Neem pad MFM – 1 (1)	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S N Sahoo OT	Dr Divyalaxmi

Patient & Clinical Records Received by :

Date & Time of Patient Received : 29/6/24 @ 5pm

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

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

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

Mrs. Noorul

OBSTETRICIAN	Dr. Mathangi
ANAESTHETIST	
ASSISTANT	Dr. Vinitha
DATE	29/06/2026
TIME	11:47 PM
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED 1ml MLS
OF 2% lignocaine
EPIDURAL / SPINAL
GA

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

LIQUOR
CLEAR / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
0/5 PALPABLE

VAGINAL EXAMINATION

NUMBER OF CMs DILATED 10 cm
STATION OF PRESENTING PART -1 / 0 / +1 / +2 / +3

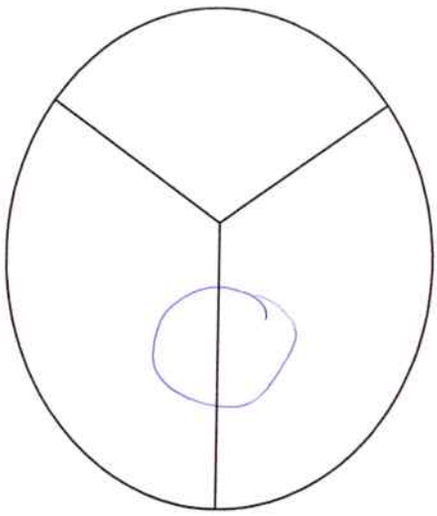
POSITION DOA / LOA / ROA / ROP / LOP / DOP / LOT / ROT

CAPUT	0	+	++	+++	
MOULDING	0	+	++	+++	

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

MANUAL ROTATION YES / NO	**TIME OF APPLICATION**	**No. OF TRACTIONS** 1
ABANDONED YES / NO (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 11:46 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	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? Rapid vicryl 2777 2-0 vicryl	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO
FOLEY CATHETER YES NO REMOVE ..... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	**SWAB COUNT** PRE – REPAIR correct POST – REPAIR correct **PARACETAMOL 1GM PR** YES / NO **DICLOFENIC 100MGS PR** YES / NO	**ANTIBIOTICS** YES / NO (PRESCRIBE ON DRUG CHART)	**ANALGESIA** YES / NO (PRESCRIBE ON DRUG CHART)

PARTOGRAPH

Mrs. Noorul

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☑ Others Hypothyroid

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: ....-....

Shoulder Dystocia: ☑ Yes ☐ No

McRobert's Manuvere & Suprapubic Pressure given

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: Poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: 1

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl
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: 350ml

Blood Transfusion: No

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

Rectal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy

Weight: 3.055 kg

APGAR: 9/10, 10/10

Date and Time of Delivery: 29/06/2026 ; 11:47 AM

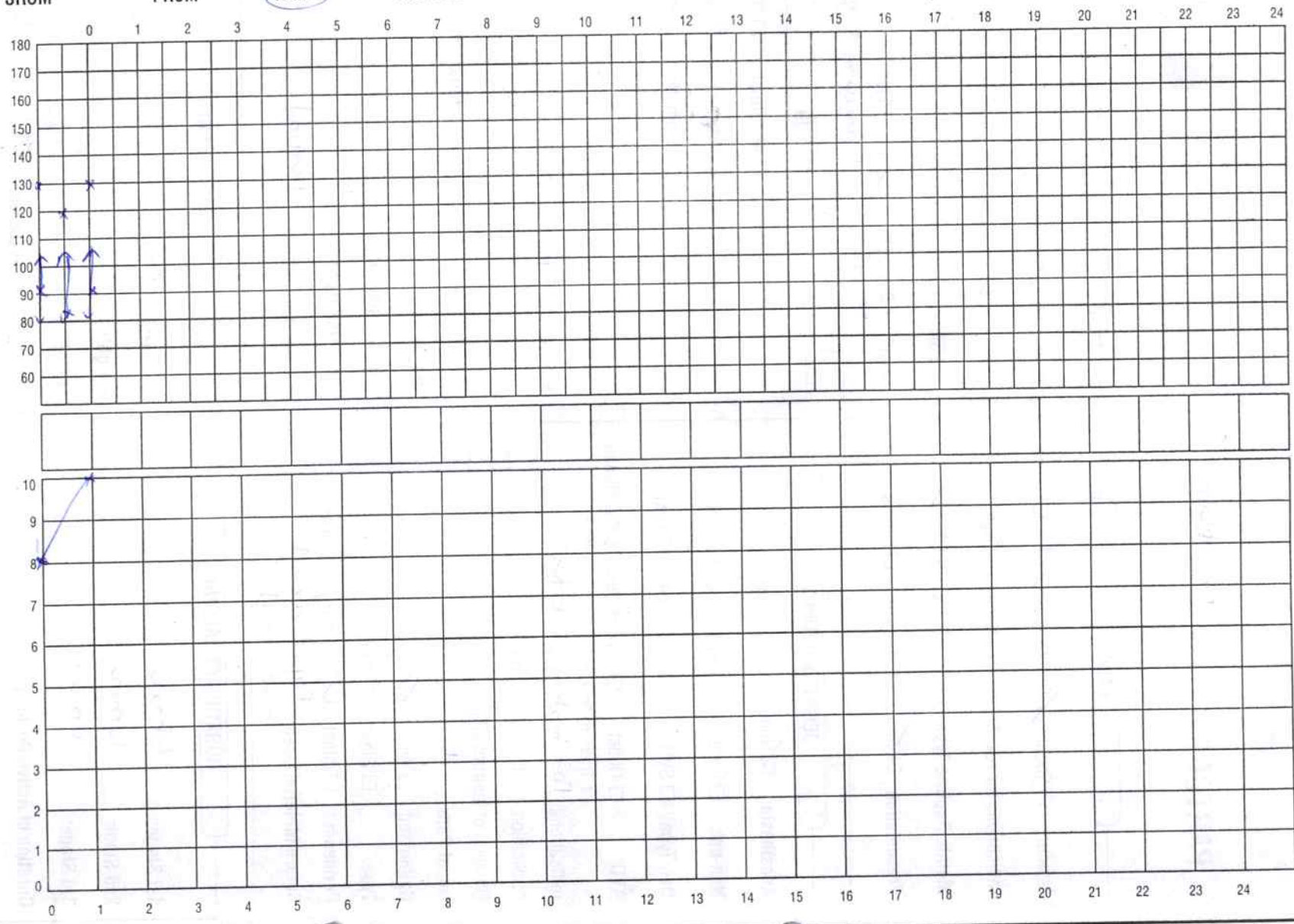
LW Doctor: Dr. Mathangi

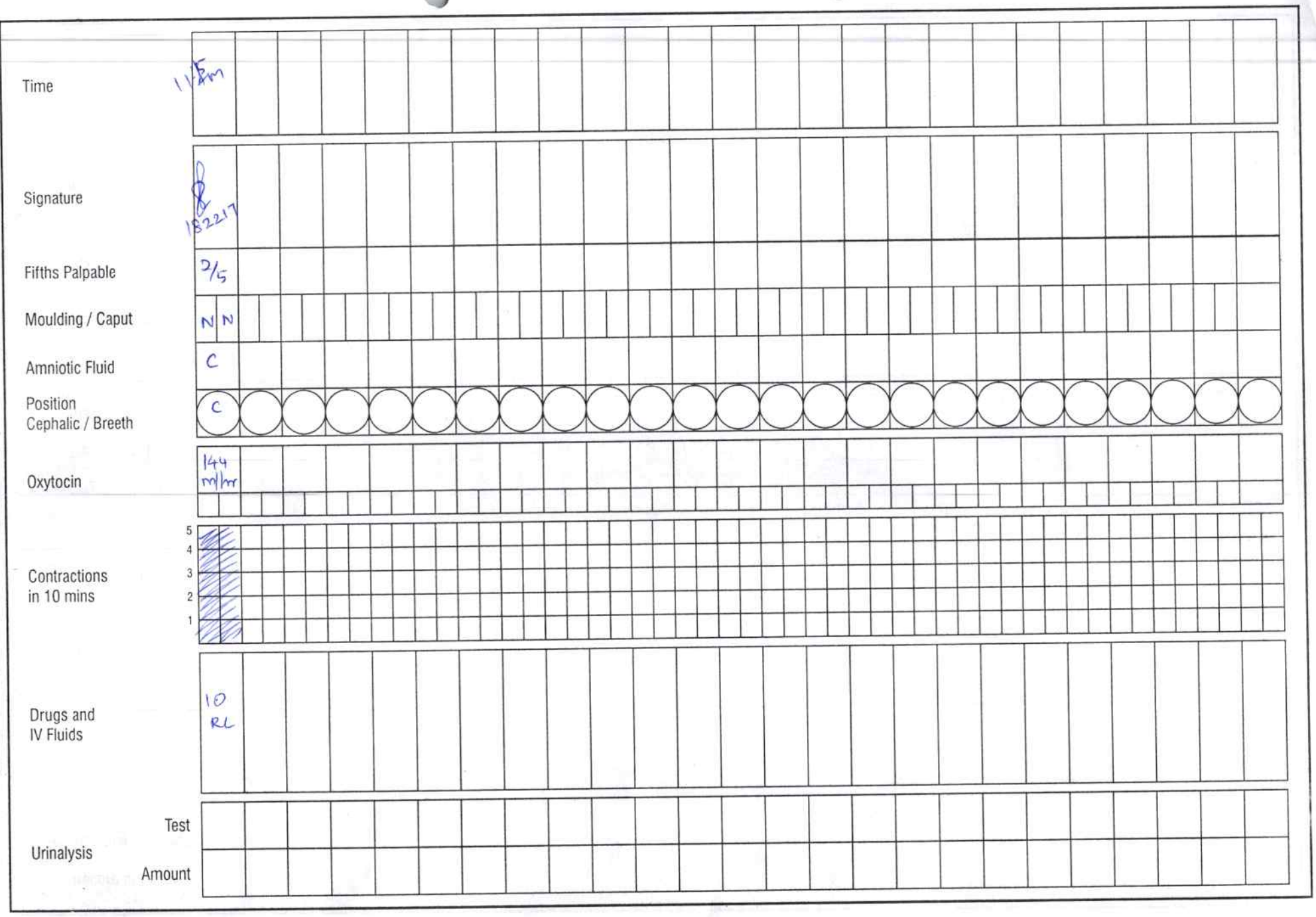
LW Sister: Pooja

PARTOGRAPH

Name: Mrs. Noorul Obstetrics Formula: Primi Blood Group Type:

Memb. Ruptured: SROM PROM ARM Risk Factors:




Time
11:15am
Signature
1822217
Fifths Palpable
2/5
Moulding / Caput
N N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
144
m/hr
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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