Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 16/7/26

GUC-00090368 IP18-00036456

Name of the Pat Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

UHID No: .....

..... Gender: .....

Ward: .....

Room No: 606

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 16/7/26	Date: 16.7.26
Time:	Time: @ 9AM	Time: 9.50 AM

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

UHID- FLOOR- NAME OF CONSULTAI

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing	16/1/26 @						
Activity Sheet update by Pharmacy							

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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ACTIVITY RECORD FOR BILLIN

Name: MRS. JYOTI GUPTA

UHID No: 90368 IP No: ..... Consultant: DR. LUCETTA Dept: LDR

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/2026	7.50pm	LDR	6th Floor	
13/7/26	10.45 pm	606	LDR.	Raveen
15/7/26	7.20AM	LDR.	6th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Sai Prasanth (Neurologist)	14/07/2026	127154	
2.	Dr. Seshavas	15/07/26	To be raised	
3.	(psychiatrist)			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/7/2026	RBS	26022535	
13/7/2026	CBC	26022534	
14/7/26	RBS	26022580	
14/7/26	ABG (POST)	26022658	
14/7/26	RBS	26022660	
15/7/2026	HB	26022710	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	CTH (1)			009423	
13/7/26	CTH (2)			009423	
13/7	CTG (3)			009430	
13/7	CTG (4)			009435	
	CTH (5)			009435	
	CTH (6)			009435	
	CTG (7)			009437	
	CTH (8)			00 9447	
14/7	Infusion Pump	14/7/26 9AM.	14/7/26 5pm.	726879	
	CTH (9)			009447	
	CTH - (10)			009447	
	CTH - (11)			009457	
	CTH (12)			009457	
	CTH (13)			009489	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/7/26	IV placement	1	1726642	DSC 01777
15/7/26	Diet Counselling	1	1728041	A. M. Co(8336)
15/7/26	physio	1	1728040	Jey OC
15/7/26	MRI Brain with MRA, MRV, MRI whole spine screening	1	18009508	Jey Oliver

ANY OTHER INFORMATION:

K/W/ ASST Normal vaginal delivery
done 14/7/26
1.00pm 8.00pm (Imam)
Dr Luvetta
Dr. Aushita
mani 01760

Date: 18/7/26 Time: @8am Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Jey Oliver			

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DISCHARGE TRACKING SHEET

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

DOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	16/7/26 at 9.00AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		16/7/26 at 9.20AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036456 **Admit Date** : 13-Jul-2026 **Admit Time** : 04:37 PM **UHID** : GUC-00090368

Patient Details :

Patient Name	: Mrs JYOTI GUPTA	**Age**	: 27 Y 6 M 17 D
Guardian	: Mr LOGESHWARAN MURUGESAN	**DOB**	: 26-12-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 18/19 uv suvaminatham st Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 8870630403/ 8870630403
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 805 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 805 **Admission Type** : First Visit

Contact Details :

Name : Mr LOGESHWARAN MURUGESAN **Relationship** : Husband

Contact Address : 18/19 uv suvaminatham st Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : 9840017925

Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Lucetta Amelia Dias **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs JYOTI GUPTA**	**Age :**	**27 Y 6 M 17 D**
IP No:	**IP18-00036456**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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. Logeshwaran Murugesan
Relationship: Husband
Date: 13/7/26 Time: 4:37pm
Witness Name: Jothi
Witness Signature:

Patient Address:
18/19 uv suvaminatham st Alandur
Chennai Tamil Nadu INDIA 600016

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BILLING POLICY

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

DECLARATION

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

Patient Name : JYOTI GUPTA	UHID Number : GUC:00090368
Self/Attendant Name : LOGESHWARAN MURUGESAN	Relation : Husband
Self/ Attendant Signature : M Phone Number : 9840017925	Name & Signature of Financial Counselor

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on 18/01/2025

ವಿಳಾಸ: डी/ओ संजय कुमार गुप्ता, प्लाट नो १७,
पद्मावती नगर, ईस्ट में रोड, माडंबक्कम, कांचीपुरम,
तमिल नाडु, 600126

Address: D/O Sanjay Kumar Gupta, Plot no 17,
Padmavathy Nagar, East Main Road,
Madambakkam, PO:Madambakkam,
DIST:Kancheepuram, Tamil Nadu, 600126

6721 8253 7779

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

भारत सरकार
Government of India

ज्योति गुप्ता
JYOTI GUPTA
DOB : 26/12/1998
Female

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

6721 8253 7779

मेरा आधार, मेरी पहचान

Aadhaar no. issued: 30/10/2013

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
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RESULT SHEET

Date	15/5/26	13/7/26				
Time					B-POSITIVE	
Hb	11	12				
PCV	33	36				
RBC	3.70	4.02			HIV	NR
WBC	11,000	7.88			HBsAg	
N/L	75/18	75/21/4			HCV	
Platelets	2.31	2.62			VDRL	
CRP						
ESR						
PCT						
RBS					ECG ?	Normal
Na					ECHO	
K						
Cl					25/11/25	
Ca/Mg					TSH -	1.450
Phosphate					FT3 -	4.30
Urea					FT4 -	1.46
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	25/6/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	3-5					
CUE						
	Bacteria (+)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 07/07/2026 - SLIUG EFW - 3040 grams (47%ile)

X-Ray : - Cephalic Cx - 2.60 cm

ECHO : - Placenta - Posterior Doppler Normal

CT : - SDP - 5.5

MRI .....

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

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Mrs. Jyoti / post natal Eval & Advices.

Signature:

Findings and Recommendations :

S/B physiotherapist Dr. Nekkanapriya S. (PT) OBG & Gyn.

Do's and don'ts Advised.

- No cross legs.
- Rice protocol
- weight lifting should be avoided -
- lying down posture
- postural advices Given

Consultant :

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

- Breathing Ex
- Posterior pelvic tilt
- Kegels
- Ankle and knee Mobilisation
- pelvic tilt
- Gait training

15/7/26.

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CROSS CONSULTATION FORM

Doctor Name: DR. SAI PRASHANTH Date: 14/7/26 Time: 9.45PM

Diagnosis:

Hospital:

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations:

14/7/26
9.40pm

C/s/b Dr Sai Prashanth
MD., DM., FNB (Neuro Intervention)
Interventional Neurologist

Thanks for referral
history as noted

o/e Conscious, Oriented
Comprehension
power. UL – N
B/L LL – 4/5; proximal; 4+/5 distal
Reflexes exaggerated in LL
Sensory – N
No neck stiffness
plantar ↓ ↓

- Power examination incomplete due to lower Abd pain
- Bladder – Bowel – N

Consultant:

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

(PTO)

Imp

Pure motor B/L LL paresis
(Improving)

Suspected

Plan:

Conservative management

1. MRI Brain c̄ whole spine c̄ MRA/MRV Screening (Sos- contrast) C/m

2. Physiotherapy

3. Will review after MRI

4. Review Dr

[illegible signature]
Reg. No.: 107903

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations : S/B Dr. SRINIVASAN JAYARAMAN
CLINICAL PSYCHOLOGIST

- Thanks for your referral
- She was seen family members.
- She is creates, no formal therapy sessions.
- No depressive cognition
  NO SI/DSH
- Psychoeducation was given
- Pt was cleared

Dr SRINIVASAN JAYARAMAN
MSc, MS(Glasgow), MPhil, PhD.
CPsychol(UK), FIACP, AFBPsS(UK), FCPSI.
Consultant Clinical Psychologist.
Reg No- A24949 (IND) 0040 (TN).

Consultant :

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Ponnirams	
13/07/2026 8:45PM	Pt reviewed	
	o/e	Advice
	P/A - Ut term	C/I/T Dr. Lucetta
	Mild acting (20/10-15'/10')	- CTG at 2Am, 4Am.
CTG - Reactive	Cephalic	- FHR Hourly monitoring.
	FHS good.	- W/f contractions.
		- Inj Pethidine 50mg Im +
	YE - Foley in situ.	Inj Phenergan 25mg Im stat at 10PM.
	(signature) My682	
13/07/26. 10:15PM	Foley bulb expelled.	
	No Bleeding P/V.	
		Advice
		C/I/T Dr Lucetta.
		- Check P/V at 5Am
		- CTG at 2Am, 4Am
		- Hourly FHR.
	(signature) My682	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026	C/S/B Dr. Panitans	
5 AM	Pt reviewed	
	o/e	
	P/A - Ut term	
	mildly acting 2c/15'/10"	
	cephalic	
	FHS good.	
CTG Reactive	P/V - Cx 1.5cm long, soft, midposition.	
	OS 2cm dilated	
	memb (+)	
	Vx @ -3 station.	
	↓ SAP, Dinoprostone gel kept in	
		Advice
		- Post gel CTG @ 6Am
		- Enema @ 6:30Am
		- w/f contractions
	[signature]	

GUC-00090368
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26-12-1998 27 Y 6 M 18 D (F)
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026	Post gel CTG - Reactive.	
6 Am		Advice
		O/I/T Dr Lucetta.
		- To start Inj Synto 5 units in 1 ⓞ RL @ 12 ml / hour. @ 9Am ↓
		24 ml / hour at 9:30AM
	[signature]	- W/f contractions.
14/07/2026 8:30Am	c/s/b Dr. Akshitha / Dr. Shreedevi	
GA - 38w+2d	Pt reviewed, Nil c/o	Advice
T - Ⓝ	O/E Pt GC fair, Afebrile	To Start INJ. SYNTO 5U in
PR - 95/min	P° / PE°	1 ⓞ RL @ 12ml/hr @ 9AM ↓
BP - 92/60 mmHg	CVS / RS NAD	24ml/hr @ 9:30AM
	P/A - uterus @ term	- W/F contractions
	Mildly Acting (3c/25"/10')	- Continuous CTG
	Cephalic	- Follow drug chart
	FHS - good	- Inform (SOS)
	[signature] 82217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026	C/S/B Dr. Lucetta	
9:55 AM	P/A - Uterus @ Term (3c/25"/10')	Advice - Liquid diet - Continuous CTG
CTG - Reactive	Cephalic	- Continue INJ. SYNTO
INJ. SYNTO @ 24ml/hr	FHS - good	acceleration & titrate
	P/V - Cx - 1cm/long	accordingly
	OS - 3cm dilated	- W/F contractions
	Membranes - Present	- Inform(SOS)
	Vertex @ - 3	- INJ. DROTIN 2cc IM Stat
	↓ SAP, ARM done clear liquor drained	- INJ. EPIDOSIN 2cc IV Stat
	Dr 18221	
14/07/2026	C/S/B Dr. Lucetta	
11:20 AM	Pt C/O pushing sensation	Advice
	P/A - Uterus @ Term (5c/25"/10')	- Continuous CTG
CTG - Reactive	Cephalic	- Continue INJ. SYNTO
INJ. SYNTO @ 24ml/hr	FHS - good	acceleration & titrate according
	P/V - Cx - Thick effaced	- W/F contractions/Progress
	OS - 3cm dilated	- Inform(SOS)
	Membranes - Absent	
	Vertex @ -1 to 0	
	Dr 18221	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 12pm	c/s/B Dr. Lucetta	
	P/A - Wt @ Term (5C/25"/10')	Advice
CTG-Reactive	Cephalic	- Buddha position
INJ SYNTO @ 2ym/hr	FHS - good heard	- Continuous CTG
	P/V - Cx Effaced	- Continue INJ. SYNTO acceleration
	OS - 4cm dilated	- INJ. EPIDOSIN 2CC IV
	Membranes - Absent	- INJ. DROTIN 2cc IM
	Vertex @ -1 to 0	- W/F contractions
	BS 221	
14/7/26 1pm	S/B Dr. Lucetta	
	pt c/o pushing sensation	
CTG-Reactive Synto @ 60ml/hr	P/V: Cx fully effaced. OS fully dilated. Membranes (-) Vx at +1	
		Advice - Inform OTCY - Shift to LOR
		16/7/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/26 1:14 pm	KIWI ASSISTED VAGINAL DELIVERY WITH RMLE.	
	Ind = Persistent variable decelerations and poor maternal efforts.	
	C/B - Dr. Lucetta	
	A/B - Dr. Akshitha / Dr. Dinyalakshmi	
	I/ASP, pt in lithotomy, perineum painted and draped. Local anesthesia infiltration given. Kiwi cup applied in view of poor maternal efforts / persistent variable decelerations. At crowning RMLE given, to deliver an alive term GIRL baby who cried immediately after birth. Cord clamped and cut and baby handed over to pediatrician. Placenta and membranes delivered intoto. Mild atonic PPH noted and medically managed. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured.	
	P/A - Uterus firm and well-contracted P/V - No undue bleeding PV. P/R - Rectal mucosa & sphincter tone (N)	

Mild atonic PPH

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Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B | Alive term G|RL.	
	A | 14.07.26 at 1:14 pm.	
	B | 3.042 kg	
	Y | 8/10, 9/10	
	Baby m/s	Advice - Normal diet. - oral fluids. - monitor vitals. - follow drug chart. - Hb c/n 6th - FBS, PPBS after one week. - Measure and inform 1st void. & DBF - Inform SOS.
	16/4/26	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026 3:30 pm	S/B Dr. Lucetta	
	pt appears disoriented.	
	C/o pain & heaviness in lower half of body.	
	O/E: vitals stable, afebrile	
	CVS / RS / NAD	
CBG - 108 mg/dl	C/D/W Dr. Mathangi	
	Advice	
	- To do ABG	
	- careful watch on patient,	Top up feeds for baby after I/O peds
	IMP: POSTPARTUM DEPRESSION	164283
14/7/26 4pm	S/B Dr Sathish (Anesthesiology)	
	Dr Priya	
	called over i/v/o disorientation	
PND - 0	Patient reviewed	
	c/o pain and inability to move lower limbs	
pH - 7.407	O/E - Flexion & extension ↓ in (L) LL > (R) LL	
pO2 - 96.8	Vitals PR - 52/min BP - 115/70 mm Hg	
pCO2 - 29.4	SpO2 - 95% @ RA	
lac - 2.90	S/E - CVS - S1 S2 (+)	
	RS - B/L AE (+).	
		Advice
		- To get neurophysician

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

and physician opinion
- To get psychiatry (+)

154684

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Jyothi Gupta (3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 4:10pm	S/B Dr. Lucetta	
	pt. voided urine.	
	PVR - 200ml	
ABG - WNL	Advice	
	- To encourage pt. to void again after 30 mins.	
	- To get physchologist opinion & Neurophysician opinion SH	
		164288
14/7/26 5pm	S/B Dr. Lucetta	
	pt. voided 300ml urine	
	post void - Bladder collapsed.	
	Advice	
	- To measure next 2 voids - post void	
	- To ensure pt. voids 3-4 hrly.	
	- Inform SOS.	
	- w/f ↑ bpv.	
		164288

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	S/B Dr. Vinitha	
8:00 PM	Pt reviewed; No C/o	Voided 150ml @ 7:30 pm
	O/E: GC fair; Afebrile	
BP: 100/60	P° IPE°	
PR: 76/min	P/A: Ut well contracted;	
SpO2: 100% RA	soft ; BS (+)	
	L/E: BWNL	
		Adv:
Baby MIS		• Neurophysician O & psychologist O
		• Encourage to void every 3-4 hours
	WNL 12/1/13	• Normal diet ; Plenty of fluids
14/7/26	S/B Dr. Vinitha	
7 AM	Pt reviewed; No C/o at present	
	Pt had 1 episode of sudden pain in calf & lower limbs lasting 2 mins, settled now.	
Hb: 10.4	O/E: GC fair ; Afebrile	
	P° IPE°	C/D/w Dr Lucetta
BP: 112/72	P/A: Ut contracted well	Adv:
PR: 84	Soft ; BS (+)	• MRI Brain & MRA & MRV + Whole spine screening today
SpO2: 98% RA	L/E: BWNL	• Psychologist O
T: Afebrile		• Normal diet
		• Follow drug chart
Baby MIS		• Vitals monitoring
		• FBS / PPBS after 1 week
		• Ensure voiding 3-4 hours once

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	MRI appointment booked at Scan World, Nungambakkam at 12PM	
15/07/2026 8:45am	C/S/B Dr Pan...	
	Pt reviewed.	
	No specific c/o at present.	
T: (N)	O/E Pt is fair	Advice
BP 100/62	afebrile	- Soft solid diet
PR 70/min	P̄ / Pk	- Plenty of orals.
	CVS / RS NAD	- Vitals monitoring
Baby m/s, B/L Breast soft.		- Follow drug chart.
	P/A - UT firm & contract well.	- FBS / PPBS after check.
Voiding freely	LE - Epi wound intact.	- MRI Brain c̄ MRA + MRV + Whole Spine Screening at 12pm.
Not passed stools.	BWNL	
Hb - 10.4	[signature]	- Psychologist r/o
		- Physiotherapy.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26. 5:40pm.	S/B Dr. [illegible]	
PND#1	pt reviewed	not passed stools
	voiding freely	
	o/e afebrile	
BP 107/78 mmHg	GC fair	Plan:
PR 87bpm.	P°/PE°	Normal diet
SpO2 99% @ RA	P/A uterus wc	hydration
Temp Ⓝ	soft	ambulate
	BS ⊕	W/f ↑ bleeding P/V
B/L breast soft	L/E BWNL	Psychologist O.
secretion ⊕		
Baby m/s		
DBF.		
	125485	
15/7/26	S/B Dr. Mohana / Dr. Durgalakshmi	
8:45pm	pt reviewed	
	Nil c/o.	
PND-1		Advice
	O/E: pt GC fair, afebrile	- Ⓝ diet
	P° / PE°	- oral hydration
T-N	CVS /	- Psychologist opinion
PR 80/min	RS / NAD	- W/F ↑ bpm
BP 110/70 mmHg	P/A: soft	- DBF
voiding freely	U/ contracted well	- Inform SOS
not passed stools		
	L/E: Epi healthy	
Baby m/s	BWNL	

Breast soft
DBF

164285

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
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Docu. No. : RCH /FRM / CLINICAL / 1

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

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

S.No		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

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
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(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: NR Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. GLYCOMET	500mg	PO	0-0-1		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 13/07/2026

Nurse Name & Signature: D. Sahelwani

Date & Time : 13/7/2026 at 4.20pm.

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

GUC-00090368
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26-12-1998 27 Y 6 M 18 D
Dr. LUCETTA AMELIA DIAS (F)

(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: ....OPD.. Shifted to: ....LR..

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

MEDICATION HISTORY RECORDED / VERIFIED BY

** C- Continue, DC - Discontinue*

Doctor Name & Signature : ....

Date & Time : ....

Nurse Name & Signature: ....Praveena ... [signature]........

Date & Time : ....13/7/26 @ 10.30PM........

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

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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: 6th 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	INJ. SUPACEF	1.5g	IV	BD		☑C ☐DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD		☑C ☐DC
3	INJ. PARACETAMOL	1g	IV	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD		☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 14/07/2026

Nurse Name & Signature: D. Sahelwan

Date & Time : 15/7/2026 at 1:20 AM

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DRUG CHART

Date of Admission: 13/1/2026 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 .....

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26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS Weight. 84 Ward. 10A

DRUG: INJ. SUPACEF				Date/Time	13/7	14/7	15/7	16/7
Dose	Route	Frequency	Start Date	6 AM	\	SP / SP	[illegible]	JB / SL
1.5g	IV	1-0-1	13/7/26					
Name & Signature of the Doctor Starting the Drugs: [signature] 182217								
Additional Instructions: Till discharge				6 PM	6:30 pm MD / MD	MD / SR	SP / MH	
Daily Doctor's Endorsement by a Sign								

DRUG: Inj. PAN				Date/Time	14/7	15/7	16/7	
Dose	Route	Frequency	Start Date	6 AM	\	[illegible] / SP	JB / SL	
40mg	IV	1-0-1	14/7					
Name & Signature of the Doctor Starting the Drugs: [signature] 164288								
Additional Instructions:				6 PM	MD / SR	SP / MH		
Daily Doctor's Endorsement by a Sign								

DRUG: Inj. PARACETAMOL				Date/Time	14/7	15/7	16/7	
Dose	Route	Frequency	Start Date	6 AM	/	[illegible] / SP	JB / SL	
1gm	IV	1-1-1	14/7					
Name & Signature of the Doctor Starting the Drugs: [signature] 164288				2 PM	/	SP / MM		
Additional Instructions:				9 pm	SP			
				10 PM	SS	JB / SS		
Daily Doctor's Endorsement by a Sign								

DRUG: JUSTIN SUPPOSITORY				Date/Time	14/7	15/7	16/7	
Dose	Route	Frequency	Start Date	10 AM	)	AD / SOT		
100mg	PR	1-0-1	14/7					
Name & Signature of the Doctor Starting the Drugs: [signature] 164288								
Additional Instructions:				10 PM	SP / SS	JB / SS		
Daily Doctor's Endorsement by a Sign								

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26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

Weight. 64 Ward. UPA

DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date▸ Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.

VARIABLE DOSE DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date▸ Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.
		Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.	Dose / Dr. Sign.

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/1/26	6 pm	INJ. SUPACEF	0.1ml	Id	TS2217	
13/1	10:30PM	Inj Pethidine	50mg	Im		
13/1	10:30PM	Inj Phenergan	25mg	Im		
14/1	9AM	Dinoprostone gel	0.5mcg	Intra cervically		
14/1	6:30 AM	ENEMA	100mg	PR		
14/1	10AM	INJ. DROTIN	2CC	Im	TS2217	
14/1	10AM	INJ. EPIDOSIN	2CC	Iv	TS2217	
14/1	11AM	INJ DROTIN	2CC	IM	12-2435	
14/1	11AM	INJ EPIDOSIN	2CC	IV	12-2435	

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26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

I.V. FLUIDS CHART

Weight. 64 Ward. OR

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14/7	5Am	IVF 1 OR	Iv	125ml/hr	[signature]	[signature]	14/7/20	[signature] 16/7/20	[signature]
14/7	9Am	INJ. SYNTO 5U in 500ml RL	Iv	12 ml/hr	[signature] 182217	[signature] MD	14/7/20	[signature] 16/7/20	[signature]
14/7	9Am	IVF 1 RL	Iv	free flow	[signature] 182217	[signature] MD	14/7/20	[signature]	[signature]
14/7	1.15pm	Inj. SYNTO 20 units in 500ml RL	IV	125 ml/hr	[signature] 166275	[signature] MD	14/7/20	[signature]	[signature]

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

GUC-00090368
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS
IP18-00036456

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 64 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/7	1.14 pm	Inj. SYNTO	10 units	IM		SP	MD
14/7	1.21 pm	Inj. TRAPIC	1 gm	IV		SP	MD
14/7	1.22 pm	Inj. CARBOPROST	250 mcg	IM		SP	MD
14/7	1.24 pm	Inj. METHERGINE	0.2 mg	Slow IV		SP	MD
14/7	1.50 pm	T. MISOPROSTOL	800 mcg	PR		SP	MD
14/7	1.50 pm	JVSTIN SUPPOSITORY	100 mg	PR		SP	MD
14/7	1.50 pm	INJ. PARACETAMOL	1g	IV		SP	MD

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Dr. LUCETTA AMELIA DIAS

Gupta

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/7/26	10.55 AM	INJ. EMESET	4mg	IV	2217	SR	MD
14/7/26	12pm	INJ. EPIDOSIN	2cc	IV	2217	SR	MD
14/7/26	12pm	INJ. DROTIN	2cc	IM	2217	SR	MD

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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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

13/7/2026	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20										20			20		23	19	19	19			19		20	
	0 - 10																								
Saturations	94 - 100 %										99			98		97	100		100			100		100	
	< 94 %																								
Administered O_2 (L/min.)											RA			RA		RA	RA		RA			RA		RA	
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80										80			90		84	78		80			79		80	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100										100			110		108	100		112			119		118	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60										60			62		58	50		80			80		80	
	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	
TOTAL ORANGE SCORES											0			0		0	0		0			0		0	
Nurse Initial											DR			DR		DR	DR		DR			DR		DR	

on admission

(B) (64)

13/4/26 · FHR CHART

11pm – 140bl/m

14/4 12AM – 148bl/m

1AM – 145bl/m

2AM – CTG

3AM – 150bl/m

4AM – CTG

5AM – CTG

6AM – CTG

7AM – CTG

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

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Early Warning Observation Score Chart - Obstetrics

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

14/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20		22	22	22	22	22	22	20				20				20		20	
	0 - 10																								
Saturations	94 - 100 %	98%				100		99	99	99	99	99	99	100				99				99		99	
	< 94 %																								
Administered O_2 (L/min.)		RA				RA		4L	4L	4L	4L	4L	4L	RA				RA				RA		RA	
Temp°c	40																								
	39																								
	38																								
	37	97.2				98.6			98		98		98	98.6				98.1				98.6		98.1	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					117																			
	100																								
	90																								
	80	75/min						80	80	80	80	80	80	80				79				80		84	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	92				110		110	100	110	110	110	110	100				112				110		112	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	80				70		70	70	70	70	70	70	60				60				70		72	
	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				01		–	–	–	–	–	–	0				0				0		0	
TOTAL ORANGE SCORES		0				0		–	–	–	–	–	–	0				0				0		0	
Nurse Initial																									

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

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

15/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20	18 b/m			18m					20bm				20b/m				20b/m				20b/m		
	0 - 10																							
Saturations	94 - 100 %	97%			98%					98%				100%				100				100%		
	< 94 %																							
Administered O_2 (L/min.)		RA			RA					RA				RA				RA				RA		
Temp°c	40																							
	39																							
	38																							
	37																							
	36	97.8°F			98°F					98.2°F				98.4°F				98.2				97.6°F		
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70	70b/m			72m					87b/m				80b/m				85b/m				76b/m		
	60																							
	50																							
	40																							
Systolic Blood Pressure ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120	100			118					107				108				109				100		
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
	40																							
		(54)			(66)					(64)				(62)								(84)		
		68			72					78				74				85				68		
NEURO RESPONSE [✓]	Alert	✓			✓					—				✓				—				✓		
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓			✓					—				✓				—				✓		
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	—			—					✓				—				✓				—		
	Heavy / Foul																							
Liquor	Clear / Pink	—			—					—				—				✓				✓		
	Green																							
TOTAL YELLOW SCORES		0			0					0				0				0				0		
TOTAL ORANGE SCORES		0			0					0				0				0				0		
Nurse Initial																								

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

GUC-00090368 IP18-00036456
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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
13/4/2026												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm	← ON	Admis	→							NIL	
	05:00 pm	H2O	100							200	NIL	
	06:00 pm									150	0	
	07:00 pm	H2O	100ml								0	
Total Intake :		200ml.				**Total Output :**				350ml		
	08:00 pm	H2O	200ml							200	0	RL c
	09:00 pm	H2O	150ml							200	0	
	10:00 pm	H2O	100ml								0	RL c
	11:00 pm									100	0	SA
	12:00 am	H2O	100								0	SA
	01:00 am									100	0	SA
Total Intake :		550ml				**Total Output :**				600ml		
	02:00 am	H2O	100							200	0	SA
	03:00 am										0	SA
	04:00 am	JUICE	100	RL						200	0	SA
	05:00 am			500						100	0	SA
	06:00 am	H2O	100								0	SA
	07:00 am	H2O	100							200	0	SA
Total Intake :		900ml				**Total Output :**				700ml		

Total 24 hrs. Intake	1650ml

Total 24 hrs. Output	1650ml

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Dr. LUCETTA AMELIA DIAS

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FLUID CHART

Sheet No. : 2

14/7/2026

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	water	200ml							150ml	0	SP
	09:00 am	TC water	200ml	Inj Syoto 12ml	Inf PL 400ml					100ml	0	SP
	10:00 am	water	150ml	24ml							0	SP
	11:00 am	TC water	200ml	24ml						150ml	0	SP
	12:00 pm	TC water	150ml	36ml						200ml	0	SP
	01:00 pm	water	100ml	48ml							0	SP
Total Intake :	1000ml + 144ml + 400ml.							Total Output :		600ml		
	02:00 pm	wat	100ml	10ml							0	DM
	03:00 pm			10ml							0	DM
	04:00 pm	Jui	200ml	10ml							0	DM
	05:00 pm	wat	10ml	10ml						200ml	0	DM
	06:00 pm										0	DM
	07:00 pm	wat	100ml							300ml	0	DM
Total Intake :	700ml							Total Output :		500ml		
	08:00 pm	H_2O	200ml						7:30 pm	150	0	DS
	09:00 pm										0	DS
	10:00 pm	H_2O	200ml								0	DS
	11:00 pm	TSoct	100ml								0	DS
	12:00 am									400ml	0	DS
	01:00 am	H_2O	200ml								0	DS.
Total Intake :	700ml.							Total Output :		550ml.		
	02:00 am										0	DS
	03:00 am	Jui	150ml							400ml	0	DS
	04:00 am	H_2O	100ml.								0	DS
	05:00 am	H_2O	50ml.							300 ✓	0	DS
	06:00 am	H_2O	100ml.								0	DS
	07:00 am	H_2O	100ml.								0	DS.
Total Intake :	500 ml							Total Output :		700ml + 1 urine passed		

Total 24 hrs. Intake	3.444 ml.	Total 24 hrs. Output	2.350 ml 1 urine passed.

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FLUID CHART

Sheet No. : 3

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.

15/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	200ml							✓	0	
	09:00 am											
	10:00 am	Soup	200ml								0	
	11:00 am	H2O	100ml							✓		
	12:00 pm	H2O									0	
	01:00 pm		150ml									
Total Intake :		500ml	750ml			Total Output :				2+1me		
	02:00 pm										0	
	03:00 pm	H2O	200ml									
	04:00 pm									✓	0	
	05:00 pm	Soup	100ml									
	06:00 pm	H2O	50ml							✓	0	
	07:00 pm	Juice	100ml									
Total Intake :			450ml			Total Output :				V-2		
	08:00 pm											
	09:00 pm	H2O	100ml							✓	0	
	10:00 pm											
	11:00 pm	Milk	150ml				✓			✓	0	
	12:00 am											
	01:00 am	H2O	100ml								0	
Total Intake :			550ml			Total Output :				2+1=3		
	02:00 am											
	03:00 am										0	
	04:00 am	H2O	200ml									
	05:00 am									✓	0	
	06:00 am	H2O	100ml									
	07:00 am										0	
Total Intake :			300ml			Total Output :				0+1me		

Total 24 hrs. Intake	1650ml	Total 24 hrs. Output	4+1=5

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: H2A1 38+1 cuts

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date	13/7/26	13/7	14/7	14/7/26	14/7/26	15/7
Shift	E	N	M	E	Night	M
Medical Condition (Any special condition to be noted):	Normal OHA	GDM on OHA	GDM on OHA	Known OHA	GDM	GDM
Diet:	(N) diet	(N) diet	(N) Diet	(N) diet	Liquid	(N) diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.1°F	97.9°F	97.2°F	97.2.	98°F	98°F
Res:	20	20 bpm	20/mt	20m'	18	18 bpm
SpO_2:	100%	99%	98%	96%.	100	72 bpm
Pulse:	90bpm	90bpm	75bpm	77bpm	90	118/72 (66)
BP:	100/60	110/62	92/60	100/70	110/100	98%.
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	-	-	0	0	30	30
Pain Score:	0/10	0/10	1/10	1/10	0/10	0/10
Skin Integrity	Normal	Intact	Intact	Intact	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:	(N) diet	-	(N) Diet	(N) dm	(N) diet	(N) diet
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):	Depend	Depend	Dependent	Depend	Depend	Depend
Post Operative Procedure Special Orders:	-			-	-	
Handed Over By Name :	Shalini	Praveena	Shalini AYOT	Devi	Pooja	Anupriya
Signature / ID :	Shalini	Praveena	Shalini AYOT	[illegible]	Praveena	Anupriya
Date:	13/7/26	14/7/26	14/7/26	14/7/26	14/7/26	15/7/26
Time:	7.30 pm	7.30 am	8pm	8pm	7.30 AM	8pm
Taken Over By Name :	Praveena	Shalini AYOT	[illegible]	Pooja	[illegible]	Praveena
Signature / ID :	Praveena	Shalini AYOT	14/7/26	Pooja	[illegible]	Praveena
Date:	13/7/26	14/7/26	14/7/26	14/7/26	14/7/26	15/7/26
Time:	7.30 pm	7.30 am	8 pm	8pm	7.30 am	8 pm

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 13/4/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	Achieve acceptable pain control and comfort.	5.30 pm	- Assess pain using pain scale, regularly. - Provides patient comfortable.	patient vital are stable.	Reassessment done	
Night		Improve knowledge and promote self-care.		- Teach medication regimen & follow up Dr. - Demonstrate procedure if needed.	Patient vitals Normal, maintain I/O Chart	Reassessment done.	

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 14/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Prevent falls and injury	830 Am	→ Keep bed in lowposition with sideRails up → Ensure call bells within reach → Assist during Ambulation	Ensure Safety	Reassessment was done	Shalini 014072
Afternoon	8pm	Prevent falls and injury	8.30 pm	Keep bed in lowposition with side rails up. Ensure call bells with reach. Assist during Ambulation.	Ensure safety.	Reassessment was done.	Ani 019760
Night		to relieve pain control & comforte		- Assess the level of pain by using pain scale. provide diversional therapy	Reduced pain	Reassessment is done	pooja

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	4.30 pm	Admission Notes (13/7/2026)	
		patient come for	
		admission under DR. Lucetta	
		mam patient G2A1 38+1	
		weeks Come for IOC	
		patient CTG connecting	
		FHR ⊕ 144b/m patient	
		conscious and oriented.	
		General condition fair	
		patient checked vitals are	
		stable patient upon OX	
		OHA checked CBG - 93mg/dl	
		DR. Akshitha mam	
		patient part preparation	
		done DR. Akshitha advice	
		admission orders come out	[signature]
	5.10 pm	S/B DR. Akshitha	
		CTG was Reactivity FHR ⊕	
		140b/m patient conscious	
		and oriented CTG disconnecting,	[signature]
	5.45 pm	S/B DR. Lucetta P/V	
		examination 1.5cm long 1 fing.	
		High. ↓ SAP Induction of	
		labour with foley 22F Foley's	
		inflated 65ml D water.	
		Next CTG 6.45pm. patient	
		No complaints	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	6.00 pm	patient post Foley CTG 6.15 pm patient IV line out 18G Black floor. Inj : Supacef 0.1ml test dose ID given patient conscious and oriented patient mild Back pain —	[signature] 01/7/A
	6.45 pm	post Foley CTG connecting patient FHR (+). patient asking Inj: Supacef test dose any allergic reaction patient. No allergic reaction patient patient Inj : Supacef 1.5g full dose IV given at 6.30 pm	[signature] 01/7/A
	7.30 pm	S/B DR. Akhila Ma'am advice to CTG disconnecting FHR (+) mob/m, patient. CTG disconnecting patient. handing over given 6th floor night duty staff Nurse —	[signature] 01/7/A
	7.40 pm	S/B DR. Akhila Ma'am advice shifting to room after 1 hr CTG connecting order DR. Ancotta mam —	[signature] 01/7/A
	7.50 pm	patient handing over given 6th floor staff Nurse.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00090368
Mrs JYOTI GUPTA IP18-00036456
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	Order	8.50 pm patient OT plan	[signature]
		Receiving Notes	
13/7	7.50pm	Patient Received from LDR to 6th Floor. patient details Hand over taken from LDR staff. Patient was conscious and oriented. →	Praveen
	8pm	Patient vitals checked and Recorded, vitals Normal. patient IV line patent is healthy and observed. Foley's also present. CTG 4th h/r Now state @ 8.45 pm. After plan Reshift LDR. →	Praveen
	8.45pm	Patient CTG is connect CTG photo send to Dr. pavithra man told to continue CTG. CTG stop @ 9.40pm →	[signature]
	10.9pm	patient R/L is expel. informed to pavithra mam. Advice to give consult @ Inj. Peritidine. & inj phenergan. reshift @ 10.45pm LDR →	[signature]
	10.30p	Due medication as per drug chart order →	Praveen
	10.45p	Patient shift to LDR hand over given from LDR. →	Praveen

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Note	
13/7/26	11pm	patient is receiving from 6th floor to LDR patient care hand overs taken from 6th floor staff Nurse patient was stable conscious & oriented IV line posent & patent, patient vital are stable checked for FHR is good (+) 148b/m patient general condition fair →	S/N Akalya 01808
14/7/26	12Am	checked for FHR is 148 b/m Informed Dr: pavithra checked for vital sign and recorded patient vital are stable No complaints →	S/N Akalya 01808
	1Am	FHR is checked & recorded 148b/m Informed Dr: pavithra pt is Sleeping well →	S/N Akalya 01808
	2Am	CTG Connected as per Doctors order FHR is good (+) provided comfortble posion →	S/N Akalya 01808
	2:40 Am	Dr: pavithra Advised to stoped CTG FHR is good (+) NST cut 4Am 1hr FHR monitor →	Akalya 01808
	3Am	checked for FHR is good (+) 150b/m patient was stable PA general condition fair →	Akalya 01808

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

NURSES NOTES

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☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/3/20	4Am	=> CTG was connected as per doctors order. FHR is good (+) provided comfortable position	S/N Akanksha 01808
	5Am	=> Dr pavithra Advised to stoped CTG FHR is good (+) po P/V Examination findings was she is 1.5cm long 2to3cm dilatation Informed Dr Lucetta Advised to put cerviprime gel kept the intra cervically post gel at 6Am	Akanksha 01808
	6Am	=> post gel CTG was connected FHR is good (+) pt have a 2 contraction for 15to20 seconds in 10 mins pt was stable	S/N Akanksha 01808
	6:45Am	=> stoped CTG as per Doctor's order FHR is good (+) Enema given to patient passed motion. Inj: supacef 1.5gram IV given at 6Am	S/N Akanksha 01808
	7:00 Am	=> patient is morning care and oral care was done she have a 3 contraction for 20 seconds in 10 mins Informed Dr pavithra	Akanksha 01808
	7:30 Am	patient care hand over given to morning duty staff	Akanksha 01808

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Morning Duty ON 14/7/26 →	
14/7/26	7:30 AM	Report Received from Night Duty staff to Morning duty staff patient conscious & Oriented IV line patent, NS Swelling	
	8 AM	vital sign Checked & Recorded vital sign are Stable 3 cont eaclin 30 to 40 soc. enfoemed DR. Akshitha. She advice Start Inj. Synto 12 ml/hr. 9 AM	
	9 AM	CTH Connected FHR is good Inj. Syntocinon 5 units + IVF RL 500 ml 12 ml/hr on flow	Shalini OMOH
		IVF RL 500 ml IV Connected. Patient general Conditim is fair 3 cont eaclin 30 sec enfoemed Dr. Akshitha She advice Inj Syntocinon 24 ml/hr	
	9:30 AM	Inj. Syntocinon 24 ml/hr on flow patient general conditim is fair	Shalini OMOH
	9:50 AM	S/B Dr. Lucetta She pr Examination done cervix 1 cm long, OS - 3 cm dilated membranes - present Vertex @ -3.	
	9:55 AM	Dr. Lucetta & SAP ARM done clear liquor drained	Shalini OMOH
		CTH going FHR is good.	
	10 AM	Inj. Ephedrine 2 cc slow IV given Inj. Deotin 2 cc IM given	Shalini OMOH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA (F)
26-12-1998 27 Y 6 M 18 D
Dr. LUCETTA AMELIA DIAS

(4)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continoou 14/7/26 →	
14/7/26	10¹⁵ Am	patient general Condition is faie.	
		CTG going on FHR is good	Shalini 0407-2
	10⁵⁵ Am	Inj- Emeset 4mg IV Given.	
	11 Am	Inj- Epidosin 2cc Slow IV given	
		Inj. Deotin 2cc Im given	Shalini 0407-2
	11¹⁸ Am	S/b DR- Luceeta, patient Complaints of pushing Sensation. pv Examination done. Cervix Thick effaced. Os - 3cm dilated, membranes - Absent. vertex @ -1 to 0.	
		Patient All four position Changed	Shalini 0407-2
	11⁵⁰ Am	Patient general condition is Fair	
	11⁵⁰ Am	patient Budda position changed.	
	12pm	Inj. Epidosin 2cc slow IV given	
		Inj- Deotin 2cc Im given.	Shalini 0407-2
		vital signs checked & Recorded	
		patient is Buddha position. PV Examination done cervix effaced, os - 4cm dilated. DR. Luceeta she Bed side Scan done.	
	12¹⁵ pm	Inj- synto 36ml/hr on flow	Shalini 0407-2
		DR- Divya Inj. Synto 48ml/hr on flow	
		I/O chart Maintain.	
	12³⁰ pm	patient general Condition fair	Shalini 0407-2
	1pm	Patient Complaints Of Pushing Sensation. DR Luceeta mam pv Examination done. Cervix fully effaced	

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Patient Sticker

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NURSES NOTES

☐ ~~No Known Drug Allergies~~

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		✓ Continuous 14/7/26 →	
14/7/26	4pm	OS fully dilated membeane(-) vertex at +1	Shalini DMOH
		Patient shifted to LDR-II	
		Patient lithotomy positim Charged & Asp perineum painted and draped.	
		Local Anesthesia, Inj bot 2% 10ml infiltration given	
		At crowning Right Mediolateral.	
		Episiotomy done. Kiwi cup Applied	
		in view of poor maternal effort.	
		Persistent Variable Decelerations.	
		Kiwi cup Applied an alive term girl	
		baby Delivery, Cried immediately	
		after birth. Inj- Syntocinon 10units Im given	
		Inj. Syntocinon 20units + Inf RL 500ml 125ml/hour	
		Cord clamped and cut and baby handed	
		over to pediatrician. placenta &	
		membeanes Delivered (completely) Dr. Lucretia Mam	
		advised. PPH Inj- Tranexamic 1gm + 100ml NS Iv given	
		Inj- carboprost 250mcg Im given.	
		Inj. Methergine 0.2mg Slow Iv given	Shalini DMOH
		Patient vital sign Checked & Recorded.	
		Patient general condition is fair	
		Pr Bleeding Minimal, Episiotomy	
		inspected and suture in layer using	
		rapid vicryl. Pr Bleeding Minimal	
		Tab Misoprostol 800mcg PR, given	Shalini DMOH

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 14/7/26 →	
14/7/26		Justin Suppository 100mg p/r given	Shalini 014072
		DR. Lucetta mam advice Inj. paracetamol	
		1 gm IV given	Shalini 014072
		Patient general condition is fair	
		Patient position changed.	
		Instrument, Gauze & Needle. Count	
		Checked & correct & Disposable.	Shalini 014072
		B } Baby A single girl Baby (term)	
		A | At birth of time 1.14pm (14/07/26)	
		B | Birth weight 3.042 kg	
14/7/26		Y | 8/10, 9/10.	Shalini 014072
150 pm	150 pm	Patient handing Over given	
		Evening Duty staff	
	2pm	Pt. Vital checked & received for the	
		[illegible] how Pt general condition	
		is good P/V bleeding minimal Pt.	
		[illegible] diet	[illegible] 010960
	3.30pm	Patient was appears disoriented.	
		Pt C/o in pain [illegible] in lower	
		part of body vitals are stable.	
		CBG [illegible] 100 mg/dl Pt	
		condition Informed to [illegible]	
		[illegible] ABG, careful watch on	
		patients [illegible] for post partum	
		depression Pt vitals are stable	
		P/V bleeding minimal	[illegible] 010960

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Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	4.10 pm	S/B Dr Lucetta mam examin in the patient after draining. Pt voided 40ml to sponge pt to void again after 30min. to get physiologist opinion & neuro physician opinion.	Sri/01060
	5.00 pm	Patient vital checked & recorded Pt S/B Dr Lucetta mam 300ml urine void post void Bladder collapsed. to measure next 2 voids post to ensure pt voids 3-4 hrs, void watch for PV bleeding APS4 ... done normal	Sri/01060
	6.00 pm	Pt vital checked & recorded P/V bleeding minimal pt is walk mobilised slow S/B Dr Matnagi and S/B Dr Lucetta mam examin in the patient continue medication watch for bleeding close monitoring in the patient.	Sri/01060
	7.00 pm	B- Breast is soft no engorgement U- uterus is contracted U- patient is self voided B- Bowel movement present R- REEDA assessment done L- Lochia rubra present no foul smelling H- Homan's sign negative	

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(6)

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		T- patient emotinal is status	
Contd		is good.	
		patient vital on stasu due	
		medication given as per doctors	
		order pt general condition is good	pri/018760
	7.30pm	Patient the handling over to	
		night duty staff from morning	
		6.00am HB to be followed.	pri/018760
		Night duty	
	7.30pm	pt care hand over taken	
		from evening duty staff. pt	
		conscious & oriented. IV line Ⓡ c/o	
		pattern; p/v bleeding is minimal.	
		Breast soft. uterus contracted.	
		pt had normal diet.	[signature]
	8pm	pt vital signs checked &	
		recorded. maintain Pco chart.	
		DBF given to baby. sucking	
		good. p/v, Bladder & pain	
		assessment done. Encourage to	
		take adequate oral fluid.	[signature]
	9pm	Admin stered medication	
		as per docts orders.	
		provide comfortable bed	
		position. maintain Pco chart.	[signature]

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Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26		B - Breast soft	
		U - uterus contracted	
		B - she is on self voids	
		B - Bowel movement present	
		L - lochia rubra present	
		E - REEDA assessment done.	
		H - Homans sign negative	
		E - pt emotional status good.	[signature]
	9.45pm	Dr. Sai prasanth Neurologist	
		seen the pt. Advice to do	
		MRI tomorrow. review sos	
		order carried out	[signature]
15/7/26	12AM	Patient vital are	
		stable p/v bleeding	
		minimal patient conscious	
		and oriented. General	
		Condition fair	[signature]
	2AM	patient general	
		Condition fair p/v	
		bleeding minimal patient	
		sleeping	[signature]
	4AM	patient checked	
		vital are stable p/v	
		bleeding minimal patient	
		conscious and oriented	
		No complaints 3.30 hrs	
		patient voided good (nfosop. Dr. [illegible])	[signature]

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	6 AM	patient Checked vital are stable patient conscious and oriented. General condition fair P/V bleeding minimal due medication given No complain for pain	[signature] 01/7/26
	6.30 AM	patient complaint leg pain. patient abdomi pain also inform to DR. Vinitha	[signature]
	7 AM	S/B DR. Lucetha mam advice patient shifts to ward and MRI brain and MRV Today do. MRA whole spine. patient Conscious and oriented General condition fair	[signature]
	7.30 AM	patient handing over given, 6th Floor Gupta Nam. patient Today MRI brain MRA and MRV whole spine screening patient shifts to 11.30AM scan world	[signature]

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Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		Receiving notes.	
	7.00AM	patient received from LDR to	
		ward. Handing over taken	
		from LDR S/N. Vitals ⊕, today	
		MRI, MRV, MRS Brain plain plan	
		at 12PM, Psychologist opinion	[signature]
		due, Normal diet	
	7.30AM	Due medication given as per	
		drug chart orderly, Handing	
		over given to morning duty S/N.	[signature]
		Morning duty notes	
15/7/26	7.30AM	→ patient detail hand over	
		taken from night duty S/N	
		patient conscious & oriented	
		IV line ⊕, IVF stop. Soft solid diet	
		Today MRI brain & MRA + MRV + whole	
		spine screening Nungambakkam	
		scan world shift at 11.30AM	[signature]
	8Am	→ patient vital signs checked	
		and record. vitals are stable	
		PP / CR / RR / HT / Lpm	[signature]
	10AM	→ patient due medication	
		given as per order chart	[signature]
	11.30Am	→ patient shift to MRI	
		scan	[signature]

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

(8)

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	12:40 pm	→ patient shift MRI Scan room MRI done at 1.30pm pt is normal no other complaints IV line ⊕ healthy, vital signs checked and normal	[signature]
	2.20pm	→ patient re-shift to hospital I/O chart maintained & record	[signature]
	2.30pm	→ patient detail hand over given to evening duty s/n	[signature]
		Evening duty staff	
15/7/26	2.30pm.	patient details hand over taken from Morning duty staff. patient was conscious and oriented. patient IV line pattern is healthy and observed. patient MRI report due. →	Pranee [signature]
	3 pm	Due medication given as per drug chart →	Praveen [signature]
	4 pm	patient vitals are checked and recorded. Vitals are stabled. [CP ++ / PP ++ / CRT <3sec] →	[signature] 1607704
	4:15pm	Physiotherapy Done to the patient. postnatal assessment Done.	
	5:30pm	B - size & shape of breast is symmetrical U - Uterus is well contracted	

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Patient Sticker

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		B - Bowel movement is present	
		B - patient voided urine.	
		L - lochia rubra present	
		E - Reeda assessment done.	
		H - (-)ve Homan's sign.	
		E - Emotional status good. →	Mythili BOTH
	6:30pm	Maintained I/o chart for the mother.	
		Due Medications were given as	
		per doctor's ordered →	Mythili BOTH
	7:30pm	Patient details are handing	
		over given to night duty staff →	Mythili BOTH
		Night Duty Notes	
15/1/26	7:30pm	patient detail Hand over	
		taken from evening duty staff	
		patient bed time and oriented	
		IV line healthy patient	
		in soft diet bleeding	
		Normal patient not passed	Jeej Olivas
		stools today	
	8pm	vitals checked and recorded	
		Dr. Divya mam seen the patient	
		advised to give syp. Hemaffin	
		2ml (night) explained to patient	
	8-2pm	Dr. Srinivas sir seen the patient	
		Psychiatrist doctor informed	Jeej Olivas
		to Dr. Divya mam order	
		followed IV line good	

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Patient's N
GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
MRD NO: 26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS
Age :...... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 13/7/2026 Time: 6pm

Location : (L) hand metacarpal.

Size : 18G

Cannula inserted by : S/N Sobelwani

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
13/7/26	6.30 pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	8 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
14/7	12 Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	2 Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	4 Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	6 Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	8 Am	☐Yes ☑No	☐Yes ☑No	observe cannula	[illegible]
	10 Am	☐Yes ☑No	☐Yes ☑No	observe cannula	[illegible]
	12 pm	☐Yes ☑No	☐Yes ☑No	Observe cannula	[illegible]
	2 pm	☐Yes ☑No	☐Yes ☑No	obsvn	[illegible]
	4 pm	☐Yes ☑No	☐Yes ☑No	obsvn	[illegible]
	6 pm	☐Yes ☑No	☐Yes ☑No	obsvn	[illegible]
	8 pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	OD	[illegible]
	12 AM	☐Yes ☑No	☐Yes ☑No	OD	[illegible]
	2 AM	☐Yes ☑No	☐Yes ☑No	ODS	[illegible]
	4 AM	☐Yes ☑No	☐Yes ☑No	OD	[illegible]
	6 AM	☐Yes ☑No	☐Yes ☑No	Dr	[illegible]
	8 AM	☐Yes ☐No	☑Yes ☐No	Observe	[illegible]
	12 pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	2 pm	☐Yes ☑No	☐Yes ☑No	obsn	[illegible]
	6 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
15/7	2 am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6 am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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Ms. JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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PAIN ASSESSMENT FORM

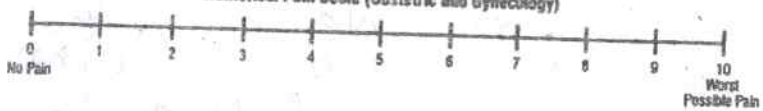
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/2026	5pm	0/10	NB	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
13/7/26	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
13/7/26	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
14/7/26	4Am	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
14/7/26	6Am	1/10	Lower Abdon	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
14/7/26	8Am	1/10	Lower Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
14/7/26	12pm	1/10	Lower Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
14/7/26	4pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
14/7/26	8pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
15/7/26	12Am	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	

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.

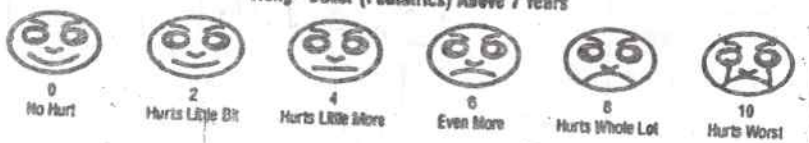
(P.T.O)

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

Patient Sticker

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PAIN ASSESSMENT FORM

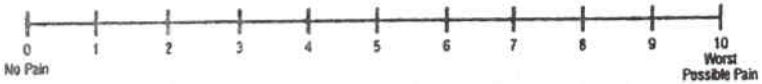
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp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

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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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
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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 13/7/20	N 13/7	M 14/7/20
		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
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	0	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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Dr. LUCETTA AMELIA DIAS

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	14/7/26/	15/7/26	15/7.
		Score	8pm	8AM	2pm
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	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	10	10
Total Morse Fall Scale Score:			30	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00090368 IP18-00036456
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Dr. LUCETTA AMELIA DIAS

(3)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	15/7/26 N		
		Score	30		
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	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15	15		
	Oriented to own ability	0			
Total Morse Fall Scale Score:			30		
		Signature	Jeej Gupta		

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

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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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(1)

BRADEN 'Q' SCALE

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					Date : 13/7	15/7	14/7	14/7
					Time : E	8pm N	8AM M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	25
				Evaluator's Name				

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

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

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

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Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

BRADEN 'Q' SCALE

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

					Date:	14/7	15/7	15/7	15/7
					Time:	3pm	8am	2pm	8pm
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
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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	[illegible]	[illegible]	[illegible]	[illegible]

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

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Less than 9	Severe Risk	㉑ Use same protocol as for **"High Risk"** Patients ㉒ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis G2A1 3P1L1
2. Treatment and Care
3. Plan Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
13/7/26	5pm	yes	patient education to during contraction breathing breath.	patient	No learning Barrier	Oral	None	yes	good	[signature]
			Explain about Pain Management. Breathing Exercise	Patient	No learning barries	Oral	None	verbal	good	Staff nurse [signature]
14/7/26	8Am	yes	explained about feeding position, [illegible]	patient	NA	oral	NA	yes	good	[signature]
15/7/26	9Am	yes								

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: 13/7/2026 Time of Arrival: 4:30pm Time Seen by Nurse: 4:30pm

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: IOL.

3) **Vital Signs:** Temperature: 98.1°F Pulse: 89 RR: 20 SpO_2: 100% BP: 100/60 Weight: 64.

4) **Gestational Criteria:**

Gravida:	G 2	P –	L –	A 1

LMP: 19/10/2025 EDD: 26/7/2026 Gestational Age: 38+1 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: D&C 2025

b) Medical: NDM ON OHA.

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T. Glyphoment 500mg.

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4.50 pm

Nurse Name : D. Sobemani .... Nurse Signature: [signature]

Date: 13/7/2026 Time: 4.50 pm

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 13/7/2026.

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband.

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

If yes, identify

Chief Complaints: patient come FOR IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Anitha

Time Notified: 4.50pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
UDM ON OHA	DNC QDDS	—

Blood Group: B+ve. LMP: 9/10/25 EDD: 26/7/26 Gestational age during admission: 38+1wks

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 2 P — L — A 1 Previous LSCS —

Height: 164 Weight: 64 BMI: 23.7

Temp: 98.10F HR: 84 RR: 20 BP: 100/60 SpO_2 100%.

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

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

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ......MRS. JOTI GUPTA......

Name of Person Orientation was given to: ......MRS. JYOTI GUPTA......

Orientation not given Reason: ......NIL......

Nurse Signature: D. Cohelwan

Nurse Name: D. [illegible]

Date & Time: 13/7/2026 at 4:50 pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 13/7/2018

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		
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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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: CNM
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: Pany in Mother Bjw.

Continuity of Care: Date: 14/7/26

C -1
H -1
↑ -1
C -2
H -2
↑

Handover given by SIN M.Devi ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 14/7/26 @ 8.00 Pm. Date & Time: .....

PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
DR. Lucetta	13/7/2026 at 4.37pm	13/7/2026 at 5pm
Transfer Ordered by	**Reason for Transfer**	
DR. Akshi	Duty manager	
From Unit	**To Unit**	**Information to Attendant**
LDR	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1	CT (-2)	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 M Sabharwal 14/7/26	DR. Akshi

Patient & Clinical Records Received by : Rosemary 020 5748

Date & Time of Patient Received : 14/7/26 @ 7.50pm

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

(2)

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission	Date & Time of Transfer Order
- 30P	13/7/26 @ 4.57 Pm.	13/7/26 @ 10.45pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta.	Dr. Pavithra.	further management
From Unit	**To Unit**	**Information to Attendant**
603	2DR.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Case sheet	CT - (1)	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
Praveena 0858p	Dr- Pavithra

Patient & Clinical Records Received by : Sd Akalya 018080

Date & Time of Patient Received : 13/7/26 at 11 pm.

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

(3)

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Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission: 13/7/2026 at 12:45 pm	Date & Time of Transfer Order: 15/7/2026 at 9.20AM
Treating Consultant Name: DR-Lucetta	Transfer Ordered by: DR. Vinitha	Reason for Transfer: Fourth margin
From Unit: ADR	To Unit: 6th floor.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Fin	Number of Imaging Films: CTH-13	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/N. Sobescoan 01/7/26	DR. Vinitha.

Patient & Clinical Records Received by : Sathya 020026

Date & Time of Patient Received : 15/7/26 at 9.20AM

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 Sticker

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INDUCTION OF LABOR CONSENT

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

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

You are scheduled for an induction of labor on 13/07/2026 (date) at 38 weeks + 1 day (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: Jyoti Gupta
Name: MRS. JYOTI GUPTA
Date & Time: 13/7/2026 at 6pm

Patient Attendant:
Signature: M-Laura
Name: MR. LOUIESHWARAN
Relationship with Patient: HUSBAND
Date & Time: 13/7/26.

Doctor:
Signature: R82217
Name: Dr. Shreedevi
Date & Time: 13/07/26

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

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

Gender: ☐ M 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. Lucetta

Consentee :

Signature : .....

Name : Mrs. JYOTI GUPTA

Date & Time : 13/7/21

Patient Attendant :

Signature : .....

Name : Mr. GAURAV CHAUDHARY

Relationship with Patient: husband

Date & Time : 13/7/21

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreedevi

Date & Time : 13/07/2021

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
13/7/2026	4.30pm	93 mg/dl	DR Akshatha	[illegible]
14/7/26	6Am	91mg/dl	Dr pavithra	Akshaya 018080
14/7/26	3.30pm	100mg/dl	Dr Lucetta	[illegible] 01900

Docu. No. : RCH /FRM / CLINICAL / 185

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

pter

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

AVD: ☐ Outlet ☐ Low Forceps ☑ Ventouse 2 KIWI
☐ Trails of Forceps

Indications: poor efforts / persistent variable decels

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

STAGE III

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

PPH : ☑ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: 2° tear

Others: .....

Prophylaxis: (Synocinon) (Prostodin)

Blood Loss: ~380 ml

Blood Transfusion: —

Other Details (if any): —

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 12 hrs.

2nd Stage: 6 hrs.

3rd Stage: 5 mins.

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: F/RL

Weight: 3.042 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 14.7.26 @ 1:14pm

LW Doctor: Dr. Aswitha

LW Sister: S/N. Anusuya

(P.T.O.)

PARTOGRAPH

Name: Mrs. Jyothi

Obstetrics Formula: G2A1

Blood Group Type:

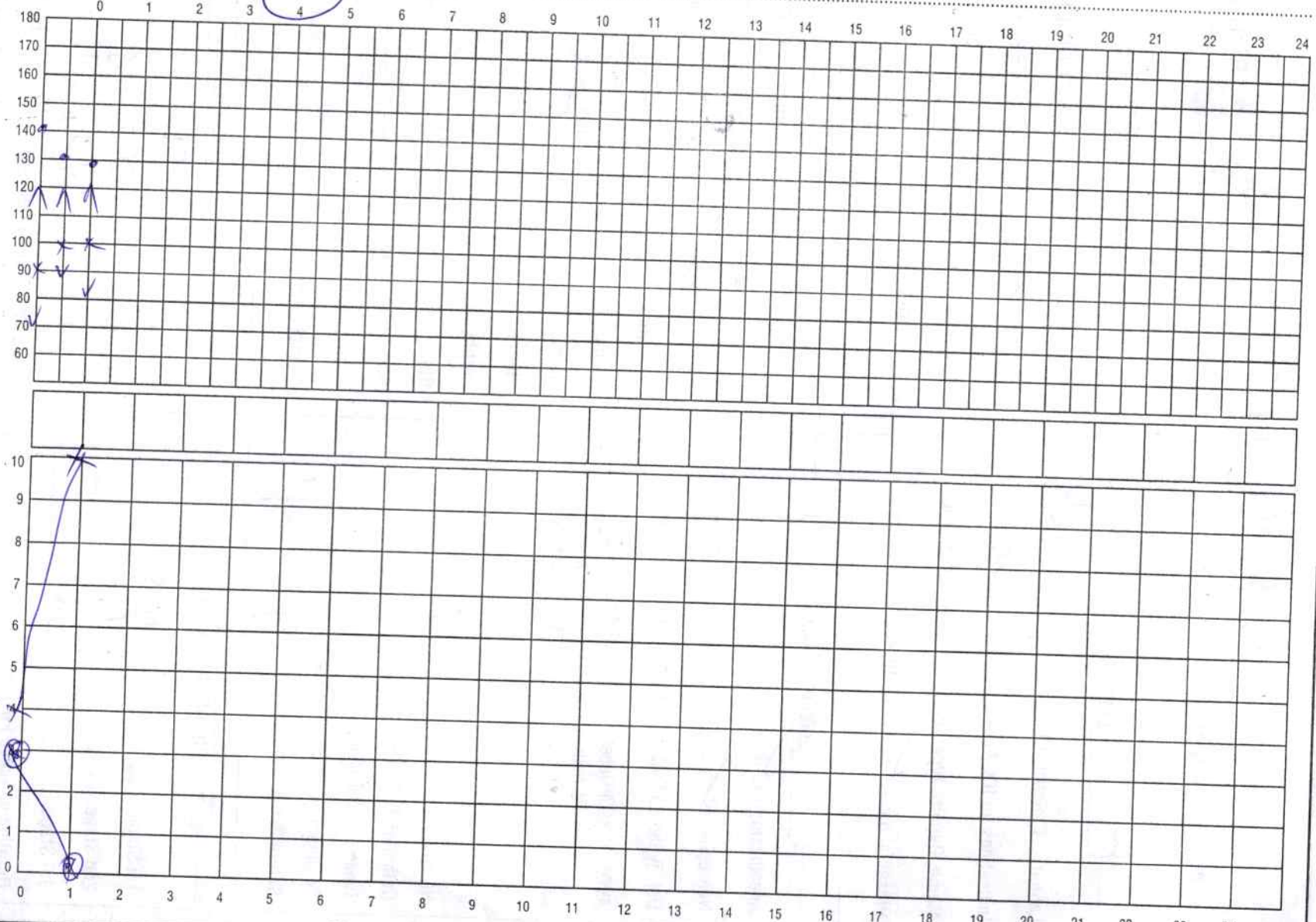
Memb. Ruptured: SROM PROM ARM

Risk Factors: GDM on OHA

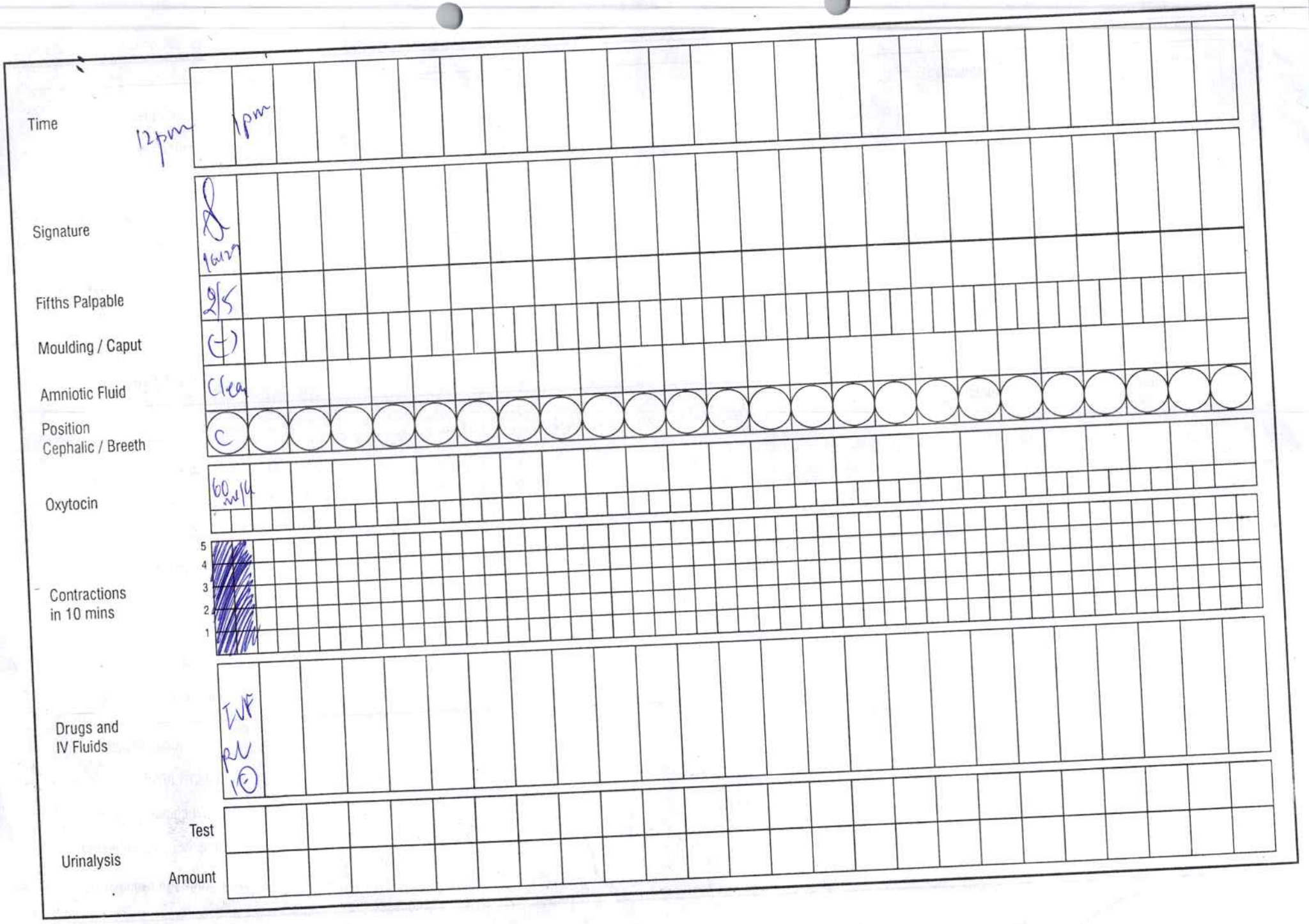
Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



-2
-1
0
+1
+2


Time
12pm
1pm
Signature
16/12
Fifths Palpable
2/5
Moulding / Caput
(+)
Amniotic Fluid
Clear
Position
Cephalic / Breech
C
Oxytocin
60 mU/L
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
IVF
RL
10
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: .....

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

OBSTETRICIAN	Dr. Lucetta
ANAESTHETIST	—
ASSISTANT	Dr. Akshitha
DATE	14.07.2026
TIME	1:13 pm
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

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

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

LIQUOR
CLEAR / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
/ /5 PALPABLE

VAGINAL EXAMINATION

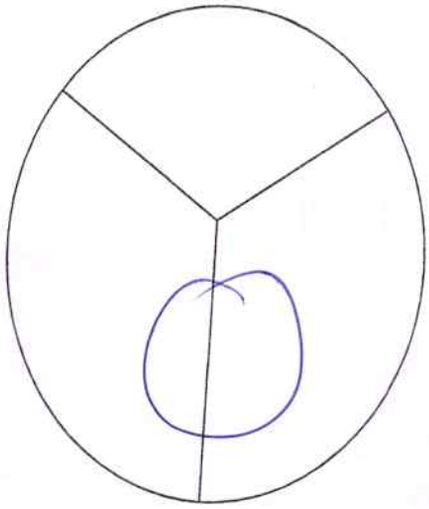
NUMBER OF CMs DILATED 10 cm
STATION OF PRESENTING PART
-1 / 0 / +1 / +2 / +3

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** 1:13 pm	**No. OF TRACTIONS** 4
ABANDONED YES / NO (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 1:14 pm	**LENGTH OF DELIVERY** —

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



EXTENT OF TEAR

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

SUTURE MATERIAL USED	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? Rapid 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	**ANTIBIOTICS** YES / NO (PRESCRIBE ON DRUG CHART)	**ANALGESIA** YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO	

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 19 D (F)
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/07/2026 Time: 03:00PM

Origin: — Height: 164 Cm Weight: 64 Kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: KIWI ASSISTED VAGINAL DELIVERY @ RMLE

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☒ Diabetic GDM on OHA from 34 weeks.
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Jyoti Gupta

Name: Jyoti Gupta

Date & Time: 15/07/26 03:00PM

Dietician's

Signature: A. (018336)

Name: A. Sadiqa Farhan

Date & Time: 15/07/26 03:00PM

DIETARY NOTES

Date	Time	Notes	Sign
14/07/26.	8:30 AM.	- Patient is on Liquid Diet - Patient is Stable. Oral intake is Better. - Advised to take plenty of Oral fluids - water, tender-coconut water, fruit Juices (etc) Fluids - 2.5 l - 3 l/d.	A.M (018336)
	1:15 PM.	KIWI ASSISTED VAGINAL DELIVERY @ RMLE. - Patient is on Normal Diet. - Patient is Stable, Oral intake Adequate. - Consume small - frequent meals. - Include galactogogues foods for milk secretion - garlic, fennel & Oats (etc)	A.M (018336)
15/07/26.	08:45 AM.	- Patient is on Soft - Solid diet. - Patient is Stable. Oral intake is Adequate. Advised to take protein - Iron rich foods. RDA. Values - Energy - 1600 Kcl. · Protein - 47-49 g/d. Consume easy - digest foods. Stools not Passed.	A.M (018336)