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: 23/7/26

Name of the Patie: GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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

UHID No: .....

Room No: 615

Ward: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 23/7/26

Time: 01:18

Pharmacy Sign

Date: 23/7/26

Time: .....

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- 6th FLOOR NAME OF CONSULTANT-

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs:- YAMINI SURESHBABU

UHID No: 85288 IP No: 36562 Consultant: Dr: mathangi 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
21/7/26	7:30pm	LDR	6th floor	[illegible]
21/7/26	9.30pm	6TH FLOOR	LDR	[illegible]

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/7/26	CBC	23657	[illegible] 01/7/29

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	CTG (1)	/		009862	Akalya 0180
21/7	CTG (2)	/		009864	S/Akalya 0820
21/7	CTG (3)	/		009873	Shalini 0140
22/7	CTG (4)	/		009873	Shalini 0140
22/7	CTG (5)	/		009873	Shalini 0140
22/7	CTG (6)	/		009873	Shalini 0140
22/7	CTG (7)	/		009873	Shalini 0140
22/7	Infusion Pump	8AM	6pm	1731283	0180
	CTG (8)	/		009900	0180
	CTG (9)	/		009900	0180
	CTG (10)	/		009900	0180
	CTG (11)	/		009900	0180
	CTG (12)	/		009900	0180
	CTG (13)	/		009923	Akalya 0180
	CTG (14)	/		009923	Akalya 0180

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	(1)	1730944	[signature] 0180
23/7/26	Physiotherapy	(1)	1731727	
23/7/26	diet counselling including diet analysis	(1)	1731727	

ANY OTHER INFORMATION:

Kiwi Assessed vaginal delivery
Date: 23/7/26.
Time:- 1:45pm to 2:45pm
Duration: 1hr
Dr: mathangi
Dr: vindya
Dr: Jayasena

Date: 23/7/26 Time: 7am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01718			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

DR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		25/7/16 at 10AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PARTOGRAPH

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: Single loop of cord tight around the neck

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: LOT / Persistent deceleration / poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl & 1-0 vicryl

STAGE III

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

PPH : ☑ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: 500ml

Blood Transfusion: -

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 6 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.914 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 22/07/2021, 2:12 pm

LW Doctor: Dr. Mathangi

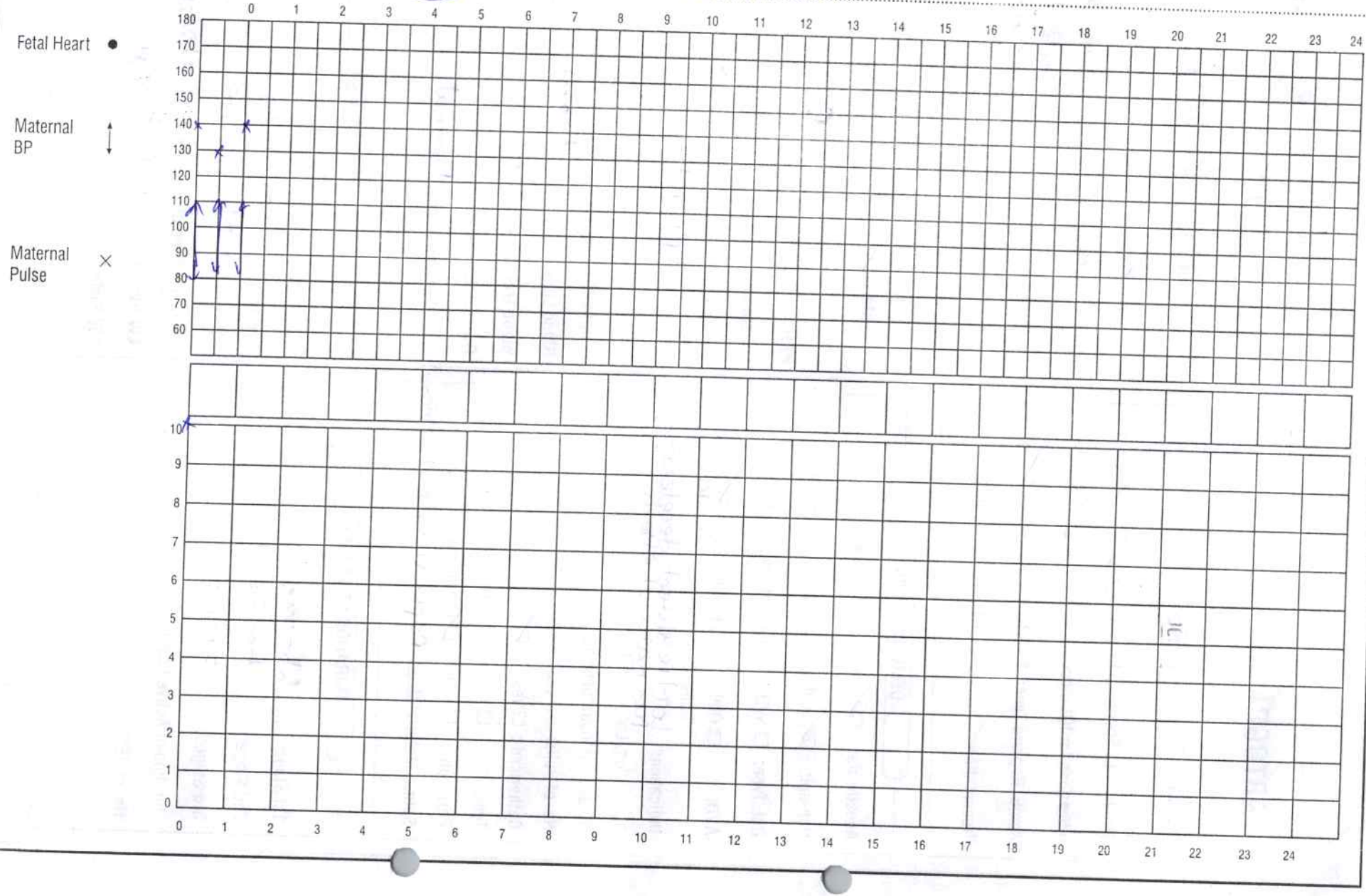
LW Sister: .....

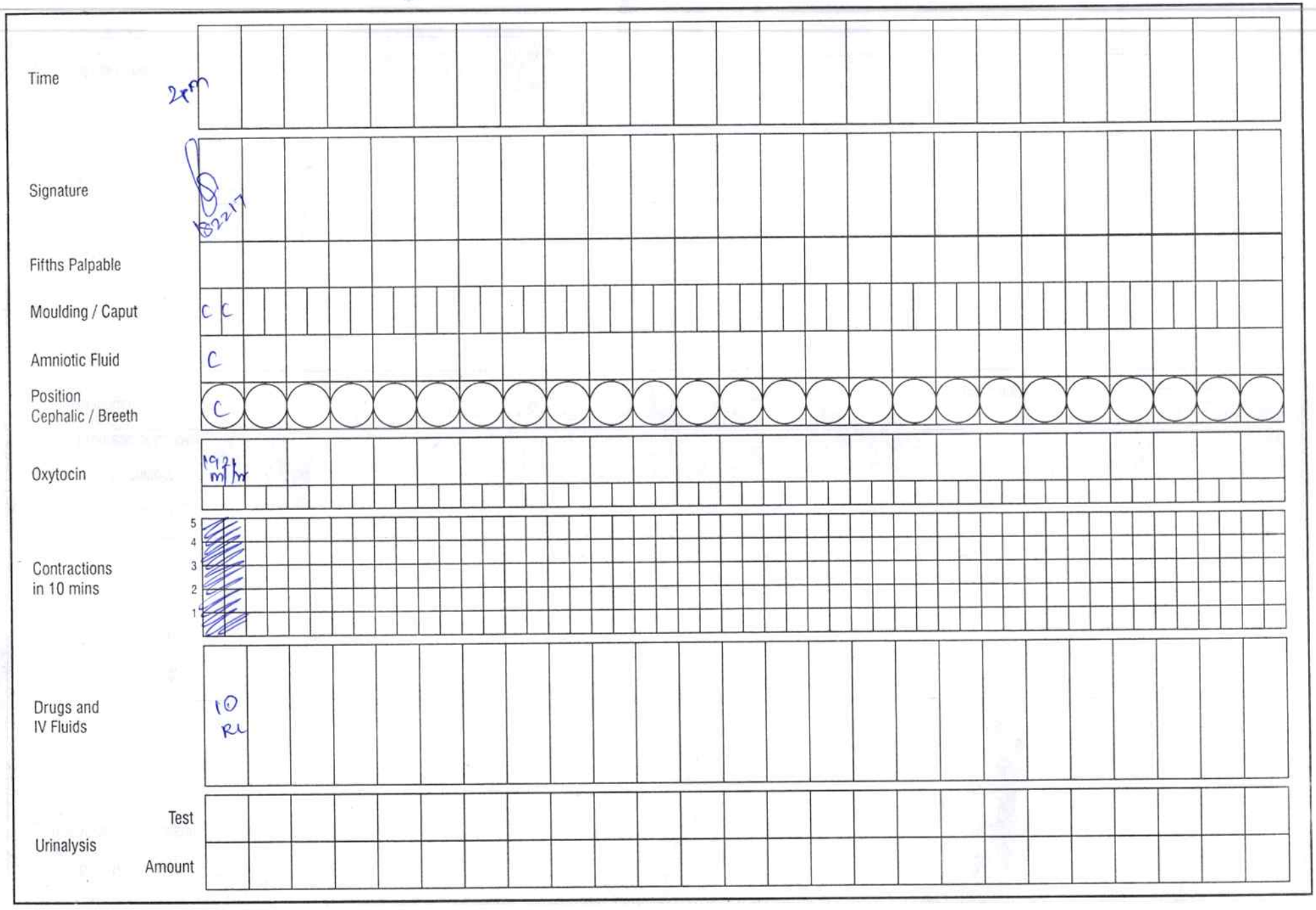
(P.T.O.)

PARTOGRAPH

Name: Mrs. Yamini Sureshbabu Obstetrics Formula: Primi Blood Group Type: B-POSITIVE

Memb. Ruptured: SROM PROM (ARM) Risk Factors: GDM on MNT




Time
2pm
Signature
BS217
Fifths Palpable
Moulding / Caput
C C
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
1921
m/hr
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi	
ANAESTHETIST		
ASSISTANT	Dr. Viritha	
DATE	22/07/2026	
TIME	2:12pm	
PLACE	LABOUR WARD	THEATRES

CONSENT	EPISIOTOMY	BLADDER EMPTIED?
VERBAL / WRITTEN	YES / NO	FOLEY IN/OUT NO

ANALGESIA	CTG	LIQUOR
LOCAL / PUDENDAL AMOUNT USED ____ MLS OF 10ml EPIDURAL / SPINAL GA	NORMAL / SUSPICIOUS / PATHOLOGICAL Persistent deceleration (WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)	CLEAR /BLOOD STAINED/ MECONIUM **ABDOMINAL FINDINGS** 0 /5 PALPABLE

VAGINAL EXAMINATION

NUMBER OF CMs DILATED 10cm

STATION OF PRESENTING PART -1 / 0 / +1 / +2 / +3

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

INSTRUMENT USED

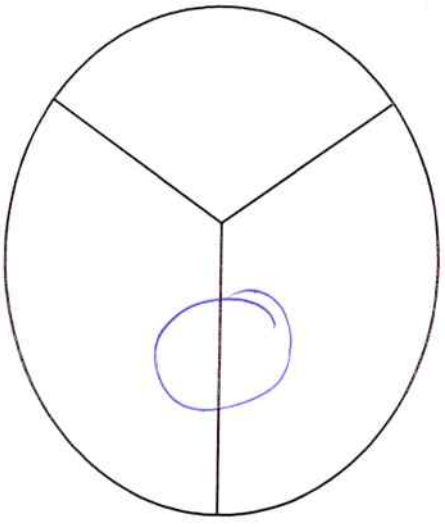
KIWI CUP / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION	TIME OF APPLICATION	No. OF TRACTIONS
YES / NO	2:11 pm	1

ABANDONED	TIME OF DELIVERY	LENGTH OF DELIVERY
YES / NO (FULL DETAILS IN NOTES)	2:12 pm	-

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 2-0 vicryl	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO

FOLEY CATHETER	**SWAB COUNT**		**ANTIBIOTICS**	**ANALGESIA**
YES NO REMOVE .... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	PRE – REPAIR Correct POST – REPAIR Correct		YES / NO (PRESCRIBE ON DRUG CHART)	YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO		

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 : IP18-00036562 **Admit Date** : 21-Jul-2026 **Admit Time** : 02:10 PM **UHID** : GUC-00085288

Patient Details :

Patient Name	: Mrs YAMINI SURESHBABU	**Age**	: 27 Y 3 M 15 D
Guardian	: Mr KARTHIK GAJENDRAN	**DOB**	: 06-04-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016	**Phone No**	: 9840309932/ 7200690512
		E-mail	: YAMINISURESH6@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr KARTHIK GAJENDRAN **Relationship** : Husband

Contact Address : 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016 **Phone No** : 9840309932

Signature

Doctor Details :

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

erral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Consultant :

nent Details :

Deposit Amount : 7000.00

ent Mode : Cash **Payor Name** : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs YAMINI SURESHBABU**	**Age :**	**27 Y 3 M 15 D**
IP No:	**IP18-00036562**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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 c[redacted] 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.
(R[redacted]eivers 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: KARTHIK GAJENDRAN

Relationship: > HUSBAND

Date: 21-07-2026 Time: 02:10

Witness Name: ASWIN

Witness Signature:

Patient Address:

5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016

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 : > YAMINI SURESHBABU	UHID Number : 85288
Self/Attendant Name : > KARTHIK GAJENDRAN	Relation : > HUSBAND
Self/ Attendant Signature : > Phone Number : > 7200690512	Name & Signature of Financial Counselor

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Nar .....

Gender: F

UHID No : .....

Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : .....

Name : S. YAMINI

Date & Time : 21.07.26 4:30 PM

Patient Attendant :

Signature : .....

Name : KARTHIK. M

Relationship with Patient: HUSBAND

Date & Time : 21/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinitha

Date & Time : 21/7/26

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Age: ..... Gender: Male ☐ Female ☐

UHID.No : .....

Date: .....

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

The reason for your induction is .....

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

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

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

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

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

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

Patient
Signature: S. Yamini
Name: S. YAMINI
Date & Time: 21-01-26 4.30 PM

Patient Attendant:
Signature:
Name: KARTHIK G
Relationship with Patient: HUSBAND
Date & Time: 21/1/26

Doctor:
Signature: 15113
Name: Dr. Vinitha
Date & Time: 21/1/26

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

GUC-00085288
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sti

Mrs. Yamini

IP ADMISSION SHEET FOR OBSTETRICS

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

Presenting Complaints

* Pt was admitted for IOL
* Able to perceive fetal movements well
* No c/o Lower Abdominal pain, leaking or bleeding PV

LMP: 20/10/2025
Corrected EDD: 01/08/2026
EDD: 27/07/2026
GA: 38 weeks + 3 days

Obstetric Formula: Primi

Obstetric History: G1 - PP, Spontaneous conception

Menstrual History: Regular : ☑ Yes ☐ No

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

RISK FACTORS:

* Cervical polypectomy done.

Obstetric Examination

Fundal Height: Term — M/S-1yr, NCM

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others

Head Fifths Palpable: 4/5 th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☑ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm long ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____ Dilated 1 finger

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 162 cm
Weight: 70 kg
Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No
Icterus: No Edema:
Temp: Normal PR:
BP: DTR:
CVS: S1 S2 (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

DIAGNOSIS

Primi M/S-1yr NCM B +ve	LMP - 20/10/2025 C. EDD - 01/08/2026 RMP	GDM on MNT 38 weeks + 3 days Cervical polypectomy done Admitted for IOL

(P.T.O)

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:
Mother - HTN
Father - T2DM

Surgical History:
Cervical Polyp removal @ April 2026

Medical History: * Anal fissure (+)
Cervical polyp
Vaginal c/s → Scanty growth of Klebsiella pneumoniae Took Tab. Augmentin 625mg 1-1-1 x 5 days @ 20wks

Medication History:
TAB. ASPIRIN 75mg till 36 weeks
TAB. SUSTEN SR 300mg X 4 week during cervical polyp removal

Investigations:
CTG - Reactive

Plan of Care:
C/I/T Dr. Mathangi

- Admission
- Parts preparation
- Secure IV line
- Informed consent for IOL/NVD

21/7/26 5:30pm ↓ SAP, Pt in lithotomy position Foleys IOL done and bulb inflated with 60 cc distilled water.

Adv:
- CTG @ 6:30pm
- UC contractions; Bleeding PV; leaking PV
- Shift to ward
- Reshift to LDR at 9:30pm
- CTG 8HH

Doctor Name: Dr. Vinitha, Dr. Shreeden
Signature: [signature] 2217
Date & Time: 21/07/2026

Consultant Name: Dr. Mathangi
Signature: for [signature] 2217
Date & Time: 21/07/2026

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

Rainbow Children's Hospital
It takes a lot to trust the title.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	06/07/26	23/7/26				
Time						
Hb	13.4	9.0			B-POSITIVE	
PCV	39.1	26				
RBC	4.09	2.81			ICT- Negative.	
WBC	9910	14,960				
N/L	69.8, 22.5	74/18				
Platelets	2.26	2.43			HIV	
CRP					HBsAg	
ESR					VDRL	Non-Reactive
PCT					HCV	
RBS	FBS-72.03 PPBS-114.6					
Na						
K						
Cl					HbA1C - 5.1	
Ca/Mg						
Phosphate						
Urea					TSH - 2.06	
Creatinine					TT4 - 10.5	
ALP					TT3 - 126.23	
SGPT						
SGOT						
T.Bill/Conj					ECG	No Intake
T.Protein					ECHO	
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						

B 22/7 B 22/7

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

Culture and Sensitivities : .....

.....

.....

.....

08/07/2026

Radiology : USG : SLIUG EFW - 2805 grams (42% ile)

X-Ray : Cephalic

ECHO : Placenta - Posterior Doppler - Normal

CT : Liquor - Normal

MRI SDP - 5·6

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/18 9:45pm	Pt. received in LDR	
	S/B Dr. Anandeshwari / Dr. Divyalakshmi	
	pt. reviewed. Able to PFM well.	
38+3 weeks	O/E: pt GC fair, afebrile	Advice
	pO / PEO	- (N) diet
T - (N)		- oral fluids
PR - 92/min	CVS / RS / NAD	- monitor vitals
BP - 100/68mmHg		- follow delivery chart
SpO2 - 98% @RA		- w/f contraction
CTG - Reactive 7:30pm	P/A: ut term	- w/f foleys expulsion
	Relaxed	- Next CTG 11:30pm
	cephalic	- Inform SOS.
	FHS good	
	L/E: Foleys insitu	
FH - 140-150bpm		

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26	S/B Dr. Anandeshwari	
4 AM	Pt reviewed.	
	Able to PFM well.	
38+4 weeks	Foleys expelled.	
	O/E: pt GC fair, afebrile	
	P° / PE°	
CTG - Reactive		C/I/T Dr. Mathangi
	P/A: ut term	Advice:
	1c/10sec/10 mins	— soft diet
	cephalic	— plenty of oral fluids
	FHS good	— left lateral position
		— Fetal Heartrate
	P/V: Cx 2cm long, posterior, firm	monitoring
	OS 2 fingers dilated	— PGE2 gel induction
	membranes (+)	at 4 AM
	MBS - 2/13 Vx at -3	— post gel CTG after 1 hr
	pelvis gynaecoid	— W/F contractions
EFW - 2.8 kg	show (+) / no draining PV	
	[signature] 10423	[signature] 156007
	post-Gel CTG — Reactive	

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8Am		
	Pt reviewed, Nil c/o	Advice
T-(N)	O/E Pt Gtc fair, Afebrile	- To start INJ. SYNTO @
PR- 90/min	P° / PE°	2ym/ /hr
BP- 118/70mmHg	CVS /	- Liquid diet
	RS / NAD	- Continuous CTG
CTG- Reactive	P/A - Uterus @ Term	- Continue INJ. SYNTO
	Mildly Acting (2c/15"/10')	acceleration & titrate
	Cephalic	accordingly
	FHS - good	- W/F Contractions
		- Inform(SOS)
	18221	
22/07/2026	C/S/B Dr. Mathangi	
9:45Am	P/A - Pt uterus @ Term	Advice
	Mildly Acting (2c/20"/10')	- All four's position
Bed side USG	Cephalic	- Continuous CTG
LOT	FHS - good	- Continue INJ. SYNTO
- No loop of cord		acceleration
	P/V - Cx - 2cm long	- W/F Contractions
CTG- Reactive	Os - 2cm dilated	- Inform(SOS)
	membranes - Present	
	Vertex @ - 3	
	1 SAP, ARM done clear liquor drained	
	Post ARM FHS - good	
	18221	

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026	C/S/B Dr. Mathangi	
	- Pt c/o Increased lower Abdominal Pain	
	- To give INJ. PETHIDINE 50mg IM + INJ. PHENERGAN 25mg IM	
	[signature] 18:22	
22/7/26 1:05 pM	S/B Dr. Mathangi	
	Pt reviewed,	
	P/A - uterus @ Term (4C/20''/10')	
	Cephalic	
	FHS - good	
USG Bedside LOT	P/V: Cx : 0.5cm long ;	
	3 cm dilated, Membranes	
	Vx: -3 to -2 station	
		Adv:
		- Continue Synto
		- Continuous CTG
		- All four's position
		- W/F contractions
		- Inform (SOS)

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2024 2pm	C/S/B Dr. Mathangi	
	P/V - Cx - Fully effaced	
	OS - fully dilated	
	membranes - Absent	
	Veetex @ +2 station	
		Advice
		- Position for Labouring
		- Encourage Active Pushing
	18221	
22/07/2024 2:12pm	KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	INDICATION: LOT / PERSISTENT DECELERATIONS / POOR MATERNAL EFFORTS	
	S/B: Dr. Mathangi	
	A/B: Dr. Vinitha / Dr. Shreedevi / Dr. Jayaveena	
	↓ SAP, Patient in dorsolithotomy position. Perineum painted and draped. With good uterine contractions, full cervical dilation. 2% Lignocaine local infiltration given. In view of LOT / Persistent decelerations / Poor maternal efforts, Kiwi cup was applied in veetex at +2 station, chignon created. A right mediolateral episiotomy was given to deliver an alive term girl baby with single loop of cord tight around the neck. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Mild Atonic PPH noted (500ml) medically managed. Episiotomy is sported.	

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	A left lateral vaginal wall noted and same sutured with rapid vicryl. Episiotomy sutured in layers using rapid vicryle 2-0 vicryl. Dilated submucosal vaginal venous sinuses noted and the same sutured. Hemostasis secured	
	P/A - uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa and sphincter tone normal	
	B / 22/07/2026 ; 2:12pm	
	A / 2.914 kg	
	S / Girl	
	Y / 8/10, 9/10	
		Advice
		- Normal diet
		- plenty of oral fluids
		- Vitals monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- CBC c/m 6AM
		Measure & Inform 1st void
		- INJ. TRAPIC 1g IV stat @ 8pm
		- Inform (SOS)
	22/7	

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026	S/B Dr. Jayveena / Dr. Shreedevi	
Day of delivery	P1L1 / Kiwi assisted vaginal delivery	
8pm	Nil complaints	
	O/E: pt ac fair, afebrile	
	P⊖ / PE⊖	Rx
Temp ⓝ		
PR - 86/min	CVS - S1S2⊕	- Syp dick
BP - 110/70 mmHg	RS - B/L AE⊕	- Plenty of oral fluids
	P/A - Uterus firm & contracted	- Vitals monitoring
voided → 430ml		- follow duty chart
post voided → 20ml	L/E: no undue bleeding PV	- w/f bleeding PV.
		- 1st void - 430 ml
USG		- INJ. TRAPIC 1gm IV STAT @ 8pm
	H.fg 148695	- Inform SOS
	A/D/w Dr. Mathangi → to shift patient to ward.	
22/7/26	S/B Dr. K Vinodhini	
10pm		
	P1L1 / Kiwi assisted vag. Delivery	
	No specific c/o	Adv
	O/E - Ly fair, Afebrile	- To continue the same
	No P/PE⊖	
	CVS / RS - NAD	
	P/A - Uterus contracted well	12A007

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

SUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/01/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
9AM		
PND - 1	Pt reviewed ; Nil c/o	Advice -
	O/E Pt GC fair, Afebrile	- Normal diet
T - (N)	P° / PE°	- Plenty of oral fluids
PR - 78 /min	CVS /	- Vitals monitoring
BP - 110/69 mmHg	RS / NAD	- Follow drug chart
	P/A - Ut well contracted soft	- W/F ↑ Bleeding PV
Baby - m/s		- Process discharge.
B/L - Breast Soft	L/E - BWNL	
voiding - freely	Epi wound Healthy	
Passed stools		
	B22/7	

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

5

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

1

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: ....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi [signature] 182217

Date & Time : 21/07/2026

Nurse Name & Signature: S. Nithyakalya 018057 [signature] 016080

Date & Time : 21/7/26

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: 6th Floor Shifted to: LDR

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	TDS		☑ 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 82217

Date & Time : 21/7/26 @ 9pm

Nurse Name & Signature: S. Gayathri 017179

Date & Time : 21/7/26 @ 9pm

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

3

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU 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	Tab. AUGMENTIN	625mg	PO	TDS	-	☑C ☐DC
2	C. PAN D	40mg	PO	BD	22/7/26 at 7pm	☑C ☐DC
3	T. PARACETAMOL	1g	PO	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	22/7/26 9pm.	☐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 : 22/07/2026

Nurse Name & Signature: S. Shalini

Date & Time : 22/7/26 at 8.20 pm

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sti...

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight: 70kg Ward. LDR

DRUG : Inj. SUPACEF				Date/Time	22/7
Dose	Route	Frequency	Start Date	2AM	SK / SP
1.5g	IV	1 1 1	22/7	10AM	SP
Name & Signature of the Doctor Starting the Drugs: 164288				6pm	
Additional Instructions:					stop
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. AUGIMENTIN				Date/Time	22/7	23/7
Dose	Route	Frequency	Start Date	8Am	/	PS / SP
625mg	PO	1-1-1	22/7/24	2pm	/	
Name & Signature of the Doctor Starting the Drugs: 182217				10pm	SG / SL	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : C. PAN D				Date/Time	22/7	23/7
Dose	Route	Frequency	Start Date	7Am	/	SL / SG
40mg	PO	1-0-1	22/7/24	7pm	SP / SP	
Name & Signature of the Doctor Starting the Drugs: 182217						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. PARACETAMOL				Date/Time	22/7	23/7
Dose	Route	Frequency	Start Date	8Am	/	PS / SP
1g	PO	1-1-1	22/7/24	2pm	/	
Name & Signature of the Doctor Starting the Drugs: 182217				10pm	SG / SL	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 70kg Ward LDR

DRUG : JUCTIN SUPPOSITORY				Date ▸ Time	22/7	22/7
Dose	Route	Frequency	Start Dt.	9Am	/	PS
100mg	PR	1-0-1	22/7/26			
Name & Signature of the Doctor Starting the Drugs: [signature] 182217						
Additional Instructions: By Registrar				9pm	[signature] SN	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient St

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight: 70kg Ward: LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/26	5:30 pm	Inj. SUPACEF	0.1mg	IV	16428	SP
21/7/26	6pm	Inj. SUPACEF	1.5gm	IV	16428	SP
22/7	4:15 pm	PGE2 Gel	0.5mg	Intra cervical	16428	SP SN
22/7/26	12.10 pm	INJ. PETHIDINE	50mg	IM	182217	TJ SP
22/7/26	12.10 pm	INJ. PHENERGAN	25mg	IM	182217	TJ SP
22/7/26	2:13 pm	INJ. SYNTO	10U	IM	182217	SP
22/7/26	2:20pm	INJ. TRAPIC	1g	IV	182217	SP
22/7/26	2:20pm	INJ. CARBOPROST	250mcg	IM	182217	SP
22/7/26	2:20pm	T. MISOPROSTOL	800mcg	PR	182217	SP

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight 70 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7	11:30 pm	INF IORL	IV	free flow	16425	SS / SN	22/7/26	182217	SS / SN
22/7/26	8AM	INF IORL	IV	free flow	182217	TJ / SP	22/7	182217	SP / SP
22/7/26	8AM	INJ. SYNTO 5U in 500ml RL	IV	24ml/hr	182217	TJ / SP	22/7/26	182217	TJ / SP
22/7/26	12.30 pm	INJ. SYNTO 5U in 500ml RL	IV	42 ml/hr	182217	TJ / SP	22/7	182217	SP / SP
22/7/26	2:15 pm	INJ. SYNTO 20U in INF IORL	IV	125 ml/hr	182217	SA / SP	22/7	182217	SP / SP

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 7.0 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/22	9:40PM	JUSTIN SUPPOSITORY	100mg	PR	[illegible]	SA	SA
22/7/22	8 PM	INJ.TRAPIC	1g	IV	[illegible]	SA	SN

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patien

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

21/7/20	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		20				20		22		22	
	0 - 10																								
Saturations	94 - 100 %						100							100%		98%				99%		96%		96%	
	< 94 %																								
Administered O2 (L/min.)							RA							RA		12L				RA		MA		MA	
Temp°c	40																								
	39																								
	38																								
	37						98.4							98.3		98.6				98.1					
	36																								
	35													98.3											
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90						94							86/m		90				80/m		94		94	
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120						110							115		100				104		110		117	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60						80							(80)		68				70		80		84	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert						✓							✓		✓				✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30						✓							✓		✓				✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal						—							—		—				—		c		c	
	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-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/7/26

		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		12		20		20		20		20		20				20				22			
	0 - 10																									
Saturations	94 - 100 %		99%		99%		99%		99		99		99		98%				98%				100%			
	< 94 %																									
Administered O2 (L/min.)			RA		RA		RA		RA		RA		RA		RA				RA				RA			
Temp°c	40																									
	39																									
	38		38.8		38.8		38.8																			
	37								98.6		98.6		98.6		98.6				98.6							
	36																						98.0			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		90		90		90		70		80		87		88/m				82bpm				78bpm			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		113		110		100		110		110		108		118				115				110			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70		70		62		60		70		60		64				65				69			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓		↓		↓		↓		✓				↓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓		↓		↓		↓		✓				↓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—		—		—		—		—		—		✓				↓				—			
	Heavy / Foul																									
Liquor	Clear / Pink		—		—		—		—		—		—		—				—				—			
	Green																									
TOTAL YELLOW SCORES			0		0		0		0		0		0		0				0				0			
TOTAL ORANGE SCORES			0		0		0		0		0		0		0				0				0			
Nurse Initial																										

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

Patient Stic

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

21/7/2026

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.

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
	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	H2O	100								0	Sp
	03:00 pm									200	0	Sp
	04:00 pm	H2O	100								0	Sp
	05:00 pm	H2O	100							200	0	Sp
	06:00 pm										0	Sp
	07:00 pm	H2O	100							200	0	Sp
Total Intake :		400ml				**Total Output :**				600ml		
	08:00 pm	H2O	200ml							✓	0	Sp/Orange.
	09:00 pm	H2O	200ml									
	10:00 pm									150ml	0	Sp
	11:00 pm	Water	200ml	IV RL 100ml							0	Sp
	12:00 am	Water	100ml	100ml						150ml	0	Sp
	01:00 am										0	Sp
Total Intake :		900ml				**Total Output :**				300ml + 1 time urine passed		
	02:00 am									100ml	0	Sp
	03:00 am	Milk	200ml								0	Sp
	04:00 am	Water	150ml							100ml	0	Sp
	05:00 am	Water	200ml	IV RL 100ml						150ml	0	Sp
	06:00 am										0	Sp
	07:00 am										0	Sp
Total Intake :		650ml				**Total Output :**				350ml		

Total 24 hrs. Intake	1950ml	Total 24 hrs. Output	1250ml + 1 time urine passed.

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

22/8/18

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
			Mouth	I.V	Ryles Syste							
	08:00 am	H2O	100	500ml	24					200ml	0	[illegible]
	09:00 am	Juice	100		72					150	0	[illegible]
	10:00 am	H2O	150		120					150	0	[illegible]
	11:00 am	Juice	100		168					200	0	[illegible]
	12:00 pm	Juice	100		192					150	0	[illegible]
	01:00 pm	H2O	100		192					100	0	[illegible]
Total Intake :		1150 + 768 = 1,918ml						Total Output :		950ml		
	02:00 pm	H2O	100							200	0	SA
	03:00 pm										0	SA
	04:00 pm	H2O	100								0	SA
	05:00 pm	H2O	100								0	SA
	06:00 pm	H2O	100								0	SA
	07:00 pm	H2O	100								0	SA
Total Intake :		500ml						Total Output :		200ml		
	08:00 pm	boiled	200ml							450ml	0	SA — 1st void
	09:00 pm										0	SA
	10:00 pm	milk	200ml							✓		
	11:00 pm										0	SA
	12:00 am	H2O	100ml									
	01:00 am	H2O	100ml							✓	0	SA
Total Intake :		600ml						Total Output :		2+1ml		
	02:00 am	H2O	100ml								0	SA
	03:00 am									✓		
	04:00 am	H2O	200ml								0	SA
	05:00 am	H2O	100ml									
	06:00 am	H2O	200ml							✓	0	SA
	07:00 am	H2O	100									
Total Intake :		700ml						Total Output :		2+1ml		

Total 24 hrs. Intake	3,718...	Total 24 hrs. Output	4+1ml. + 1500 ml

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	9pm	Achieve Acceptable pain control & comfort	8:30 pm	Assess pain using pain scale regularly position patient comfortably	patient was stable	Reassessment was Done	[signature] 01800
Night	8pm	Achieve acceptable pain control and comfort	9pm	→ Assessed pain using pain scale regularly	→ patient was stable	→ patient clinically Good.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 22/7/26

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	7:30 AM	* Achieve acceptable pain control and comfort	8am	* Assess pain using pain scale * Administer analgesic * position patient comfortably	Reduced pain and discomfort to some extend	Reassesment done	9/6/26
Afternoon	3pm	Achieve Acceptable pain control & comfort	3:30 pm	Assess pain using pain scale position pt comfortably	Reduced pain levels	Reassesment was done	9/6/26
Night	8pm	Prevent falls and injury	8:30 pm	→ Keep bed in low position & side rails up → Ensure call bell is within reach. → Assist during Ambulation	Ensure Safety	Reassesment was done	9/6/26

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

(1)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
21-7-26	1pm	⇒ Mrs: yamini under Dr: mathangi come for Admission for IOL She is primi 38+3days Medical History of cervical polyp. Vaginal c/s → scanty growth of klebsiella pneumoniae took Cap. Augmentin. Surgical History of cervical polypremoval @ April @ 2026 checked for vital signs recorded patient vital are stable CTG connected FHR is good ⊕ parts preparation was done, patient general condition fair →	[signature] 018080
	1:30 pm	⇒ Dr: vinitha Advised to Stoped CTG FHR is good ⊕ pt was stable No compliants →	[signature] 018080
	3pm	⇒ patient was stable vital are stable pt is selfvoiding pt general condition fair →	[signature] 018080
	5:30pm	⇒ Dr: mathangi DO PV Examination findings was she is same pw osclassed ↓ SAP pt in lithotomy position Foleys IOL Done ō bulb inflated with 60cc distilled water. →	[signature] 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	Contine Notes	⇒ IV placement was done Inj supacefe 1.5 gram after dilution 0-1 ml ID given to pt post foyls ctn at 6:30pm	→ S/o Abeda 01800
	6:30pm	⇒ post foyls ctn was connected FHR is good (+) No Allergic reaction so Inj supacef 1.5 gram IV full dose given to patient	→ S/o Abeda 01800
	7:30 pm	⇒ Dr. Vinitha Advised to stoped pt shifted to ward pt care hand over given to 6th floor staff Nurse	Abeda 01800
		Received notes 21/7/26	
21/7/26	7:30pm	⇒ Patient received from LDR to 6th floor →	Chaya 017179
		→ Patient clinically stable → Provide health education → Provide comfortable bed position →	Chaya 017179
	8pm	→ Checked vital signs → Patient vitals is stable → Monitored intake and output chart, marked and recorded →	
	9:30pm	→ Patient shifted to LDR as per doctor advice →	Chaya 017179

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Patien Dr. MATHANGI RAJAGOPALAN

(2)

JRSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/21	9.30pm	Patient details handed over given to LDR staff	Jey 01491
		Receiving Notes ON 21/7/21	
21/7	9.40 pm	Report Received From 6th floor staff to LDR staff. Patient Conscious & Oriented. Fr Lari Patient. No swelling, No Pain vital sign Checked & Recorded vital sign are Stable	Shalini 01401
		No chart Maintain.	
	11.30 pm	CTH Connected FHR is good patient left lateral position Changed	
		Patient general conditim is Fair	Shalini 01402
	12.30 AM	CTH Disconnected Order by Dr Divya. No chart Maintain	
	2 AM	Inj. Supaup 1.5gm Iv given No Allergy Reaction Patient is sleeping well. vital sign Checked & Recorded vital sign are Stable	Shalini 01403
	3 AM	CTH Connected. FHR is good It RL Connected. (Non Reactive)	
	4 AM	CTH Disconnected Order by Dr. Divya	
	4 AM	S/S. Dr: Anandeshwari Pr Examination done. Foley Expelled. Cervix 2cm long, posterior, firm.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		∠ Continuous 22/7/26 →	
22/7	4Am	Os 2 finger dilation. membrane (+)	
	4^15^Am	vertex at -3 station, show (+).	
		↓ Asp PREPgel intracervically insert	
		patient left lateral position changed	
		I/O chart Maintain	Shalini 0140h
	5^15^Am	Post gel CTG connected FHR is good	
		Patient general condition is fair	Shalini 0140h
		I/O chart Maintain	
	6^30^Am	CTG Disconnected order by	
		Dr. Anandeshwari	Shalini 0140h
		patient Morning Care given	
		I/O chart Maintain	
	7AM	⇒ Patient vital signs	
		Checked & recorded, General condition	
		fair	→ [illegible] 1011Fac
	7^30^AM	⇒ Patient report hand	
		over to morning duty staff.	[illegible] 1011Fac
		Morning Duty (22/7/26)	
	7.30Am	Patient care Handing over	
		taken from Night duty Staff.	
		Monitored vitals and Recorded.	
		Maintained I/O. IV cannula	
		observed. Patient General	
		condition fair. Pain assessment	
		done. watching contractions.	
		No any other complaints	J. [illegible] 0160O

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/20	8AM	Monitored Vitals and Recorded. Maintained I/O. CTG connected. FHR Monitoring. Inj-syntocinon in RL 500ml started as per doctor order. watching contractions	01/07/20
	9AM	Monitored vitals and Recorded. Maintained I/O. CTG on connect. FHR Monitoring. Maintained I/O. watching contractions	01/07/20
	9.45AM	Dr Mathangi mam assessed the patient advice Done ARM and PV Examination CX - 2cm long OS 2cm dilated. Membrane present. ARM Done. Clear liquor.	01/07/20
	10AM	Monitored vitals and Recorded. Maintained I/O. CTG on connect. FHR Monitoring. watching contractions. pain assessment Done. Administered medicines as per drug chart	01/07/20
	11AM	Monitored vitals and Recorded. Maintained I/O. CTG on connect. FHR Monitoring. No any other complaints. Pain	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26		assessment Done	[signature] 01/07/20
	12pm	Monitored vitals and Recorded, Maintained I/O. Patient Complaints of pain. Informed to Dr. Mathangi mam, advised to give Inj. Pethidine. doctor order carried out	[signature] 01/07/20
	12.10pm	Inj. pethidine 50mg IM, Inj. Phenergan 25mg IM given as per doctor order. CTG on connect. FHR Monitoring. watching contraction	[signature] 01/07/20
	1pm	Monitored vitals and Recorded. Maintained I/O. watching contractions. pain assessment Done. Inj. synto New bag Connected	[signature] 01/07/20
	1.30pm	patient care Handing over given to Evening duty Staff	[signature] 01/07/20
		Evening duty	
	1:30pm	patient care hand over taken from morning duty staff Nurse patient was stable conscious & oriented IV line pattern Inj. Syntocin ongoing FHR is good (+)	S/N [signature] 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	2pm	⇒ Dr. Vinitha do PV Examination findings was she is fully dilatation Adviced to pt shifted to LDR II →	S/N Abalya 01808
		Kiwi Assisted vaginal	
	2:12pm	Delivery	
		patient given to lithotomy position clean the perium area for povidone solution Inj Loxa Infiltration was done poor maternal Efforts so kiwi cup Applied Baby was delivered Immeditly cring the Baby Cord is clamped & cut was done Cord Blood collected & sented to lab Inj Syntocin 10units Im given Inj. Syntocin 20units E RL 500ml I connected 125ml/h minimal of Bleeding mild PPH is there Dr Mathangi Adviced to Inj Carboprost Im given to pt patient vitals are stable Bleeding is Normal Sutering was done count was done disposed Tab Miso 800mcg Tstine Supposed 100mg kept provided comfortable position →	Abalya 01808

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085288 IP18-00036552
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

☐ ~~No Known~~ Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	Continue Notes	Baby Details:-	
		Date:- 29/7/26	
		Time:- 2:19pm	
		weight:- 2.9 Kg	
		Sex:- Girl	
		Apgar score: 8/10 9/10	→ Akalya 01808
	3pm	B - Breast is soft No Enlargement	
		U - Uterus was contracted well	
		B - Bowel movement present	
		B - Pt is self voiding	
		L - Lochia rubra present	
		E - REEDA Assessment was done	
		H - Homan signs negative.	
		E - Pt Emotional good	→ Akalya 01808
	4pm	⇒ patient vitals are stable	
		Inj Syntoci 125ml is on going	
		minimal of bleeding pt	
		general condition fair	→ Akalya 01808
	6pm	⇒ patient is Not voiding	
		minimal of bleeding	
		pt stable vitals are stable	→ Akalya 01808
	7pm	⇒ C.pan 40mg orally	
		given to pt to Encourage to	
		Adequate orals to Encourage	
		voiding bleeding Normal	→ Akalya 01808
	7:30 pm	⇒ patient care hand over	
		given to Night duty staff	→ Akalya 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pa... Name: GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN
...om No.:.................... ....Sex: ☐ M ☐ F
Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 21/7/2026 Time: 5:30pm
Location : Left metacarpal vein
Size : 18G
Cannula inserted by : Sri Akalya 018080

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/7	6pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
21/7	10pm	☐Yes ☑No	☐Yes ☑No	healthy	[signature]
22/7	12AM	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	2AM	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	4Am	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	6Am	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	8AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	10AM	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	6pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	obser	[signature]
23/7/26	6Am	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	10am	☐Yes ☑No	☐Yes ☑No	health	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

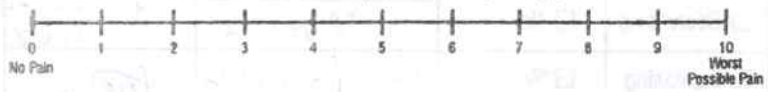
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Clary 21/7/26
22/7/26	10pm	1/10	lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable positin	Shalen 22/7/26
22/7/26	4AM	1/10	lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable positin	Shalen 22/7/26
22/7/26	8AM	1/10	Mild touch Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Clary 22/7/26
22/7/26	12pm	2/10	Bulbs Abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Physiotherapy	Clary 22/7/26
22/7/26	2pm	2/10	Episitary site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Akshaya 22/7/26
22/7/26	8pm	1/10	Episitary site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable positin	Shalen 22/7/26
22/7/26	10pm	4/10	episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Tab para gene	Clary 22/7/26
23/7/26	3AM	1/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Posita	Clary 23/7/26
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BRADEN 'Q' SCALE

1

					Date: 21/7/26	21/7	22/7/26	22/7
					Time: 9pm	N	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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	26	27
				Evaluator's Name	[signature] 01808	[signature]	[signature]	[signature] 01808

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

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

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 21/7/26	N 21/7/26	M 22/7/26
		Score			20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature] 0180	[signature] 0824	[signature] 0160

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-0008528 IP18-00036562
Mrs YAMINI S SHBABU (F)
06-04-1999 27 Y 3 M 15 D
Dr. MATHANGI RAJAGOPALAN

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis Poorni 3 84 L day
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7/26	9pm	YES	Explain about pain managment	pt	Edution level	orally	None	YES	good	Akalya 01808
22/7/26	8Am	YES	Explained about the fall risk Edution	pt	Edution levels	orally	None	YES	good	Akalya 01808
23/7/26	10AM	yes	explained about the personal hygiene	patient	nil	verbal	nil	yes	—	[signature]

Part - III: CODES

Who was taught:	PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ....
Learning Barriers:	1. No Learning Barriers 2. Physical Impairment 3. Emotional Barriers 4. Language Barrier 5. Educational Level 6. Desire / Motivate to Learn 7. Impaired Thought Process/Cognitive limitations 8. Responsibilities at Home 9. Cultural Differences 10. Financial Difficulties 11. Beliefs and Values 12. Impaired Vision/ or Hearing 13. Cultural/Religion Practice 14. Others (Specify ....
Teaching Tools Used:	A: Audio D: Demonstration V: Video O: Oral P: Printed
Mechanism/s to overcome barrier/s:	1. None 2. Obtain translator 3. Reassurance & Support 4. Teach Family / Others 5. Respect values & beliefs 6. Respect Cultural / Religion Preference 7. Other, Specify ....
Understanding:	1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Doc No. : RCH / FRM / CLINICAL / 187

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/7/2026

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Attenders

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

If yes , identify .....

Chief Complaints: PT Cases for IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vanitha

Time Notified: 1 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Anal fissure (+) Cervical polyp. Vaginal c/s - Scanty growth of Klebsiella Pneumoniae -	Cervical polyp. removal @ April 2026	—

Blood Group: B+ve LMP: 20/10/25 EDD: 27/7/26 Gestational age during admission: 38 3/7 days

Contractions: NO Vaginal Discharge: NO

Obstetric History: G1 P — L — A — Previous LSCS NO

Height: 162 Weight: 70 BMI 24.1

Temp: 98F HR: 78b/m RR: 20b/m BP: 100/60 mmHg 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)	—
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... MOTHER- HTN | Father- T2DM .....

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

Fall Assessment: ☐ Yes ☐ No Score ..... 10 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..... 22 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... patient .....

Name of Person Orientation was given to: ..... MMS:- Yamini

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... SR 01808 .....

Date & Time: ..... 21/7/2022 at 1:40pm

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/7/26 Time of Arrival: 1pm Time Seen by Nurse: 1pm

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°F Pulse: 81b/m RR: 20b/m SpO₂: 100% BP: 100/60mmHg Weight: 70kg

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 20/10/2025 EDD: 27/7/2026 Gestational Age: 38+3 days

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: Cervical polyp removal @ April 2020
b) Medical: Anal fissure, Cervical polyp, vaginal c/s slanty growth of Klebsiella pneumonia.

(P.T.O.)

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

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1:40pm

Nurse Name : SN Akalya 018050 Nurse Signature: SA

Date: 21/7/26 Time: 2pm 018050

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

Patie

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 21/7/2026

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		1
Signature of the Nurse	S/N Ataliya 0180	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

3. Nipple condition:
   ☐ a. Nipple well formed
   ☑ b. Flat nipple
   ☐ d. 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

P.T.O

6. Was the position explained:

- ☐ a. Yes
- ☐ b. No

7. For Caesarian mothers: N/A

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

8. NICU admission: N/A

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

9. Additional notes: ....

Continuity of Care:

Date: 22/7/06

Baby is mothers side
good latching
L - 2
A - 1
T - 2
C - 2
H - 2
9

Handover given by S/N Abaka 01805

Signature SA 01800

Date & Time: 22/7/2006

Handover taken by ....

Signature ....

Date & Time: ....

PATIENT TRANSFER FORM

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 at	21/7/26 at 7.30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr: mathangi	Dr: White	Observation
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**
WNL IP Files	CD	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 ☐
Pt Shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Mathangi 0180S	Dr: White

Patient & Clinical Records Received by : Praveena

Date & Time of Patient Received : 21/7/26 @ 7.30pm

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

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

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

(2)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 @ - 2:10pm	21/7/26 @ - 9:30 pm.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Mathangi	DR. Mathangi	Further Management
From Unit	To Unit	Information to Attendant
6th Floor	LDR.	Yes [x] No [ ]
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
-	CTG — (2)	Yes [x] 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 [x] No [ ]

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Gayathri 01717Y.	DR. Mathangi.

Patient & Clinical Records Received by : S. [signature] 0407L

Date & Time of Patient Received : 21/7/26 @ 9:40 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

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

GUC-85288

ANTENATAL RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DR. Mathangi

Antenatal No:

Reg.No:

PERSONAL DETAILS

Name: MRS. yamini sureshbabu Age 26 Date of Birth 6/4/1999 Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address: Thomas Mount Kanchipuram, Tamil Nadu

Mobile: 7200690512 E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
	LMP - 20/10/2025 EDD- 27/07/2026.

HISTORY

Year of Marriage: 8 months Menstrual History: Previous Periods Regular/28-32

Consanguinity: Contraception:

LMP 20/10/25 EDD 27/07/26 Corrected EDD

OBSTETRIC FORMULA:

Gravida Para Live Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History: Nil

Family History: Mother - HTN; Father - DM

Surgical History: Nil

Allergies: Nil

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife Husband ICT

VDRL HIV HbsAg TSH GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester										
TIFFA										
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

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

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

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

SYSTEMIC EXAMINATION

Height_____ CVS_____

Weight:_____ Respiratoy System:_____

BMI:_____ Breasts:_____ Thyroid:_____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____ Apgar score:_____

Postpartum Period:_____

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU (F)
06-04-1999 27 Y 3 M 16 D
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 at 2¹⁰ pm	22/7/26 at 9²⁰ pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Jayaleena	for further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	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**
OP file	CT(h) –	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. paracetamol 1g	10
2.	Justin suppository 100mg	2
3.	Tab. Augmentin 625mg	10
4.	Cab. Pan D 40mg	9
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 01107[illegible]	Dr. Jayaleena

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 22/7/26 @ 9.30pm

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

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