Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	11/7/26 6am		Raveena				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID No: .....

Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	5.20 pm	MICU	6th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/7/26	CBC	22225	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	CTG (1)			009243 /	
9/7/26	CTG (2)			009243 /	
	CTG - (3)			009951 /	
	CTG (4)			009851 /	
	CTG - (5)			009951 /	
	CTG - (6)			009951 /	
10/7/26	Infusion Pump	8 AM	1 pm /	1724807	
	CTG (7)			009254 /	
	CTG (8)			009254 /	
	CTG (9)			009254 /	
	CTG - (10)			009283 /	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	(1)	17246645	Pravo
10/7/26	physiotherapy	(1)	5283	Praveena
11/7/26	Diet councelling	(1)	5284.	Ree...

ANY OTHER INFORMATION:

Delivery Details : Kiwi Assisted Vaginal Delivery
Date : 10/7/26.
Duration : 1 Hour
Time : 10 Am – 11 Am
Dr. mathangi
Dr. pavithra

Date: 11/7/26. Time: 6Am. Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Prave 0206			

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DISCHARGE TRACKING SHEET

GUC:-00089237 IP18-00036392 R- NAME OF CONSULTANT-
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 27 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11/7/26 @ 9am		Jeej		
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	10/7/26								
Doctor's Orders	Dr. Mathangi								
Carried out or not	Yes								
Bed Side									
Structured Handover done	✓								
IV Site	✓								
Central Lines	X								
Arterial Lines	X								
Feeding Catheter	X								
Urinary Catheter	✓								
Skin Care	✓								
Eye Care	✓								
Mouth Care	✓								
Sterillum Bottle, Stethoscope	✓								
Suction Bottle (Should be clean & empty)	✓								
Intubation Tray	X								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X								
Ventilator Tubing,(Any Water, Blood)	X								
Humidification	✓								
Check all Infusion (Labelling,Correct Preparation)	✓								
Chest Physio & Neb	X								
Handed Over By Name :	[illegible]								
Signature :	10/7/26								
Date & Time:	10/7/26 @ 8pm								
Hand Over Taken By Name :	Pranadeep								
Signature :	[signature]								
Date & Time:	10/7/26 @ 8PM								

Doc. No. : RCH/ FRM / GENERAL / 088

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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 : IP18-00036392 **Admit Date** : 09-Jul-2026 **Admit Time** : 11:51 AM **UHID** : GUC-00089237

Patient Details :

Patient Name	: Mrs SAFA FATHIMA Q	**Age**	: 23 Y 2 M 25 D
Guardian	: Mr DR.SYED WASIM AHAMED I	**DOB**	: 14-04-2003
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 33/B, VADAMALAI STREET, PURASAWALKAM Vepery Chennai Tamil Nadu INDIA 600007	**Phone No**	: 9150860073/ 9786786807
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 804 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 804 **Admission Type** : First Visit

Contact Details :

Name : Mr DR.SYED WASIM AHAMED I **Relationship** : Husband

Contact Address : 33/B, VADAMALAI STREET, PURASAWALKAM Vepery Chennai Tamil Nadu INDIA 600007 **Phone No** : / 9150860073

Signature

Doctor Details :

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

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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BILLING POLICY

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

DECLARATION

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

Patient Name : Mr. Dr. Syed Wasim Ahamed	UHID Number : GUC-00089237
Self/Attendant Name : DR. D. SYED WASIM AHAMED	Relation : Husband
Self/ Attendant Signature : D.	Name & Signature of Financial Counselor
Phone Number : 9786786807	

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SAFA FATHIMA Q**	**Age :**	**23 Y 2 M 25 D**
IP No:	**IP18-00036392**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 804**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: Y D.Q

Name: Mr. Dr. Syed Wasim Ahamed
Relationship: Husband
Date: 09/07/2026 Time: 11:51 Am
Witness Name: A. Sivasankari
Witness Signature: A.Sr

Patient Address:
33/B, VADAMALAI STREET,
PURASAWALKAM Vepery Chennai
Tamil Nadu INDIA 600007

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr: Mathangi

Consentee :

Signature : Dr. SF

Name : Dr. SAFA FATHIMA

Date & Time : 9/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : D-SF

Name : Dr. S. Syed Alarm Ahamed

Relationship with Patient: Husband

Date & Time : 9/7/26

Doctor (who is taking the consent) :

Signature : 182217

Name : Dr. Shreedevi

Date & Time : 09/07/2026

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
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GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
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Dr. MATHANGI RAJAGOPALAN

ION OF LABOR CONSENT

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

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

You are scheduled for an induction of labor on 09|07|2026 (date) at 38w + 3d (weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature: [signature]

Name: Q. SAFA FATHIMA.

Date & Time: 9/7/26

Patient Attendant:

Signature: [signature]

Name: Dr. D. Syed Wasim Ahamed

Relationship with Patient: Husband.

Date & Time: 9/7/26

Doctor:

Signature: [signature] 82217

Name: Dr. Shreedevi

Date & Time: 09|07|2026

Witness

Signature: ....

Name: ....

Date & Time: ....

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

Pat

--Safa Fathima

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to AFM well. Admitted for IOL.

Obstetric Formula: G_2A_1

Obstetric History:
I - Missed Miscarriage - July 2025 D and C done
II - PP, spontaneous conception

Present Pregnancy Record:
- Booked & immunised.
- NT (N) : FTS screen -Neg
- Anamoly scan (N)
- Growth scan (N)

RISK FACTORS: FGR + (N) dopplers (AC 5th centile)

LMP: 13/10/2025 EDD: 20/07/2026
Corrected EDD: GA: 38 + 3 weeks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination M/S: 2 years, III °CM

Fundal Height: Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (-)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 1.5cm / soft ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated os admits two fingers

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Gynaecoid

Height: 162 cm
Weight: 79.4 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Pallor: NO
Icterus: NO
Edema: NO
Temp: (N)
PR: 78 / min
BP: 117/82 mmHg
DTR: (+)
CVS: S1S2
RS B/L NVBS (+)
Liver/Spleen: soft
Urine Output: adequate

DIAGNOSIS

G_2A_1 B positive | 38 + 3 weeks | Hypothyroid | Induction of labour

FGR + (N) dopplers

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Father - DM	D and C x 1 May 2025
Medical History:	**Medication History:**
Hypothyroid since conception H/o spotting pv in 1st trimester took progesterone	Tab. THYRONORM 12.5mcg OD
Plan of Care: I/T Dr. Mathangi	**Investigations:**
Advice:	CTG
- Admission, CTG	
- Parts preparation	
- plan: Foley's induction	

5:20pm
↓ SAP, Induction of labour done with 22F Foley's inserted intracervically and bulb inflated with 60ml of distilled water

- INJ. SUPACEF 1.5g IV TDS (ATD)
- Post foley's CTG @ 6:30pm
- CTG Q 4th hourly
- Shift to ward
- Reshift to LDR @ 9pm
- W/F contractions

Doctor Name: Dr. Vijitha / Dr. Anjalakshmi
Signature: 164281
Date & Time: 9/7/26, 11:30 Am

Consultant Name: Dr. Mathangi
Signature: for 164281
Date & Time: 9/7/26, 11:40 Am

Patient Sticker

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RESULT SHEET

Date	27/6/26	11/7/26			B POSITIVE	
Time						
Hb	13.2	10.6				
PCV	37.6	32				
RBC	4.2 lakh	3.50			ICT-	Neg 27/6/26.
WBC	12230					
N/L					TSH-	5.45
Platelets	2.27	1.80				
CRP						
ESR	53				HIV	Neg
PCT					HBSAg	
RBS	F-74				VDRL	
Na	PP-130				Anti HCV	
K						
Cl						
Ca/Mg						
Phosphate					Hb electrophoresis	(N)
Urea						
Creatinine						
ALP					8/4/26.	
SGPT					OGT- F-74	
SGOT					2hr - 79	
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin					ECG	(N)
A/G Ratio					Echo	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/4/26

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

29/06/2026

Radiology : USG : SLIVG - 37 weeks. cephalic. placenta - anterior.

X-Ray : .....

ECHO : .....

CT : EFI - 9.9

MRI EFW - 2396 ± 239.6 / 11th centile

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

HC
AC
BPD } 5th centile

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Patient Sti

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 7:45pm	post-foley CTG - Reactive - CTG Q4H. - [illegible] - w/f foley's expulsion. - monitor vitals. follow drug chart	
9/7/26. 9:30pm	S/B Dr. [illegible] pt reviewed. no sp complaints o/E: afebrile GC fair P° / PE° P/A uterus @ term tightening cephalic FH ⊕ clinically liquor @ Expelled. L/E: Foley's [illegible]	164288 Plan - w/f progression of labor w/f foley's expulsion - CTG/DFMC - CTG Q4H. - P/A @ 4 AM for gel induction. 127935

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 4 AM	S/B Dr. Akshitha	
	pt reviewed	
	no sp complaints	
	o/E afebrile	
BP 113/71 mmHg.	GC fair	
PR 82bpm.	P°/PE°	
SpO2 99% @RA	P/A uterus @ 40wm.	
temp ⊖	tightening	
	cephalic	
	FM ⊕	Plan
	clinically liquor ⊕	- w/f progression
	P/V: Cervix soft	of labor
	posterior	- post gel CTG at
	1.5cms long	5AM
	2 cms dilated	
	membranes ⊕	[signature]
	PPV - 3 station	122935
	↓ SPP, PGE2 gel kept intracervically	
10/07/2026 6Am	C/S/B Dr. Akshitha	
	- Post Gel CTG - Reactive	
	- To start INJ. SYNTO @ 24 ml/hr @ 8Am	

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
2:30Am	Pt reviewed C/o lower Abdominal Pain on & off O/E Pt GC fair, Afebrile P°/PE° CVS / NAD RS / NAD P/A - uterus @ Term Mildly Acting (3C/20"/10') Cephalic FHS - good Dr 18221	Advice - Liquid diet - Continuous CTG - Continue INJ. SYNTO acceleration and titrate accordingly - MF contractions / Progress - Inform (SOS)
10/07/2026	C/S/B Dr. Mathangi	
9:35Am	P/A - uterus @ Term (4C/25"/10') Cephalic FHS - good P/V - Cx - well effaced OS - 4cm dilated membranes ⊕ vertex @ -1 station ↓ SAP, ARM done clear liquor drained Post ARM FHS - good Dr 18221	Advice - Continuous CTG - Continue INJ. SYNTO acceleration & titrate accordingly - INJ. PETHIDINE 50mg IM stat - INJ. PHENERGAN 25mg IM - All four's Position - W/F contractions / Progress

INJ. SYNTO @ 2ml/hr
CTG - Reactive
T - (N)
PR - 80/min
BP - 118/80mmHg

Bed side USG
- RoT
- one loop of cord around the neck.

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/07/2026 10:15Am	C/S/B Dr. Mathangi	
	P/A - Uterus @ Term (42/25"/10')	Advice
	Cephalic	- Position for Labour
	FHS - good	- Encourage active Pushing
CTG - Reactive	P/V - Cx - fully effaced	- W/F contractions / Progress
	OS - fully dilated	
	Membranes - Absent	
	Vertex @ +1	
	82217	
10/07/2026 10:27Am	KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	Indication: Persistent variable decelerations / Poor maternal efforts	
	S/B : Dr. Mathangi	
	A/B : Dr. Pavithra, Dr. Shreedevi	
	↓ SAP, Patient in dorso lithotomy position, Local parts painted and draped. with good uterine contractions full cervical dilation. 2% Lignocaine local infiltration given. In view of persistent variable decelerations / Poor maternal efforts. Kiwi cup was applied in vertex @ +2 Station. Chignon created. An alive term boy baby delivered. Baby cried immediately after birth. Cord clamped and cut	

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Episiotomy inspected and sutured in layers using rapid vicryl & 2-0 vicryl. Hemostasis secured.	
	P/A - Uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa & Sphincter tone Normal	
	B | Boy, 10/07/2026.	
	A | 10:27 Am	
	B | 8/10, 9/10	
	Y | 2.592 kg	
		Advice - Normal diet - Plenty of oral fluids - vitals Monitoring - Follow drug chart - W/F ↑ Bleeding PV - CBC c/m 6am - Measure & Inform 1st void - Inform (sos).

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26	S/B Dr. Vinitha	
5 PM	Pt reviewed. N/A c/o	
USG:	Voided 500ml	
Post void:	O/E: GC fair ; Afebrile	
45 ml	P° / PE°	
BP: 120/80	P/A: Ut contracted well,	
PR: 80/min	Soft ; BS(+)	
SpO2: 99% RA	Y/E: BWNL	
		Adv:
		· Soft diet
		· Plenty of fluids
		· Vitals monitoring.
		· Follow drug chart
		· W/F ↑ Bleeding P/V
10/7/26 12 MN		· CBC 4th 6am
		· Inform SOS
10/7/26 9 pm	S/B Dr. Mohana / Dr. Divyalakshmi	
	pt reviewed	
	Nil c/o	
PND-0	O/E: pt GC fair, afebrile	Advice
	P° / PE°	- Continue same orders
T-(N)		
PR-60/min	P/A: SO/t, ut-contracted	- CBC c/n 6am
BP-116/70 mmHg		
Voided	Y/E: Ep intact	
passed stools	BWNL	

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

Baby m/s

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 9AM	C/S/B Dr. Pavithra / Dr. Shreedevi	
PND-1	Pt reviewed, Nil c/o O/E Pt Gc fair, Afebrile P°/PE°	Advice - Normal diet - Plenty of oral fluids
T-(N)		- Vitals Monitoring
PR- 82/min	WS /	- Follow drug chart
BP- 105/62 mm Hg.	RS / NAD	- W/F ↑ Bleeding PV
	P/A- Soft	- Process discharge
Baby-M/S	Ut well contracted	
B/L- Breast Soft	U/E- Epi wound Healthy	
Wiping freely	BWNL	
Passed stools		
	Dr 182217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Docu. No. : RCH /FRM / CLIN

CTOR'S SHIFT CHANGE HANDOVER FORM

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

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
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Dr. MATHANGI RAJAGOPALAN

Patient

(1)

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. THYRONORM	12.5mcg	po	OD		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... 164288 Dr. Divyalakshmi

Date & Time : 9/7/26, 11:40 AM

Nurse Name & Signature: ..... S/N Anu 01039

Date & Time : 9/7/26

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(2)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: 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		☑C ☐DC
3	T. PARACETAMOL	1g	PO	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD	10/7/26 at 11AM	☑C ☐DC
5	T. THYRONORM	12.5mcg	PO	OD	10/7/26 6AM	☐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 18.22.17

Date & Time : 10/07/2026

Nurse Name & Signature: S. Shalini 010072

Date & Time : 10/7/26 at 5pm

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

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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DRUG CHART

Date of Admission: 9/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

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Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 49 Ward. .....

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
12.5mg	PO	DD	10/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions: empty stomach

Daily Doctor's Endorsement by a Sign

Date / Time	10/7/21
6AM	SP SS

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1-5g	IV	1-1-1	9/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7
6pm	SP	
2AM	SA SP	
10AM		TJ SS

Stop

DRUG : TAB. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-0-1	9/07/21

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/7	11/7
8AM		
2pm		
10pm	SP SS	

DRUG : C-PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	10/7/21

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/7	11/7
7AM	SP SS	
7PM	SP MM	

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : T. PARA CETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1	10/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	10/7	11/7
8AM	✓	
2pm	✓	
10PM	SP	

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	10/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	10/7	11/7
9AM	✓	
9PM	SP	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
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Weight. 79 kg Ward. LW

VARIABLE DOSE Date▸ Time

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

VARIABLE DOSE Date▸ Time

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7	5:30PM	Inj. SUPACEF	0.1ml	ID	10428	SP
10/7	11Am	DINOPROSTONE GEL	0.5MG	PV	123635	SP
10/7/26	10.05 Am	INJ. PETHIDINE	50mg	Im	182217	TJ SN
10/7/26	10.05 AM	INJ. PHENERGAN	25mg	Im	182217	TJ SN
10/7/26	10.35 AM	INJ. SYNTO	10 U	Im	182217	TJ SN
10/7/26	10.35 AM	INJ. TRAPIC	1g	Iv	182217	TJ SN
10/7/26	10.35 AM	INJ. CARBOPROST	250 mcg	Im	182217	TJ SN
10/7/26	11AM	T. MISOPROSTOL	600 mcg	PR	182217	TJ SN
10/7/26	11AM	JUSTIN SUPPOSITORY	100 mcg	PR	182217	TJ SN

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

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I.V. FLUIDS CHART

Weight: 19kg Ward. IDR

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/7/26	8AM	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	182217	TJ SN	10/7/26	182217	TJ SN
10/7/26	8AM	IVF 1D RL	IV	free flow	182210	TJ SN	10/7/26	182217	TJ SN
10/7/26	10.30 AM	INJ. SYNTO 20U in 500ml RL	IV	125 ml/hr	182217	TJ SN	10/7/26	10.42	TJ SN

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

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Patient Sticke

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Early Warning Observation Score Chart - Obstetrics

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

9/7/26	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	18	18	18	19	19	20	22	19		19								
	0 - 10																								
Saturations	94 - 100 %						99	100	100	100	100		100	99	99	100		100							
	< 94 %																								
Administered O2 (L/min.)							RA	RA	RA	RA	RA		RA	RA	RA	RA		RA							
Temp°c	40																								
	39																								
	38																								
	37																								
	36						98	98	98	98	98		98	98	98	98		98							
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120						112	106	110	106	110	112	120	121	113	118										
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60						76	62	72	70	65	66	80	70	71	80										
	50																								
	40																								
NEURO RESPONSE [✓]	Alert						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Heavy / Foul																								
Liquor	Clear / Pink						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Green																								
TOTAL YELLOW SCORES							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial																									

On admission.

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

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Early Warning Observation Score Chart - Obstetrics

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

Date: 10/7/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20		18				20			20		28	20/m				20/m				18/m			
Saturations	94 - 100 % / < 94 %	99%		99%				98%			99%		100%	99%				98%				98%			
Administered O_2 (L/min.)		RA		RA				RA			RA		RA	RA				RA				RA			
Temp °C	40 / 39 / 38 / 37 / 36 / 35 / < 35	98.2°F		98.4°F				98.2			98.6		98.1	98.4°F				97.8°F				98.1°F			
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40	78		78				80			80 b/m		82 b/m	90 b/m				76 b/m				92 b/m			
Systolic Blood Pressure ↑	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	122		120				110			120		115	110				108				118			
Diastolic Blood Pressure ↓	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40	72		70				70			80		69 (74)	60 (76)				62				70 (82)			
NEURO RESPONSE [✓]	Alert	✓		✓				✓			✓		✓	✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓						✓			✓			✓											
	< 30			✓									✓					✓				✓			
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–		–				–			–		–	–				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–						–			–		–	–											
	Green			–														✓				✓			
TOTAL YELLOW SCORES		0		0				0			0		0	0				0				0			
TOTAL ORANGE SCORES		0		0				0			0		0	0				0				0			
Nurse Initial		[illegible]		[illegible]				[illegible]			[illegible]		[illegible]	[illegible]				[illegible]				[illegible]			

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FLUID CHART

(1)

Sheet No. : .....

9/7/26

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
9/7/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	← On admission →										
Total Intake :						**Total Output :**						
	02:00 pm	H2O	100ml									
	03:00 pm									200		
	04:00 pm	H2O	200ml									
	05:00 pm									200	0	
	06:00 pm	H2O	200ml							100	0	
	07:00 pm										0	
Total Intake :		500ml				**Total Output :**				500ml		
	08:00 pm	H2O	100							200	0	
	09:00 pm	H2O	100								0	
	10:00 pm									100	0	
	11:00 pm	H2O	100								0	
	12:00 am									200	0	
	01:00 am	H2O	100							200	0	
Total Intake :		400ml				**Total Output :**				700ml		
	02:00 am									100	0	
	03:00 am	H2O	100							200	0	
	04:00 am	H2O	100								0	
	05:00 am	milk	100							100	0	
	06:00 am	H2O	100							200	0	
	07:00 am										0	
Total Intake :		400ml				**Total Output :**				600ml		

Total 24 hrs. Intake	1300ml	Total 24 hrs. Output	1800ml

GUC-00089237 IP18-00036392
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FLUID CHART

Sheet No. : 9

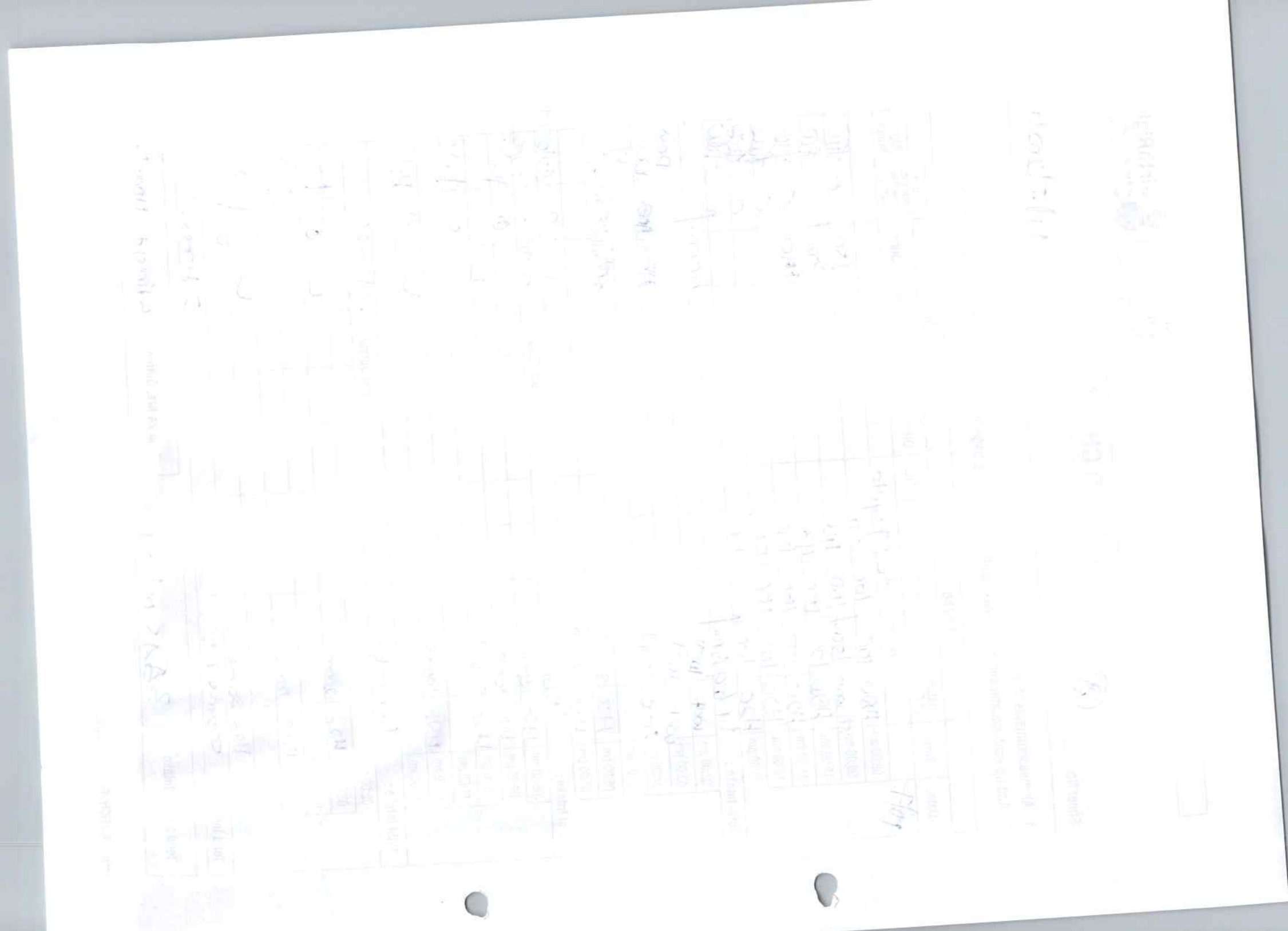
10/7/2026

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 – IV (½ RL)	Intake: Route – NG (RL syntho)	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
10/7	08:00 am	H2O	100	100	24							
	09:00 am	TL water	150ml	100	24					150	0	[illegible]
	10:00 am	H2O	100	100	48					200ml	0	[illegible]
	11:00 am	H2O	150	100	48					150	0	[illegible]
	12:00 pm	H2O	100	100	125						0	[illegible]
	01:00 pm	H2O	100		125						0	[illegible]
Total Intake :		1695ml			125				Total Output :	500ml	0	[illegible]
	02:00 pm	water	100ml									
	03:00 pm	water	150ml									Devi
	04:00 pm	water	150ml.							450ml		Devi
	05:00 pm											Sf
	06:00 pm	H2O	200ml							200ml	200ml	S
	07:00 pm	H2O	150ml									
Total Intake :		750ml								✓	0	Sulochana
	08:00 pm	H2O	200ml						Total Output :	600ml + 1 time		
	09:00 pm	H2O	100ml								0	[illegible]
	10:00 pm	H2O	200ml.							✓		
	11:00 pm										0	[illegible]
	12:00 am	H2O	100ml									
	01:00 am									✓	0	[illegible]
Total Intake :		600ml.							Total Output :	2 times		
	02:00 am											
	03:00 am	H2O	200ml									
	04:00 am									✓	0	[illegible]
	05:00 am	H2O	100ml									[illegible]
	06:00 am										0	
	07:00 am	H2O	200ml							✓		[illegible]
Total Intake :		500ml									0	
									Total Output :	2 times.		

Total 24 hrs. Intake	3545 ml	Total 24 hrs. Output	5 times + 1100ml.

Docu. No. : RCH /FRM / CLINICAL / 092



GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2A1 38+3 w/g				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure: IOL				Post OP Day:		
BACKGROUND	Date / Shift	9/7 M	9/7/26 Evening	9/7/26	10/7/26	10/7/26 Evening	10/7 N
	Medical Condition (Any special condition to be noted):	N	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid
	Diet:	N diet	N diet	Normal	Normal	N	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	NA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98F	98F	98F	98.2F	97.1F
	Res:	24/mt	18	18	20b/m	20b/m	20b/m
	SpO_2:	99%	100	100%	100%	100%	99%
	Pulse:	84/mt	82	88	70bt/m	80b/m	90b/m
	BP:	110/70	110/72	110/65	122/82	110/70	110/80
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	15	30	20	20	20	20
	Pain Score:	0/10	1/10	4/10	1/10	1/10	1/10
	Skin Integrity	0/10	Normal	Normal	Normal	N	—
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	NA	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NA	N diet	Normal	Normal	N diet	—
	Critical Lab Test / Values:	NA	—	—	NA	NA	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	NA	Dependent	Non Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	NA	—	—	—	—	—
	Handed Over By Name :	Aswini	Pooja	Athulya	Snehalatha	Simran	Praveena
	Signature / ID :	81019	Pooja	8080	16120	9020	[illegible]
	Date:	9/7/26	9/7/26	10/7/26	10/7/26	10/7/26	11/7/26
	Time:	1pm	7.30pm	8am	7.30pm	8pm	8am
	Taken Over By Name :	Pooja	Athulya	Snehalatha	Simran	Praveena	
	Signature / ID :	Pooja	8080	16120	[illegible]	Pree	
	Date:	9/7/26	9/7/26	10/7/26	10/7/26	10/7/26	
	Time:	2pm	8pm	7.39am	2pm	8pm	

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
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(1)

NURSING CARE RECORD

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Date: 9/7/26

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	12pm	Achieve acceptable. Pain scale regularly. cy comfort.	12:30pm	=> Asses Pain using Pain scale => Patient Comfortable position.	Patient vital stable.	Reassessment done	Keg 01174
Afternoon	2pm	Achieve acceptable Pain control cy comforte	2:30	~Assess the level of pain by using pain scale - provide comfortable bed position	reduced pain	Reassessment is done	Poojitha
Night	8pm	Achieve acceptable pain controls comfortable	8:30 pm	Assess the level of pain by using pain scale -provided comfortable position	Reduced pain Levels	reassessment was done	Abeely 01800

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
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BirthRight
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NURSING CARE RECORD

Date: 10/7/26

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 and discomfort	8AM	* Assess pain by using pain scale * Administer analgesic	Reduced Pain and discomfort to some extend	Reassesment Done	Staff Nurse 01570
Afternoon	2pm.	~~Ensure safety~~ Prevent falls & injury	2.30 pm	→ Keep bed in low position with side railing. Assist during ambulation. follow fall prevention protocols	Reduced. Pain and discomfort to some.	Reassessment- done.	Staff Nurse 01060
Night	8Pm	Achieve acceptable pain and discomfort		Assess pain by using Pain Scale Administer medication.	To Reduce Pain. T.-Para - 1g Given	Reassessment done	Staff Nurse

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26	1pm.	Admission Notes 9/7/26	
		Mrs. Safa Fathima/ 23y/	
		F/ G2A1 38+3w/4/ She	
		came for Admission under	
		Dr. Mathangi for induction	
		of Labour CTG connected	
		FHR is good FM (+) felt	
		by mother vitals are	
		checked and recorded	
		D/F to Dr. Vinitha Adviced	
		to do Admission order	
		carried out otherwise	
		no complains General condition	S/N.
		is fair →	[illegible] 01028
	1:30pm	→ Patient report hand	
		over to Evening duty staff	[illegible] /011796
	1.40pm	CTG disconnected at	
		1:30pm as per doctor order.	
		provide comfortable bed position.	
		maintain I/O chart.	[illegible]
	2pm	pt vital signs checked &	
		recorded. maintain I/O chart.	
		pt had normal diet. Encourage	
		to take adequate oral fluids	[illegible]
	4pm	pt vital signs checked &	
		recorded. maintain I/O chart	
		morse fall risk assessment done	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Mrs SAFA FATHIMA Q (F)
14-04-2003 23 Y 2 M 25 D
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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/20	5:30pm	Dr. mathangi did PV examination Cx 1.5cm long OS admitted 2 fingers membrane (+). Foley's induction done. 40 intracervically bound 30 water inflated. Advice to give Rx. supracef order carried out. IV placement done c̄ 18G venflon back flow (+). Rx supracef o/w test dose IP given as per doctor order.	[illegible]
	6 pm	pt vital signs checked & recorded. maintain Pro chart pt have no ceo allergy, itching Rx. supracef 1 gm IV given.	[illegible]
	6.30pm	Post foley's CTG connected as per doctor order. FHR (+). provide left lateral position to the pt.	[illegible]
	7.20pm	CTG is going to the pt. CTG non reactive provide left lateral position.	[illegible]
	7.30pm	Et pt care, hand over given to night duty staff	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
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(2)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty	
9/7/26	7:30 pm	patient care hand over taken from Evening duty Staff Nurse patient was stable conscious & oriented IV line present & patent. patient vital are stable post Foleys CTG is on going FHR is good (+) Pt general condition fair	S/N Akalya 018053
	7:40 pm	Dr: Divyalakshmi Advised to stoped CTG FHR is good (+) 4th hourly CTG monitor checked for vital signs & recorded mild contraction is there. pt have a foods watch for Folers Expellation.	S/N Akalya 018053
	9:30 pm	Foleys Expelled Informed Dr: Akshitha Advised to checked for FHR is good (+) FHR is 146 b/m 4th hourly CTG monitor Next at 11:30pm	S/N Akalya 018053
	11:30 pm	CTG was connected Provided left lateral position FHR is good (+) To Encourage adequate orals No complaints	S/N Akalya 018053

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

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/4/26	12Am	Dr: Akshitha Advised to	
		stoped CVL FHR is good (+)	
		Next at 3:30Am. patient vital	
		Stable pt is sleeping →	S/N Akalya 01805
	2Am	Inj. Supalef 1.5 gram	
		IV given to patient IV line	
		pattern. No complaints →	S/N Akalya 01805
	3:30	patient is moaning	
	Am	care & path Done, CVL was	
		connected Reassessment at 4Am	
		To Encourage Adequate walks →	S/N Akalya 01805
	4Am	Dr: Akshitha Advised to	
		stoped CVL Do PV Examination	
		findings was She is 1.5cm long	
		2cm dilatation Informed	
		Dr: mathangi Advised to continue	
		gel kept the Intracervically	
		post gel at 5Am. →	S/N Akalya 01805
	5Am	post gel CVL was connected	
		FHR is good (+) provided left	
		lateral position. pt was Stable →	Akalya 01805
	5:30	Dr: Akshitha saw the	
	Am	CVL Advised to stoped	
		patient was Stable →	S/N Akalya 01805
	6Am	Tab. Thyronorm 12.5mcg	
		orally given to patient	
		→	Akalya 01805

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GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
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(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/22	7:30 Am	⇒ patient care hand over given to morning duty staff	S/N Akalya 01808
		Morning Duty (10/7/22)	
	7.30Am	patient care Handling taken from Night duty staff. Monitored vitals and Recorded. Maintained I/o. IV cannula observed. watching contractions. pain assessment Done. patient concious and oriented. No any other complaints	[signature] 016120
	8Am	Monitored vitals and Recorded. Maintained I/o. watching contractions. pain assessment Done. No any other complaints. CTG connected. FHR monitored. Inj. synto 24ml/hr as per doctor order on connect. No any other complaints	[signature] 01612o
	9Am	CTG on connect. FHR Monitored. Maintained I/o. watching contractions. pain assessment Done. Inj. synto 48ml/hr on connected	[signature] 016120
	9.35Am	Dr. mathangi mam done PV Examination Cx - well effaced os 4cm dilated, membrane (+)	

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GUC-00089237 IP18-00036392
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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/20		vertex - 1station. v/SAP ARM	
		done liquor drained. post ARM	
		FHR good. CTG on connect.	
		FHR Monitored. watching	
		Contractions	[signature] 10/7/20
	10AM	CTG on connected. FHR Monitored.	
		watching contractions. pain	
		assessment Done. Inj. pethidine	
		50mg IM, Inj. Phenergen 25mg	
		IM given as per doctor	
		order.	[signature] 10/7/20
	10.27AM	Delivery Notes	
		Kiwi assisted vaginal delivery	
		with RMLE	
		IND: persistant variable deceleration	
		poor maternal effort	
		U/SAP, patient in dorsolithotomy	
		position, local part painted and	
		draped. with good uterine	
		contractions full cervical dilation.	
		2% lignocaine local infiltration	
		given. In view of persistant	
		variable decelerations poor	
		maternal efforts. kiwi cup applied	
		in vertex at +2 station. Chignon	
		created. an alive term boy	
		Baby delivered. Baby cried	

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GUC-00089237 IP18-00036392
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(4)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26		Immediately after birth. cord clamped and cut. Baby handed over to to pediatrician. cord blood collected for Blood Grouping and typing. Episiotomy Inspected and sutured in layer using rapid vicryl. & -vicryl Hemostasis secured. Inj. carboprost 250mcg IM, Inj. Tracpi (1g IV given. T. Miso 600mcg PR Justin Suppository 100mg PR kept by Dr. mathangi mam.	
		Baby Details:	
		B - Alive Boy Baby	
		D - 10/7/26 at 10.27AM	
		B - 2.592kg	
		Y - 8/10, 9/10	[signature] 10/7/26
	12pm	Monitored vitals and Recorded. Maintained I/O. PV Bleeding Minimal. Inj. synto 20IU in 500ml NS on connected. No any other Complaints. patient Not yet voided	[signature] 10/7/26
	1pm	Monitored vitals and Recorded Maintained I/O. patient General Condition Fair. PV Bleeding Minimal	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26		B - Breast IS Soft, No oncourgement	
		U - uterus contracted	
		B - Bladder Not yet voided	
		B - Bowel movement present	
		L - Lochia Rubra No foulsmelling	
		E - ~~PEDA~~ Assessment Done	
		H - Homan sign Negative	
		E - Emotional States good —	0/16/26
	1.30pm	Patient care Handing over given to Evening duty Staff —	0/16/26
	1.30pm	Evening duty report on 10/7/26	
		Pt taken over from the morning duty Staff patient conscious & oriented To time	
		Present PV. bleeding minimal	
		At present condition is good	
		Pt taken to diet —	0/16/26
	2.00pm	Pt vital sound & recorded	
		Pt taken liquid diet Pt after	
		desiring not voided urine.	
		B- Breast is soft no oncongomen	
		U- Uterus contracted	
		D- Bladder not yet voided	
		B- Bowel movement present	
		L- Lochia rubra present No	
		foul smelling	

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
continue		E- REEAD assessment done.	
		H- Homan's sign negative.	
		E- Patient emotional status is good	ban/01870
	3.00 pm	pt vital checked & recorded	
		pt after delivery urine voided 400ml	
		Informed Dr vinitha mam post voide	
		scan cheking remaining 20ml next	
		void measuring.	ban/01860
	4pm	vital sign checked & Recorded	
	4.30pm	Patient urine self voided 200ml	
		informed DR. vinitha mam. Bed	
		side USG done. DR. vinitha mam	
		patient shifted to ward	
		patient general condition is	
		fair.	
	5.20pm	patient shifted to 6th floor	Shalini 01407
		Received notes 10/7/26	
	5.30pm	→ patient received from LDR to 6th Floor (615)	Lavy 01129
		→ patient clinically stable	
		→ provide health education	
		→ provide comfortable bed Position	Lavy
	6pm	→ administer medicine as per drug chart order	01129
		→ Monitored I/O chart	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7	7pm	→ Monitored D/O Chart	
		→ Maintain records & reports	
	7:30 pm	→ Patient handover given to night duty S/N →	Lenzy
		night duty notes.	[illegible]
10/7/26	7.30pm	Patient details, Hand over taken from evening duty Staff. patient was conscious and oriented →	Pravallika [illegible]
	8pm	Patient vitals checked and Recorded. Vitals Normal. Patient Ric line pattern is healthy and observed →	Pravallika [illegible]
	10pm	Due medication given. as per drug chart →	Pravallika [illegible]
11/7/26	12Am	patient vitals checked and Recorded. vital Normal. maintained Intake and output chart. Tomorrow morning To do CBC →	Pravallika [illegible]
	4Am	patient vitals checked and Recorded vitals Normal. →	Pravallika [illegible]
	6Am	Due medication given as per drug chart, sample sended to lab. →	Pravallika [illegible]
	7:30Am	Hand over given from morning duty Staff →	Pravallika [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/8/26 Time of Arrival: 1pm Time Seen by Nurse: 1.05 pm.

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: Induction of Labour.

3) **Vital Signs:** Temperature: 98°F Pulse: 84/min RR: 24/min SpO₂: 99% BP: 110/70 Weight: 79kg.

4) **Gestational Criteria:**

Gravida:	G 2	P —	L —	A 1

LMP: 13/10/25 EDD: 20/7/26 Gestational Age: 38+3wks.

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: D & C at may 2025.

b) Medical: Hypothyroid.

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T. Thyronorm 12.5mg

9) **Prenatal Medical History:**

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

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: 1:10 pm

Nurse Name : S/N Anuy 6/021 Nurse Signature: [signature] 6/021

Date: 9/7/26 Time: 12:45 pm

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label Mrs. Safa Fathima	OBSTETRICIAN	Dr. Mathangi
	ANAESTHETIST	
	ASSISTANT	Dr. Pavithra
	DATE	10/07/2021
	TIME	10:27 AM
	PLACE	LABOUR WARD / THEATRES

CONSENT	EPISIOTOMY	BLADDER EMPTIED?
(VERBAL) / WRITTEN	(YES) / NO	FOLEY IN/OUT (NO)
ANALGESIA (LOCAL) / PUDENDAL AMOUNT USED____MLS OF_____ EPIDURAL / SPINAL GA	**CTG** NORMAL / SUSPICIOUS / PATHOLOGICAL Persistent variable decelerations (WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)	**LIQUOR** (CLEAR)/BLOOD STAINED/ MECONIUM **ABDOMINAL FINDINGS** 0 /5 PALPABLE

VAGINAL EXAMINATION

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

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

CAPUT (0) + ++ +++

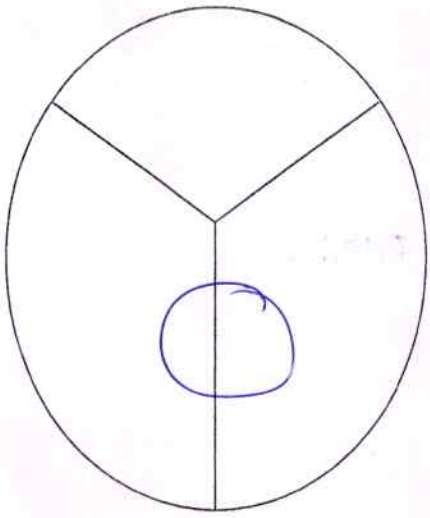
MOULDING (0) + ++ +++

INSTRUMENT USED

(KIWI CUP) / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION	TIME OF APPLICATION	No. OF TRACTIONS
YES / (NO)	10:26 Am	1
ABANDONED YES / (NO) (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 10:27 Am	**LENGTH OF DELIVERY**

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



EXTENT OF TEAR

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

SUTURE MATERIAL USED	SUTURE TECHNIQUE	PR	PV
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? Rapid vicryl 2777	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		

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Patient

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 9/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to given to attender

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

If yes, identify

Chief Complaints: 42A1 38+3wks POL.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr-Vinitha

Time Notified: 1pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid.	D&C at may 2025.	

Blood Group: B +ve LMP: 13/10/25 EDD: 20/7/26. Gestational age during admission: 38+3wks.

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 2 P — L — A / Previous LSCS NIL.

Height: 162 cm Weight: 79.4 kg BMI:

Temp: 98.1°F HR: 84/mt RR: 22/mt BP: 110/70 SpO_2 99%.

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected father -Dm

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..0/10.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Her husband & patient..

Name of Person Orientation was given to: ..M.S. Safa Fathima..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..ANUSHA 01023..

Date & Time: ..9/7/26 at 1pm..

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(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/7/24 1pm	9/7/24 2pm	9/7/24 8pm
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20			20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	30
		Signature	[signature] 0101M	[signature]	[signature] 0180S

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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(2)

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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(1)

BRADEN 'Q' SCALE

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

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

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

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

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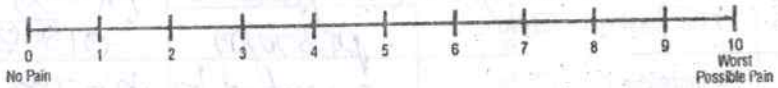
PAIN ASSESSMENT FORM

Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	1pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
9/7/26	4pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7/26	8pm	2/10	Lower Abdom	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
10/7/26	12Am	4/10	Lower Abdom	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
10/7/26	6Am	4/10	Lower Abdom	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
10/7/26	8Am	1/10	Lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Breathing Exercise	
10/7/26	10Am	3/10	Back & Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological Therapy	
10/7/26	1.30pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological Therapy	
10/7/26	3pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	
10/7/26	10pm	7/10	Episiotomy site.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. Paracip given	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Patient's Name: ....
MRD No.: .... Io.: ....
Age :. .... Sex: ☐ M ☐ F
Consultant : ....

GUC-00089237 IP18-00036392
Mrs SAFA FATHIMA Q
14-04-2003 23 Y 2 M 25 D (F)
Dr. MATHANGI RAJAGOPALAN

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 9/7/26 Time: 5:30pm
Location : (L) metacarpal
Size : 18G
Cannula inserted by : S/N F00/01

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
9/7/7	6pm	☐Yes ☐No	☐Yes ☐No	pcott	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	Obser	SA
	10pm	☐Yes ☐No	☐Yes ☐No	Obse	SA
10/7/26	12Am	☐Yes ☐No	☐Yes ☐No	Obser	SA
	2Am	☐Yes ☐No	☐Yes ☐No	Obse	SA
	4Am	☐Yes ☐No	☐Yes ☐No	Obse	SA
	6Am	☐Yes ☐No	☐Yes ☐No	Obs	SA
	8Am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	Obser	pew
	4pm	☐Yes ☐No	☐Yes ☐No	Obs	pew
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. 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		

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

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: Persistent variable decelerations / Poor maternal efforts Kini

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl., 2-0 vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350ml

Blood Transfusion: .....

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 4 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy

Weight: 2.592 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 10/07/2025 @ 10:27 AM

LW Doctor: Dr. Mathangi

LW Sister: .....

PARTOGRAPH

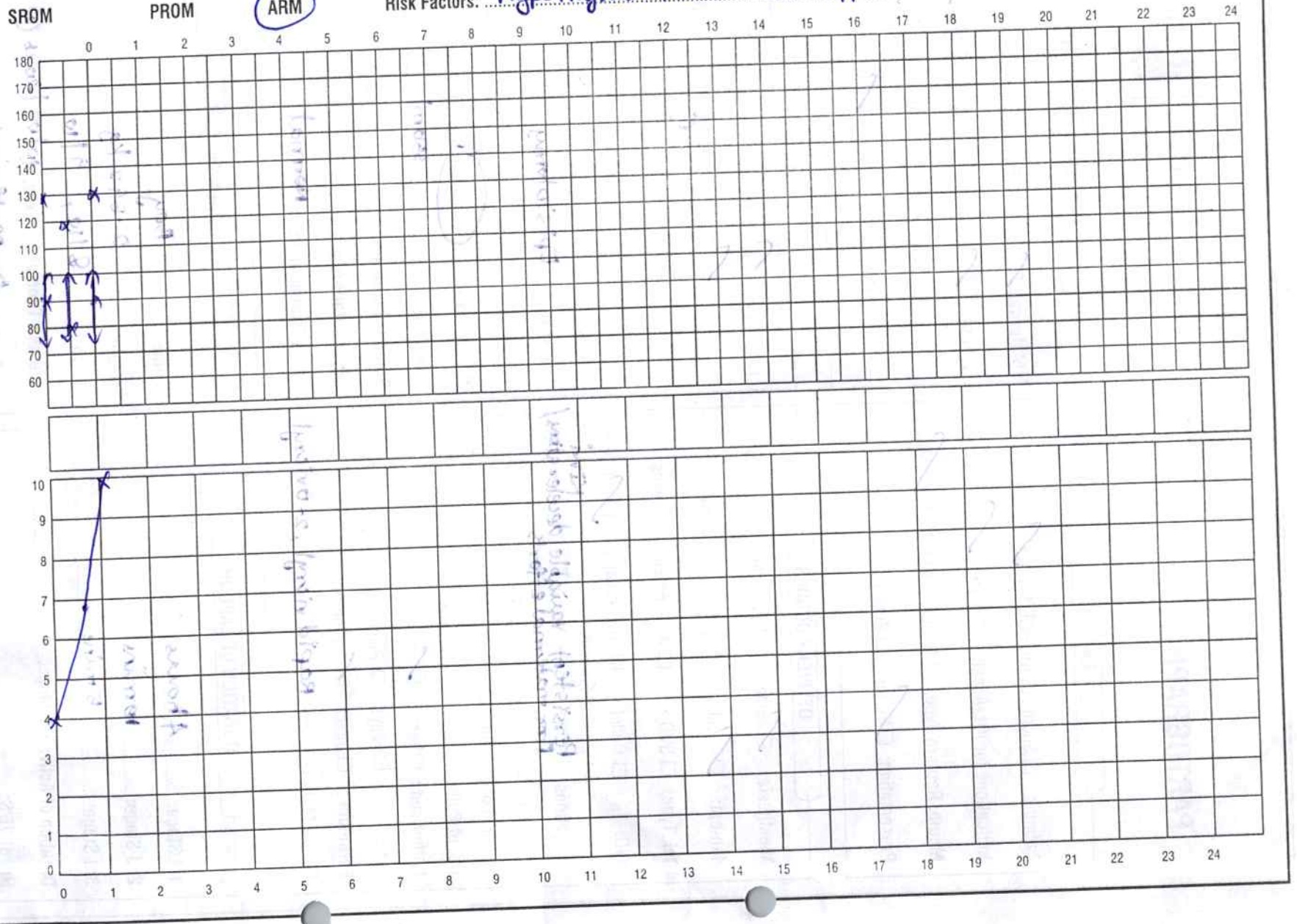
Name: Mrs. Safa Fathima Obstetrics Formula: G2 A1 Blood Group Type: B-POSITIVE

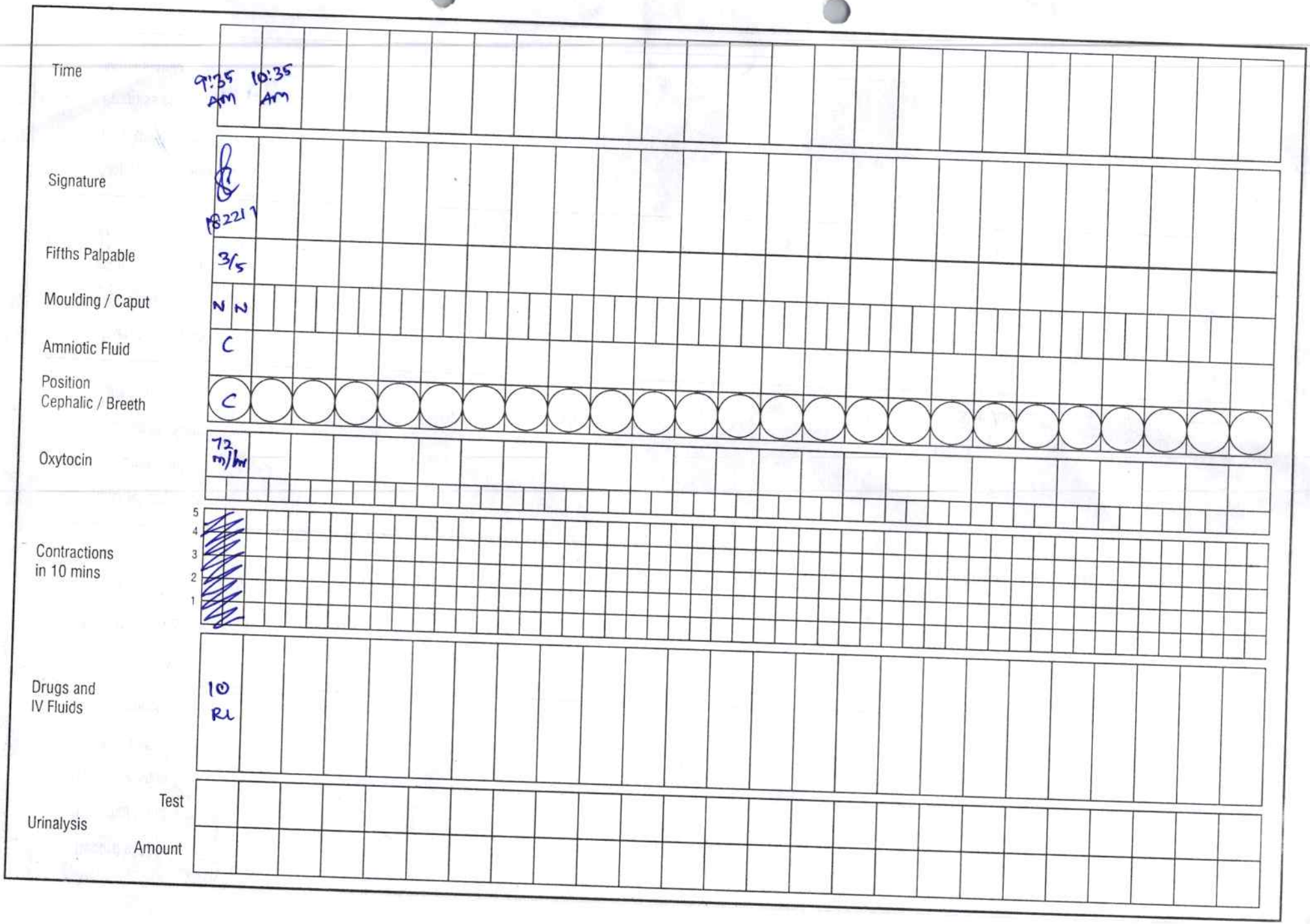
Memb. Ruptured: SROM PROM (ARM) Risk Factors: Hypothyroid / FGR + (N) dopplers

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
9:35 AM
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Signature
PB2217
Fifths Palpable
3/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
72 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: .....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 9/7/26

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- [x] a. Yes
- [ ] b. No

7. For Caesarian mothers: CNA?,

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

8. NICU admission:

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

9. Additional notes: Baby in mother side.

Continuity of Care: Date: 10/7/26

L - 1
A - 1
T - 2
C - 2
H - 2
8

Handover given by S/N Deni Handover taken by

Signature [signature] 01760 Signature

Date & Time: 10/7/26 4 Soot. Date & Time:

PATIENT TRANSFER FORM

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Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
9/7/26 at 11.51 Am	10/7/26 at 5 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	DR: vinitha	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	CTh. 10	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab paracetamol 1 gm	10
2.	Justin Suppository	5
3.	Cab. pan D	9
4.	Tab. Augmentin 625mg	10
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalom OT/OT	Dr. vinitha

Patient & Clinical Records Received by : S. Lavanya OT/OT

Date & Time of Patient Received : 10/7/26 @ 5.30pm

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

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

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Patient & Clinical Records Received by :	
Date & Time of Patient Received :	

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