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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 01/08/26

Narr GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 14 D (F)
UHIC Dr. MATHANGI RAJAGOPALAN
Gender: F
Warc
Room No: 615

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 01/08/26	Date: 1/08/26
Time:	Time: 8 Am at	Time: 12.04 pm

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

Rainbow Children's Hospital

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

R- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	01/8 at 8 pm						
Activity Sheet update by Pharmacy		12.04					

(1)

Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

GUC-00094161 IP18-00036585

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ACTIVITY RECORD FOR BILI

Name: Mrs. MEENAKSHI SONI

UHID No: 92161 IP No: 36685 Consultant: Mathangi Dept: LDR

Date of Admission: 30/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26	5.20pm	LDR	615	
30/7/26	9pm	6th Floor	LDR	
31/7/26	9pm	LDR	6th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
01/8/26	CBC	26024582.	Am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/7/20	CBG - (1)			010278	
	CBG - (2)			010278	
	CBG - (3)			010278	
	CBG - (4)			010284	
	CBG - (5)			010284	
	CBG - (6)			010286	
	CTU - 7			010287	Devi
	CTU - 8			010287	Devi
	CTU - 9			010287	Devi
31/7/20	Infusion	8AM	- 8PM	1735354	01176
	CBG - (10)			010302	01176
	CBG - (11)			010302	01176
	CBG - (12)			010302	01176
	CBG - (13)			010302	01176
	CBG - (14)			010302	01176
	CBG - (15)			010302	01176
	CBG - (16)			010324	01176
	CBG - (17)			010324	01176
	CBG - (18)			010324	
	CBG - (19)			010324	
	CBG (20)			010324.	
	CTU (21).			010335	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	IV placement	1	17435099	[illegible]
31/8/26	~~[illegible]~~ Diet counselling		5794	Jeni [illegible]

ANY OTHER INFORMATION:

31/7/26
Normal Vaginal delivery
4:30pm to 5:30pm
Dr. Mathangi
SN [illegible]
Dr. Pavithra
Dr. Pavithra

Date: 9/8/26 Time: .... Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
A. [illegible] 00047			

ACTIVITY RECORD FOR BILLING (2)

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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Name: Mrs. Meenakshi

UHID No: 94167 IP No: 36685 Consultant: ..... Dept: .....

Date of Admission: 30/7/18 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/66	CTU (22)			010335	Akella 01808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 01/8/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	1/8/26 @ 12pm		21m		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036685 **Admit Date** : 30-Jul-2026 **Admit Time** : 01:00 PM **UHID** : GUC-00094161

Patient Details :

Patient Name	: Mrs MEENAKSHI SONI	**Age**	: 39 Y 6 M 13 D
Guardian	: Mr GOPAL SONI	**DOB**	: 17-01-1987
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 52/4 SHANMUGARAYAN STREET, OLD WASHERMENPET Washermanpetta Chennai Tamil Nadu INDIA 600021	**Phone No**	: 9884220095/ 9840560584
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr GOPAL SONI **Relationship** : Father

Contact Address : 52/4 SHANMUGARAYAN STREET, OLD WASHERMENPET Washermanpetta Chennai Tamil Nadu INDIA 600021 **Phone No** : 9884220095

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MEENAKSHI SONI**	**Age :**	**39 Y 6 M 13 D**
IP No:	**IP18-00036685**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(R[illegible]ceivers Signature:.....)
3 [illegible]Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: >

Name: > Gopal Soni

Relationship: > Husband

Date: 30-07-2026 Time: 1100

Witness Name: Aswin

Witness Signature:

Patient Address:
52/4 SHANMUGARAYAN STREET, OLD WASHERMENPET Washermanpetta
Chennai Tamil Nadu INDIA 600021

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BILLING POLICY

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

DECLARATION

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

Patient Name : > Meenakshi Soni	UHID Number : 94161
Self/Attendant Name : > Gopal Soni	Relation : > Husband
Self/ Attendant Signature : > Phone Number : > 9884220095	Name & Signature of Financial Counselor

CHILDREN'S MEDICARE LIMITED
157 - 160, Anna Salai, Guindy, Chennai - 600 015.

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Sl.No. 2559

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: MRS. MEENAKSHI SONI		Age: 39 YEARS	Gender: FEMALE
UHID No: SIUC-0009116	IP No: IP-00036685	Date: 31/07/2026	Date: 31/07/2026
Diagnosis: G3P1L1A1 | 38WEEKS + 1DAY | LABOUR ANALGESIA			Time: 1:15PM

PRESCRIPTION DETAILS (Tick only one of the following)

S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)	-	-
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Morphine Inj 10 MG / ML	-	-
4.	Pethidine 50 MG / 1ML	50mg 1①	STAT

Doctor Name: DR. VINITHA

Signature:

Doctors Medical Council Registration No. 121113

NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed

IP Registration No: IP-00036685 Date: 31/07/2026

Aadhaar No. of the patient(optional): —

		Remarks
1.	Name	
2.	Complete postal address (with contact number, if any)	65/9 SHANMUGARAYAN STREET, OLD WASHERMENPET CHENNAI
3.	Brief description of the illness	G3P1L1A1 | 38WEEKS + 1DAY | LABOUR ANALGESIA
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	
5.	Details of essential narcotic drugs dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
31/07/2026	INJ. PETHIDINE 50mg	(1)		

Dispensed by (Name & ID No.): D. Vidhya 607859

Signature: 31/7/26

Received by (Name & ID No.): SIN Nirmala 018057

Signature: Nirmala 018057

Time: 1:20pm

Docu. No: RCHBH /FRM / CLINICAL / 133

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

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

LMP: 03/11/2025 ET - 24/11/2025
EDD:
Corrected EDD: 12/08/2026 GA: 38 weeks + 1 day

Obstetric Formula: $G_3 P_1 L_4 A_1$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G_1 - miscarriage @ 6-8 wks, D&C done
G_2 - Girl, 8years, SVD, 3kg, GH in chennai
G_3 - PP, IVF conception

M/S - 17 years,

Present Pregnancy Record:
Booked and Immunised, NT - (N); NB seen
(N) Uterine Artery doppler, CL - 38 mm
Low PAPP-A, FTS - Intermediate risk T21

RISK FACTORS: Anomaly scan - Normal

Hypothyroid

Obstetric Examination

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

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long 2 cm, posterior ☐ Partially effaced ☐ Effaced
Os: ☑ Closed _____ Dilated os admits tip of finger
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

Pelvis - Adequate & Gynaecoid

Height: 162 cm
Weight: 93 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ (+) RS
Liver/Spleen: Urine Output:

DIAGNOSIS

IVF conception

$G_3 P_1 L_4 A_1$	LMP - 03/11/2025	GA - 38 weeks + 1 day
Prev. NVD	ET - 24/11/2025	? Microcephaly
LCB - 8yrs	C.EDD - 12/08/2026	FGR with (N) dopplers
B type	RMP	

Patient Sticker

Family History:

Mother - T_2DM

Father - HTN

Surgical History:

NAD done

Medical History:

* Hypothyroid since 1 yeares

Took INJ. Fcm 500mg at 6 month of gestation

Medication History:

* T. ELTROXIN 125mcg od
* Took. Tab. ASPIRIN 150mg till 36 wks

Plan of Care:

C/I/T Dr. Mathangi

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

3pm

↓SAP, Patient in dorsolithotomy position. Induction of labour done with 22F Foley's inserted intracervically and bulb inflated with 65ml of distilled water.

- W/F Foley's expulsion
- INJ. SUPACEF 1.5g IV IDS (ATD)
- CTG Q 4th hourly
- W/F Foley's expulsion
- Shift to ward
- Reshift to LDR @ 9pm

Investigations:

CTG - Reactive

Doctor Name: Dr. Akshitha / Dr. Streedevi

Signature: [signature] 182217

Date & Time: 30/07/2024

Consultant Name: Dr. mathangi

Signature: for [signature] 182217

Date & Time: 30/07/2024

Patient Sticker

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	6/7/26	11/7/26	11/8/26		
Time					
Hb	10.9	11.7	10.0		
PCV			30		
RBC			3.95		
WBC			15,880		
N/L			78/15		
Platelets	3.0		2.83		
CRP					
ESR					
PCT					
RBS	128	84			
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea	30				
Creatinine	0.6				
ALP					
SGPT					
SGOT					
T.Bill/Conj		0.39/0.32/0.07			
T.Protein		6.7			
S.Albumin		3.6			
S.Globulin		3.1			
A/G Ratio		1.2			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

B-POSITIVE

HIV
HBsAg
VDRL
HCV
} Negative

HbA1C - 5.5

13/1/26 Trivial MR
ECG
ECHO } (N)
EF - 56%.

21/7/26
CMV - IgG +ve

TSH - 3.2

21/7/26
TSH - 3.2
T3 - 0.61
T4 - 4.71

Toxoplasma IgG - NR
IgM - NR

Rubella IgG Reactive
IgM - NR

HSV-1 IgG → Negative
IgM →

8/2217 8/2217

(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 : 7/4/26

Fetal Echo - Normal

Radiology :

USG : 22/7/26 - SLIUG - 37 weeks. EFW - 2381 grams (10%ile)

X-Ray : - Cephalic

ECHO : Placenta - Anterior AC - 5%ile

CT : SDP - 4.5 HC - 5%ile

MRI AFI - 9.7 Dopplers - Normal

Others (ECG, Contrast Studies etc.,) :

30/7/2026 Cephalic, Placenta - Anterior, Liquor - Normal

AFI - 14.4, Doppler - Normal.

Dr. MATHANGI RAJAGOPALAN

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)

Docu. No. : RCH /FF

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

Patient Sticker

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Ramitharan.	
30/7/2026	Pt reviewed	
5 PM.	O/E	Advice:
	P/A - Ut term	- CTG 4th hourly monitoring.
	Relaxed	- W/F contractions
	Cephalic	
	FHS good.	
CTG - Reactive	Ug - Foley bulb in situ.	
	Shift to ward	Dr.
30/7/26 9 PM	Pt. received in MICU S/B Dr. Vinodhini / Dr. Divyalakshmi	
38 T/weeks.	Pt. reviewed Able to pass wet	
T - (N) PR 88/min BP 120/70 mmHg	O/E: Pt GC fair, afebrile P° / PE -	Advice - CTG Q 4H. - W/F foley's expulsion - W/F contractions - Inform SOS
CTG - Reactive	PA: ut term Cephalic FHS good	
	M/E: CBD insitu	30/7/26

Patient Sticker

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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Krivadhini	
31/07/2026 4 AM	Pt reviewed	
	PPM well	
	O/E -	
	Conscious, Oriented, Afebrile	
GA - 38 weeks +2 days	No P/I/C/C/L/E ⊖	
	CVS / RS NAD	
	P/A - Uterus - term	Vitals:
	Irritable	BP - 120/70 mmHg
	Cephalic	PR - 88 bpm
	FHS ⊕ 148 bpm	T - Ⓝ
	P/V	
	Cx posterior	
	2cm long	
	OS admits 2 finger	Show ⊕ / No leak
	membranes ⊕ PPVX at -3 station	
	Pelvis - Adequate	
		C/D/W Dr Mokrugi
		Adv
	Fdays Expected	1) CTG Q4 Hourly
	@ 3:15 AM	2) Gel Induction @ 5 AM
		3) W/F progression of labour
	CTG - Reactive	
		(signature) 12/2007 (Dr Krivadhini)

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

Patient Sticke

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5AM	S/B Dr. Vinodhini	
	Pre Induction CTG - Reactive.	
	↓ SOP. PGE2 Gel kept at posterior fornices at 5AM	
	Post Induction Vitals	Adv
	BP - 120/80mmHg	1) Soft diet / plenty of oral fluids
	PR - 84bpm	
	T - Afebrile	2) CTG Q4Hourly
	CTG - Reactive	3) W/F Progression of Labour
		4) W/F contractions
		5) Inform SOS
		(Dr. Vinodhini)
31/7/26	C/S/B Dr. Vinitha / Dr. Shreedevi	
8Am	Post Gel CTG - Reactive	
	Pt reviewed, c/o mild lower Abdominal Pain on & off	
	O/E Pt GC fair. Afebrile	Advice
CTG - Reactive	P° / PE°	- To start INJ. SYNTO @ 12ml/hr @ 8Am
INJ. SYNTO @ 12ml/hr	CVS / RS / NAD	- Continuous CTG
T - (N)	P/A - Uterus @ Term	- Liquid diet
PR - 84/min	Mildly Acting (2C/15"/10')	- Follow drug chart
BP - 110/70mmHg	Cephalic	- W/F contractions
	FHS - good	- Inform (SOS)

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 9:20 AM	C/S/B Dr. Mathangi	
	P/A- Uterus @ Term Mildly Acting (2C/15'/10') Cephalic FHS-good	Advice - All four's position - Continuous CTG - Continue INJ. SYNTO acceleration & titrate by 2ml/h - W/F contractions - W/F Progress
CTG- Reactive		
INJ SYNTO @ 36 ml/hr	P/V- Cx- 3cm long OS- admits 2 fingers Membranes (+) Vertex @ -3	
Bed side USG - RDP - Single loop of ✓ SAP. ARM done clear liquor drained cord around the neck Post ARM FHS- good		
	18221	
31/07/2026 12:37 pm	C/S/B Dr. Mathangi	Advice - All four's position - Continuous CTG - Continue INJ. SYNTO acceleration - W/F contractions
CTG- Reactive	P/V- Cx- 2cm long OS- 2cm dilated Membranes Absent Vertex @-3	
	18221	

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Mathangi	
31/07/2020	C/S/B Dr. Pavithra	
2:30PM	Pt reviewed.	
	o/e	Advice
	P/A - U.t term.	- To continue Inj syntocinon
	mod acting 3c/25'/10"	@ 192ml/hour.
	Cephalic	- continuous CTG.
CTG-Reactive	FHS good.	
BFHR-120bpm	P/V - Cx 1cm long	
	os 2cm dilated	
	membs (-)	
	Vx @ -2 Station.	
	C/S/B Dr Savitha	
31/07/2020		
4:15PM	P/A - Ut term	
	mod acting (4c/30'/10")	Advice
	Cephalic	- Inj syntocinon @ 192ml/hour
	FHS good.	- cont CTG
CTG-Reactive	P/V - Cx well effaced	
	os 5cm dilated	
	membs (-)	
	Vx @ -2 station	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/07/2026	C/S/B Dr. Mathangi	
		Advice
4:45PM	P/V - Cx - Fully effaced	- Position for labour
	OS - fully dilated	- Encourage active Pushing
	Membranes - Absent	
	Vertex @ +2 station	
	18221	
31/07/2026	NORMAL VAGINAL DELIVERY WITH FIRST	
4:51PM	DEGREE LACERATED PERINEUM	
	S/B: Dr. Mathangi	
	A/B: Dr. Pavithra / Dr. Shreeden	
	Under strict aspptic precautions, patient in dorsolithotomy position. Local parts painted and draped. 2% lignocaine local infiltration given. With good uterine contractions, full cervical dilation and good maternal efforts she delivered an alive term boy baby with single loop of cord around the neck. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to the pediatrician Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Perineum inspected first degree lacerated perineum noted and same sutured using rapid vicryl. Hemostasis secured	

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(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - Uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa and Sphincter tone Normal.	
	B/ 31/07/2026 4:51 pm	Advice
	A/ 2.875/kg	- Normal diet
	B/ 7/10, 8/10	- Plenty of oral fluids
	G/ Bay	- Vitals Monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- Measure & Inform 1st void
		- CBC c/m 6 Am
	182217	- Inform (SOS)
31/07/2026		C/S/B Dr. Pavithra / Dr. Shreeden
8:30pm.		
PND-0	Pt voided	500ml; PVRU - 52ml
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P°/PE°	- Normal diet
PR- 80bt/m	CVS/	- Plenty of oral fluids
BP- 110/70	RS/NAD	- Vitals Monitoring
	P/A - uterus well contracted	- Follow drug chart
Baby - M/S	Soft	- W/F ↑ Bleeding PV
B/L - Breast soft	LIE - BWNL	- CBC c/m 6 Am
	Epi wound Intact	- Inform (SOS)
	182217	Shift to ward

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/26	C/S/B Dr. Akshitha / Dr. Shreedevi	
	9AM	
PND -1	Pt reviewed, N/V/C/O	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T- (N)	P°/PE°	- plenty of oral fluids
PR - 88/min	CVS/	- vitals Monitoring
BP - 114/69mmHg	RS/NAD	- follow drug chart
	P/A - uterus well contracted	- W/F ↑ Bleeding PV
Baby - M/S	Soft	- Inform (SOS)
B/L - Breast soft	C/E - BW NL	- DULCOLEX SUPPOSITORY 2tabs PR
Voiding freely	Episiotomy Intact	
Not passed stools		
	8/8/22/1	

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

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Mrs MEENAKSHI SONI
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Dr. MATHANGI RAJAGOPALAN

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BirthRight BY RAINBOW HOSPITALS
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MEDICATION RECONCILIATION FORM

Drug Allergies: NPI

☐ Not known any Drug Allergies

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

Shifting From: 6th Floor Shifted to: LDR/

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Jayalakshmi 10478

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

Nurse Name & Signature: A. Anupriya, A. [illegible]

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

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

Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

(2)

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. ELTROXIN	125mcg	PO	OD		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi MS2217

Date & Time : 30/07/2026

Nurse Name & Signature: .....

Date & Time : 30/7/26

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

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Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 615

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. AUGMENTIN	625mg	PO	TDS		☑C ☐DC
2	T. PAN D	40mg	PO	BD	31/7/26 at 7pm	☑C ☐DC
3	T. PARACETAMOL	1g	PO	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	31/7/26 at 5-30pm	☑C ☐DC
5	T. ELTROXIN	125mcg	PO	OD		☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 82217

Date & Time : 31/07/2026 at 9pm

Nurse Name & Signature: SN. Tamilselvi

Date & Time : 31/7/26 at 9pm

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

Patient Sticker

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

Patient Sticker

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 30/1/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 93.4 Ward 208

DRUG : T. ELTROXIN

Dose	Route	Frequency	Start Date
125mg	PO	1-0-0	31/7/24

Name & Signature of the Doctor Starting the Drugs: 18221/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	01/8
6AM	MD	AB / SS

DRUG : INJ. SUPACET

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	30/7/24

Name & Signature of the Doctor Starting the Drugs: 18221

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7
8AM		SS
8:30pm		
4pm		SP
12AM		IJ MD

STOP

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	31/7/24

Name & Signature of the Doctor Starting the Drugs: 18221/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	01/8
8AM		JB / SL
2pm		
10pm	AB	SS

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	31/7/24

Name & Signature of the Doctor Starting the Drugs: 18221/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	01/8
7AM		AB / SS
7pm	IJ MD	

Patient Sticker

GUC-00094161 IP18-00036685
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9kg ..... Ward 615

DRUG : T. PARACETAMOL				Date / Time	31/7	1/8
Dose	Route	Frequency	Start Dt.	8Am		JB SV
1g	PO	1-1-1	31/7/26			
Name & Signature of the Doctor Starting the Drugs:						
				2pm		
Additional Instructions:					AB	
				10pm	SS	
Daily Doctor's Endorsement by a Sign						

DRUG : JUSTIN SUPPOSITORY				Date / Time	31/7	1/8
Dose	Route	Frequency	Start Dt.	9Am		JB SV
100mg	PR	1-0-1	31/7/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:					11PM	
				9pm	AB SS	
Daily Doctor's Endorsement by a Sign						

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

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

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

Patient Sticker

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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-00094161 IP18-00036685
Mrs MEENAKSHI SONI
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Dr. MATHANGI RAJAGOPALAN

Weight. 48kg Ward. HDR

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/1/26	3pm	INJ. SUPACEF	0.1ml	Id	182217	SP / SA
31/01/26	5AM	PGE2 Gel	0.5mg	PV		MD / TJ
31/1	1PM	INJ. PETHIDINE	50mg	IM	182217	SD / SS
31/1	1PM	INJ. PHENERGAN	25mg	IM	182217	SD / SS
31/1	4:51pm	INJ. SYNTO	10U	IM	182217	SD / SS
31/1	4:52pm	INJ. TRAPIC	1g	IV	182217	SD / SS
31/1	5pm	T. MISOPROSTOL	600mcg	PR	182217	SD / SS
31/1	5:30pm	JUSTIN SUPPOSITORY	100mg	PR	182217	SD / IS
31/1		DULCOLEX SUPPOSITORY	2 tabs	PR	182217	

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I.V. FLUIDS CHART

Weight. 9B Ward. LDR.

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
30/7/26	10 pm	IVF RL 1 ⊙	Iv	free flow		TJ MD	30/7/26		TJ MD
31/7/26	6 am	~~IVF~~ RL 10	Iv	free flow		TJ MD	31/7		SN SS
31/7/26	8 am	INJ. SYNTO 5U in 500ml RL	Iv	125 ml/hr	182247	SN SS	31/7		SN SS
31/7/26	10 pm	INJ. SYNTO 5U in 500ml RL	Iv	192 ml/hr	182247	SN SS	31/7	182247	SN SN
31/7/26	12 pm	IVF RL 1 ⊙	IV	free flow	121113	SN SS	31/7	182247	SN SS
31/7/26	4:30 pm	Inj Syntocinon 5 units in 1 ⊙ RL	Iv	192 ml/hr		SA SN	31/7	182247	SN SS
31/7	4:45 pm	INJ. SYNTO 20U in 500ml RL	Iv	125 ml/hr	182247	SN SS	31/7	182247	SN SS

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

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
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Early Warning Observation Score Chart - Obstetrics

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

	Date																								
[illegible] 7/12 6	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 / 0 - 10				2[illegible]			18		18				18/m				18				22			
Saturations	94 - 100 % / < 94 %				99%			100		100				98%				99%				99			
Administered O_2 (L/min.)					RA			RA		RA				RA				RA				RA			
Temp°c	40 / 39 / 38 / 37 / 36 / 35 / < 35				98.4			98F		98F				97.8F				98F				98.6			
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40				84/m			76		82				78/m				80				80			
↑ Systolic Blood Pressure	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50				110			122		106				120				114				120			
↓ Diastolic Blood Pressure	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40				70			78		68				72				70				66			
NEURO RESPONSE [✓]	Alert / Voice / Pain / Unresponsive				✓			✓		✓				✓				✓				✓			
URINE mls / hour	> 30 / < 30				✓			✓		✓				✓				✓				✓			
Proteinuria	Protein + + / Protein > + +																								
Lochia	Normal / Heavy / Foul				–			–		–				–				–				–			
Liquor	Clear / Pink / Green				–			–		–				–				–				–			
TOTAL YELLOW SCORES					0			0		0				0				0				0			
TOTAL ORANGE SCORES					0			0		0				0				0				0			
Nurse Initial					[illegible]			[illegible]		[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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rning Observation Score Chart - Obstetrics

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

31/7/26	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	22		22		22		20				22		22		20		18m				18m			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %	99%		99%		97%		100		99%		99%		98%				97%				98%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA		RA		RA		RA		RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	about				about		98F				about		98F				97.6F				98°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	84bpm		82bpm		84bpm		68		72bpm		74bpm		80bpm				76bpm				68bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		110		114		120		114		114		110				120				114			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	70		70		74		70				74		70				76				69			
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0		0		0				0				0			
TOTAL ORANGE SCORES		0		0		0		0		0		0		0				0				0			
Nurse Initial		MK		MK		MK				MK		MK													

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

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Patient Dr. MATHANGI RAJAGOPALAN

(1)

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

FLUID CHART

Sheet No. : (1)

20/7/26.

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	→	on	Admission	←							
	01:00 pm	H2O	100ml							200ml	NP	[illegible]
Total Intake :			100ml			**Total Output :**				200ml		
	02:00 pm	H2O	200ml									
	03:00 pm										New	[illegible]
	04:00 pm	H2O	200ml							200	line	[illegible]
	05:00 pm										0	[illegible]
	06:00 pm	H20	250ml							150	0	[illegible]
	07:00 pm										0	
Total Intake :		650ml				**Total Output :**				350ml + 1 time	0	[illegible]
	08:00 pm	Tea	100ml									
	09:00 pm	H2O	100	RL							0	[illegible]
	10:00 pm	H2O	100	500						200	0	[illegible]
	11:00 pm									200	0	[illegible]
	12:00 am	H2O	200								0	[illegible]
	01:00 am									150	0	[illegible]
Total Intake : 1000ml						**Total Output :** 450ml					0	[illegible]
	02:00 am	water	100ml									
	03:00 am									200	0	[illegible]
	04:00 am	milk	200ml	100ml							0	[illegible]
	05:00 am	H2O	100	100						150	0	[illegible]
	06:00 am	H20	100							250ml	0	[illegible]
	07:00 am			100						150	0	[illegible]
Total Intake :		800				**Total Output :**				750ml	0	[illegible]

Total 24 hrs. Intake	2550ml	Total 24 hrs. Output	1750ml

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

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

FLUID CHART

Sheet No. : 2

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

31/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	HW	100ml	124	100ml					300ml	0	
	09:00 am	Jui	100ml	2324	100ml						0	
	10:00 am	HW	50ml	824	100ml					200	0	
	11:00 am	HW	50ml	108	100						0	
	12:00 pm	Jui	50ml	132	100						0	
	01:00 pm			192	100						0	
Total Intake :		1,560ml.				Total Output :				500ml.		
	02:00 pm	HW	50ml	192	100						0	
	03:00 pm	HW	50	142	100					200ml	0	
	04:00 pm			125	100						0	
	05:00 pm	HW	100ml	125	100						0	
	06:00 pm			125	100					600	0	
	07:00 pm			125	100						0	
Total Intake :		1,624 ml.				Total Output :				800ml		
	08:00 pm	H20	100							✓	0	
	09:00 pm											
	10:00 pm	H20	200ml							✓	0	
	11:00 pm	H20	100ml									
	12:00 am	H20	100ml							✓	0	
	01:00 am											
Total Intake :		500ml				Total Output :				3 times		
	02:00 am										0	
	03:00 am											
	04:00 am	H20	100ml							✓	0	
	05:00 am											
	06:00 am	H20	100ml								0	
	07:00 am	milk	200ml							✓		
Total Intake :		400ml				Total Output :				2 times		

Total 24 hrs. Intake	4100ml.....	Total 24 hrs. Output	1,300ml + 5 times

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
Patient Sti 17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: G3P1 L1 A1 38wy FOL C/o hypothyroidism	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:	
Surgery / Procedure:	Post OP Day:	

	Field						
BACKGROUND	Date / Shift	30/7 M	30/7/26 Evening	30/7/26 N	30/7/26 N	31/7/26 M	31/7/26 E
	Medical Condition (Any special condition to be noted):	Hypothy	Hypothy	Hypothyroid	Hypothyroid	Hypothy	Hypothy
	Diet:	N diet	N diet	N diet	Normal	Normal	Normal.
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	RA	RA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.4F	98F	97.8F	98F	98.4F	98.4F
	Res:	24/mt	18	18 bm	20b/m	24/mt	18 wt
	SpO_2:	100%	100	98%	99%	100%	100%
	Pulse:	84/mt	82	78bm	80bt/m	84/mt	86/mt
	BP:	110/70	110/78	120/72 (80)	112/72	110/70	110/76
	LOC:	Conscious	Conscio'	conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	0	10	10	20	20	20
	Pain Score:	0/10	0	0	01/10	2/10	2/10
	Skin Integrity	Intact	Normal	No injury	Normal	Normal	Normal.
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA	NA.	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	normal.	N diet	N diet	Normal	Normal	Normal.
	Critical Lab Test / Values:	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):	Depend	Depend	Dependent	Dependent	Depend	Depend.
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Neethu	Pooja	Anupriya	Sri Tarikh	Neethu	Neethu
	Signature / ID :	011796	Poojo	[illegible]	016720	011746	011746
	Date:	30/7/26	30/7/26	30/7/26	31/7/26	31/7/26	31/7/26
	Time:	1:30pm	Anupriya	8pm	7.30pm	8AM	2pm
	Taken Over By Name :	Pooja	Anu	Sri Tarikh	Neethu	Neethu	Sri Tarikh
	Signature / ID :	Poojo	30/7/26	016720	011746	011746	016720
	Date:	30/7/26		30/7/26	31/7/26	31/7	31/7/26
	Time:	2pm	8 pm	9pm	8am	2pm	7.30pm

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSING CARE RECORD

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

Date: 30/7/16

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				I			
Afternoon	1PM	Achieve acceptable Pain control & Comfort	30 1PM	=> Asses Pain using Pain Scale => Administer analgesic => Position Patient Comfortably.	Patient Vital Signs Stable.	Received care	
Night	8pm	Ensure Adequate nutrition and hydration.	9pm	Encourage more oral intake	Encouraged oral intake.	patient was stable	

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI (F)
17-01-1987 39 Y 6 M 13 D
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 31/7/18

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable Pain control and comfort	8am	=> Asses Pain using Pain Scale regularly. => Position Patient comfortably. => Administer analgesics	Patient vital Sign stable	Reassessment done.	
Afternoon	2pm	Achieve acceptable. Pain control and comfort	2pm	=> Asses Pain using Pain Scale regularly. => Position Patient comfortably. => Administer anal	Patient vital Sign	Reassessment done.	
Night	7:30 pm	Achieve acceptable Pain and control	8pm	* Asses Pain using Pain Scale * Administer analgesic	Reduced Pain to some extend	Reassessment Done	

Patient Sticker

GUC-00094161
Mrs MEENAKSHI SONI IP18-00036685
17-01-1987 39 Y 6 M 13 D
Dr. MATHANGI RAJAGOPALAN (F)

NOTES

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	30/7/20 at 12.30 pm	⇒ Admission notes ⇐	
		Mrs. Meenakshi Soni 7 Female/34	
		under Dr. Mathangi. She is	
		G3 P1 L1 A1, Pre NVD, Just 38th wks	
		K/o hypothyroidism. While receiving	
		the patient conscious &	
		oriented, afebrile taking orally	
		& tolerating well. Voiced hearty.	
		CTG connected reading FHR	
		good. Foetal movement felt by	
		her. Patient vital signs	
		stable. General condition	
		fair	⇒ [illegible] /01/746.
	2.10pm	CTG disconnected as per	
		doctor order. Provide comfortable	
		bed position. Pt vital signs checked &	
		recorded. Pt had normal diet.	[illegible]
	3pm	Dr. Mathangi came did	
		PV examination → 2 cm long	
		os tip of finger. Foley's	
		induction done intracervically	
		22 F Foley's used. 65 ml Dwater	
		instilled. Advice to give	
		[illegible] supply order carried out.	
		[illegible] supply online test dose ID	
		given. IV placement done & 18G	
		venflon back flow ⊕.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI (F)
17-01-1987 39 Y 6 M 13 D
Dr. MATHANGI RAJAGOPALAN

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

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	3.30pm	pt have no c/o allergy, Itching Inj. Supacef 1.5gm IV given. pt is stable.	[illegible]
	4pm	pt vital signs checked & recorded. post foley's CTG connected as per dr's order FHR ⊕ provide left lateral position	[illegible]
	5pm	pt shifted to ward as per CTG disconnected as per dr's order. as per [illegible] advice to shift ward. Reshift to LDR at 4.30pm. CTG 1 hr order carried out.	[illegible]
	5.30pm	pt shifted to ward as per doctor order. pt care hand over given to 4th floor staff.	[illegible]
		Received notes 30/7/26	
30/7/26	6pm	→ patient received from LDR to 6th floor	[illegible]
		→ patient Clinically stable	
		→ Provide health education	
		→ Provide comfortable bed position	[illegible]
	7pm	→ Monitored Intake and output chart	
		→ patient Clinically stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	7.30 pm	→ Patient handover given to night duty S/N →	[signature] 30/7/2?
		Night Duty Notes	
30/7/20	7.30pm	→ patient detail hand over taken from evening duty S/N patient consious & oriented IV line ⊕	[signature]
	8pm	→ patient vital signs checked and record. Vitals are stable	[signature]
	9pm	→ patient shift to LDR patient detail hand over given to LDR S/N	[signature]
		Receiving Notes	
	9pm	Patient care Handing over taken from 6th Floor Staff. Patient Recived from 6th Floor to LDR. Monitored vitals and Recorded. Maintained I/O. IV cannula observed. No any other complaints. Patient General condition Fair	[signature] 01/07/20
	10pm	CTG on connect. FHR Monitoring watching contractions. Pain assessment Done. No any other complaints.	[signature] 01/07/20
	10.30pm	CTG disconnected. FHR monitored. Maintained I/O. Watching contractions. Pain assessment	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
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17-01-1987 39 Y 6 M 13 D (F)
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Rainbow® Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/20		Done. No any other complaints	01/8/20
31/7/20	12AM	Monitored vitals and Recorded, maintained I/O. watching contractions. Pain assessment Done. Administered medicines as per drug chart	01/8/20
	12.30 AM	CTG connected. FHR Monitoring watching contractions. Foley bulb insite. No any other complaints	01/8/20
	1.30AM	FHR monitored. CTG disconnected Patient Counselled. Condition Fair. watching Contractions pain assessment Done	01/8/20
	3.15 AM	CTG connecting FHR is Good Pt general condition is fair.	Deni/01/8/20
	4.00 AM	S/D Dr vinodhini mam. PV examtion done 2cm long os admitted 2 finger -3 station Pt condition Informed to Dr vinothini mam order in 5.00 AM got	Deni/01/8/20
	4.30 AM	CTG disconnecting order by Dr vinothini mam. Pt taken morning Care Pt vital chart & recorded Pt general condition is fair	Deni/01/8/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/1/26	at 5.00 am	SAP PEG2 gel kept at posterior. Pt in left lateral position after [illegible] post train to be followed.	[illegible] 01 s760
	6.00 am	pt vital checked & recorded. All medication given as per doctor order. Post train get CTG connection FHR is good	[illegible] 01 s760
	7AM	CTG on connect. FHR Monitoring. watching contractions. pain assessment done. No any other complaints	[illegible] 01 6120
	7.30AM	Patient care Handling over given to morning duty staff	[illegible] 01 6120
		→ Morning duty ←	
31/1/26	7.30AM	Patient report & hand over taken from Night duty staff. She is conscious and oriented, afebrile. feeling anxiety & tolerating well. Voided freely	[illegible] 01 7a6
	8AM	→ CTG connected reactive FHR good. Inj Syntocin suit [illegible] started, Inf RL [illegible] on flow. In [illegible] Patient with Sojus Staff	[illegible] 01 7a6.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI (F)
17-01-1987 39 Y 6 M 13 D
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Contd 31/7/26	8³⁰AM	→ Inj Syntocin 24 mu/m increased Patient having contraction, CTG reactive, FHR good	→ Neg/u
	9AM	→ Inj Syntocin 36 mu/m increased, Inf RL 100ml/hr on flow	→ Neg/ou
	9³⁰AM	→ S/B Dr. Mathangi ma'am. Advice to ARM done. Clear liquor. Inj Syntocin 60 mu/m increased. Patient in All 4 position. PV examination done 3cm long, 3cm dilated, membrane (?)	→ [illegible]
	10AM	→ Inj Syntocin 84 mu/m on flow. Patient in All 4 position. CTG reactive	→ Neg/01176
	11AM	→ Inj Syntocin 108 mu/m increased. CTG good	→ Neg/011746
	12pm	→ Inj Syntocin 132 mu/m on flow. Patient vitals stable, general condition fair	→ Neg/011746
	12³⁰PM	→ S/B Dr. Mathangi ma'am. Advice to PV examination done PV 3cm long 3cm dilated. Patient in sitting position, patient vitals stable, general condition fair	→ Neg/011746

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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

(4)

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
contd	1:20 pm	⇒ Inj Syntocin 2nd bag charged over 192ml/hr at flow. FHR good.	[signature] 011746
	1:40 pm	⇒ Inj Pethidine 50mg, Inj Inj Phenergan 25mg I/M given as per doctors order	[signature] 011746
	2:30 pm	⇒ Dr Mathangi DO P/V Examination findings was she is 1cm long / 2cm dilatation vertex -2 station Advised to continue monitor FHR is good ⊕ Inj Syntocin is ongoing	[signature] 018080
	3pm	⇒ Inj Syntocin 192ml/hr on flow over regular FHR good, Foetal movement good.	[signature] 011746
	4:15 pm	⇒ Patient complaints of pushing pain in Abdomen Informed Dr Mothi Do P/V Examination findings was she is 4cm dilatation Advised to pt shifted to LDR II	[signature] 018080
	4:51 pm	Normal vaginal Delivery patient given to lithotomy position clean the perineum for povidone solution. TO Encourage pushing	[signature] 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	contine Notes	⇒ Inj. Lox 2% Infiltration was done Baby was delivered at 4:51pm Immeditly Crying the Baby Cut the cord cord Blood collected & sented to lab. Inj) Syntocin 10units Im given Inj. Syntocin 20units IV connected Dr [illegible] Advised to Inj [illegible] 1gram IV NS100ml connected on flow placental was Expelled minimal of Bleeding patient vital are stable sutring was done cound Done & disposed Tab miso 600mcg & Justine suppoter 100mcg Kept the pt. provided comfortable position	Akalya 01805
		Baby Details: Date:- 31/7/26 Time:- 4:51pm weight:- 2-875kg sex:- Boy APGAR score:- 7/10 8/10	Akalya 01805
	6pm	⇒ Checked for Bleeding Pt vital are stable consious & oriented IV fluids on going No complaints	Akalya 01805

Steriltech — STEAM — Man.: 2026 - 03 Exp.: 2031 - 03 Ref.: 106.303.0500 Lot.: 14382 — Green = Sterilized — SV: 121°C - 15 min. 134°C - 3,5 min. — Type 6 ISO 11140

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN

(5)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	7pm	⇒ B – Breast is soft NO Enlargement U – Utrus was contracted B – Bowel movement present B – pt is self voiding L – Lochia Rubra present E – RESPA Assessment was done. H – Homan Signs Negative E – pt Emotional good	Ataky 01808
	7.30 pm	pt case hand overs given to Night Duty Staff Nurse	Ataky 01808
		Night Duty (31/7/26)	
	7.30 pm	Patient care Handing over taken from Evening duty staff. Monitored Vitals and Recorded. Maintained D/o. PV Bleeding minimal. Pain assessment Done - IV cannula observed B - Breast is soft, No enlargement U - Uterus Contracted B - Bladder pt voided 500ml B - Bowel movement present L - Lochia Rubra No foul smelling E - RESPA Assessment Done H - Homan Sign Negative E - Emotional Status good	01/8/26

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26	8pm	Monitored Vitals and Recorded. Maintained I/O. Patient General condition Fair. Pain assessment Done - No any other complaints —	
	9pm	Patient Shifted from LDR to 6th Floor. Patient care Handing over given to 6th floor Staff —	
		Receiving Notes	
31/7/26	9.10pm	→ patient received from LDR/ patient detail hand over taken from LDR. S/N Pt conscious & oriented NVD IV line ⊕, NO IVF stop Normal diet tommorow 6 AM CBC	
	10pm	→ patient Vital Signs checked → patient due medication given as per order chart	
01/8/26	12AM	→ patient Vital Signs checked and record. Vitals are stable. B — Breast is soft U — Uterus is contracted B — Urine is self voided B — Bowel movement ⊕ L — Lochia rebra ⊕ E — Pain assessment done H — Human sign ⊕ E — Emotional status good	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:..

MRD NO: GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Age :....... Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 30/7/24 Time: 3.30pm
Location : Ⓡ metacarpal
Size : 18G
Cannula inserted by : Sr. Anusya

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/7	4pm	☐Yes ☑No	☐Yes ☑No	patt	[illegible]
30/7	8pm	☐Yes ☑No	☐Yes ☑No	Obsen	[illegible]
31/7/24	12AM	☐Yes ☑No	☐Yes ☑No	Obsey	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Obsey	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Obsn	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Obse	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Obsey	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obsey	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Obsey	[illegible]
01/8	12AM	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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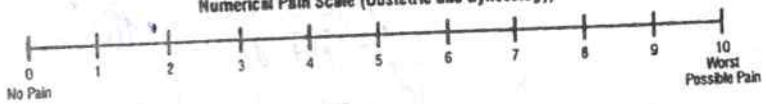
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/7	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	[illegible]
30/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NPI	[illegible]
31/7/26	12AM	1/10	Abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible]
31/7/26	4am	4/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
31/7/26	8AM	2/10	Comfort position	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Position	[illegible] 01/7/26
31/7/26	12pm	2/10	Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Clinical [illegible]	[illegible] 01/7/26
31/7/26	6pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☑ No	[illegible] comfortable	[illegible]
31/7/26	8pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position Pharmacology therapy	[illegible]
31/7/26	10pm	0/10	episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	T. para 1g [illegible]	[illegible]
01/7/26	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	comfortable position	[illegible]

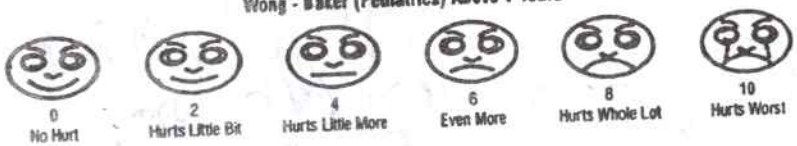
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

					Date : 30/7	30/7	31/7	31/7
					Time : 2pm	8 pm	8am	2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	28	28	28
				Evaluator's Name	MM	Dave	MM	MM

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

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

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

GUC-00094161 IP18-00036685
Mrs MEENAKSHI SONI
17-01-1987 39 Y 6 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

PATIENT TRANSFER FORM

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GUC-00094161
Mrs MEENAKSHI SONI IP18-00036685
17-01-1987 39 Y 6 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	30/7/26 at 1pm	31/7/26 at 9pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. mathangi	Dr. pavithra	Shifted to ward
From Unit	To Unit	Information to Attendant
LDR	6th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
IP Files	CTG (22)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	C-Pan D 40mg	10
2.	T-Pesa 1g	10
3.	Justin Suppository	1
4.	Nlore mom Pad, Fixator	1
5.	Cenolerpad	3

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. [signature] 01/6/20	Dr pavithra

Patient & Clinical Records Received by : Supriya [signature]

Date & Time of Patient Received : 31/7/26 at 9.10pm

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

(1)

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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	30/7/26 @ 1pm	30/7/26 @
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Vinitha	Reason for Transfer: Further Management
From Unit: 6th Floor	To Unit: LDR	Information to Attendant: ✓ Yes ☐ No ☐
Number of Sheets in Clinical File: case sheet	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
A Anupraja	Dr. Vinitha

Patient & Clinical Records Received by : N. Devi

Date & Time of Patient Received : 30/7/26 at 9.20pm

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

(2)

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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 30/7/26 @ 1pm	Date & Time of Transfer Order: 30/7/26 @ 5.20pm
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. pavithra	Reason for Transfer: for icu care
From Unit: CDR	To Unit: 615	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 DP file	Number of Imaging Films: NIL (3)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Dr. pavithra

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Staff Nurse	Dr. pavithra

Patient & Clinical Records Received by : S. Gayathri 01/7/26

Date & Time of Patient Received : 30/7 @ 6 pm

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

Unavailable Bed Nurse not Available Available Bed not ready

Patient Sticker

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: ....

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify LOR

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify ....

Chief Complaints: G3P1L1A1 Prenatal 38th wks Inf k/o hypothyroid

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Archana

Time Notified: 12:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid,	D&C.	

Blood Group: B' Positive LMP: 3/11/25 EDD: 12/8/26 Gestational age during admission: 38th wks

Contractions: .... Vaginal Discharge: ——

Obstetric History: G 3 P 1 L 1 A 1 Previous LSCS Nil

Height: 162 Weight: 93 BMI: 29

Temp: 98.4°F HR: 84/mt RR: 24/mt BP: 120/70 SpO_2 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension (Father) ☑ Diabetes (mother) ☐ 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 ....17..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ....Mrs. Praveena.....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ....B. Amutha.....

Date & Time: ....30/7/26.....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 30/7/26

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	2	
Signature of the Nurse		
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

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.