GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

ACTIVITY RECORD FOR BILLING

Name: Adhithiya.

UHID No: GUC-93351 IP No: 36288 Consultant: DR. UMA. K Dept: LDR

Date of Admission: 2/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	10pm	LDR	7th Floor	SIN
3/7/26	1:30pm	7th Floor	LDR	
3/7/26	4pm	LDR	7th 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
21/7/26	CBC	26021051	
04/7/26	Hb/PCV	26021191	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	CTG - (1)			08841	
2/7/26	CTG - (2)			18-008848	
3/7/26	CTG - (3)			18-008849	
3/7/26	Infusion pump	10.4 am	2pm	1721153	
	CTG - (4)			008874	
	CTG - (5)			008874	
	CTG - (6)			008874	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/2026	IV placement	1	1720884	016808

ANY OTHER INFORMATION:

NORMAL VAGINAL DELIVERY
@ 3/7/2026 - 10.30 AM to 11.30 AM
DR. UMA
DR. SHEELA
DR. AKSHITHA
S/N PARAMESWARI 016808

Date: 04/7/26 Time: 6AM Prepared By: 60736

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
6073	7th Floor		

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	2/7/26	3/7/26	4/7/26						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	NA	NA	NA						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	Roshini	[illegible]	PDS						
Signature :	[signature]	[signature]	[signature]						
Date & Time:	2/7/26 8pm	3/7/26 8PM	4/7/26 8AM						
Hand Over Taken By Name :	[signature]								
Signature :	[signature]								
Date & Time:	03/7/26 8pm								

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036288 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:14 PM **UHID** : GUC-00093351

Patient Details :

Patient Name	: Mrs ADHITHIYA N		
Guardian	: Mr SRINIVASAN MURALI	**Age**	: 31 Y 3 M 5 D
Gender	: Female	**DOB**	: 27-03-1995
Occupation	:	**Religion**	:
Address (H)	: 26 A ENFIELD AVENUE Madipakkam Chennai Tamil Nadu INDIA 600091	**Martial Status**	:
		Phone No	: 9841997412/ 9489361511
		E-mail	: SRINI23.AIESEC@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr SRINIVASAN MURALI **Relationship** : Husband

Contact Address : 26 A ENFIELD AVENUE Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : 9841997412

M. Srinivasan.

Signature

Doctor Details :

Doctor Name : Dr. UMA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr UMA K **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : > ADHITHIYA . N	UHID Number : 93351
Self/Attendant Name : > Srinivasan Murali	Relation : > Husband
Self/ Attendant Signature : > M. Srinivasan Phone Number : > 9841994412	Name & Signature of Financial Counselor

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 N ADHITHIYA**		
IP No:	**IP18-00036288**	**Age :**	**31 Y 3 M 5 D**
Consultant:	**Dr. UMA K**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

Signature of Patient/Relative: > M.Srinivasan

Name: > M.SRINIVASAN

Relationship: > Husband

Date: 02-07-2026 Time: 08:14

Witness Name: DSWIN

Witness Signature:

Patient Address:
264 ENTIELD AVENUE Madipakkam
Chennai Tamil Nadu INDIA 600091

CUC:00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patie

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Able to pfm well.
Pt came with c/o pain lower abd since morning.
No c/o bleeding p/v.

Obstetric Formula:
Primi

Obstetric History:
Spont. conception.
B&L.

Present Pregnancy Record:
Had Regular AN visits @ Uma Dr. Clinic.
NT Scan - (N) study, FTS - Low risk.
Anomaly Scan - (N) study.
Growth Scans - (N).

RISK FACTORS:

K/c/o Hypothyroid on T. Eltroxin 50 mg 1od since conception.

Height: 169 cm
Weight: 78.6 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:	Pallor: No
Icterus:	Edema: No.
Temp: (N)	PR: 72/min.
BP: 110/70	DTR:
CVS: S1S2 (+)	RS NVBS (+)
Liver/Spleen:	Urine Output:

LMP: 8/9/2025 EDD: 15/6/2026.
Corrected EDD: 9/7/2026. GA: 39 weeks

Menstrual History: Regular: ☑ Yes ☐ No 3/30.

Obstetric Examination

Fundal Height:

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: 50% effaced, posterior. ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1 cm dilated
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

31 yrs
Primigravida
B (+)
M/S - 5 yrs
Spont: concep.

LMP - 8/9/2025
EDD - 15/6/2026 (FRMP)
C-EDD 9/7/26

GA - 39 wks.

Hypothyroid

Patient Sticker

Family History:	Surgical History:
Father - DM on Rx. Mother - Nil	Nil
Medical History:	**Medication History:**
K/c/o Hypothyroid on T. Eltroxin 50mcg 1od since conception.	
Plan of Care: c/7/9 Dr. Uma. - Admission CTG - Next CTG at 11:30PM, 4AM - Assessment at 4Am P/V. - W/f Spontaneous progress of labor. - Shift to ward.	**Investigations:** CBC

Doctor Name: Dr. Panitura
Signature: Anybar
Date & Time: 2/7/2026

Consultant Name: Dr. Uma
Signature: Anybar
Date & Time: 2/7/2026

GUC-00093351
Mrs ADHITHIYA N IP18-00036288
27-03-1995
Dr. UMA K 31 Y 3 M 5 D (F)

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/S Dr. Panimalar	
3/8/26 6:00 AM	Pt reviewed.	
	Pt c/o loose stools 2 episodes	
	O/E P/A - Ut term	
	Mildly active RC/RR/CRT	
	Cephalic	
	FHS good.	
	P/V - Cx 1.5cm/80%, soft	
LNC-Review at 8 AM	OS admits 1 finger.	
	membs (+)	
	Vx @ - 3 station	
		Advice
		C/S/T Dr. Uma.
		- Inj CUPACEF 1.5g IV 12 hrly (AT 6)
		- C-Nyflac 1-1-1.
		- W/F spontaneous progression of labor.
	Mybet	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26.	S/B Dr. Akshitha/Dr. Shreedevi	
8:30AM.		
39w	B/w	
	PH reviewed	
	PFM well.	
	O/E: afebrile	
BP 110/70mmHg	GC fair	
PR 72bpm.	P° /PC°.	Plan:
SPO2 99% @RA.	P/A: uterus @ term.	- monitor vitals
Temp (N)	2/25"/10'	- CTG/DFMC
	cephalic	- w/f progression
	FH (+)	of labor
	clinically liquor (N).	- spontaneously progress.
	C/S/B Dr. Sheela 12:24:35	
03/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
10:30AM	Membranes ruptured spontaneously	
	P/A uterus @ Term	Advice
	Moderately Acting (5C/25"/10')	- Shift to Labour room
CTG-Reactive	Cephalic	- Position for Labouring
	FHS - good	- Encourage active pushing
	P/V - Cx - Fully effaced	- Inform NICU
	Os - Fully dilated	
	Membranes Absent	
	Vertex @ 0 station	
	12:22:17	

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026	NORMAL VAGINAL DELIVERY WITH LEFT MEDIO LATERAL EPISIOTOMY	
10:45AM	S/B: Dr. Uma	
	S/B: Dr. Sheela	
	A/B: Dr. Akshitha	
	Under strict Aseptic precautions, in dorsolithotomy position. Local parts painted and draped. With good uterine contractions full cervical dilation and good maternal efforts. 2% lignocaine local infiltration given. A left mediolateral episiotomy given to deliver an alive term girl baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered with controlled cord traction Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured	
	B | 03/07/2026 @ 10:45Am	
	A | Girl	
	B | 2.94 kg.	
	Y | 8/10, 9/10	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		T: Normal diet
		- Plenty of oral fluids
		- vitals monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- Hb / PCV c/m & Am
		- Measure & Inform 1st void
		- Inform (SOS)
	18221	
03/07/2026		
3:45 PM	C/S/B Dr. Thirujalakshmi / Dr. Shreedevi	
	PND - 0	
T-(N)	Pt voided - 200 ml	Advice:
PR - 84/min	Pt reviewed, N/C/O	- Normal diet
BP - 112/72 mmHg	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
	P° / Pe°	- vitals monitoring
Baby - M/S	CVS /	- follow drug chart
B/L - Breast soft	RS / NAD	- W/F ↑ Bleeding PV
	P/A - ut firm & well contracted	- Hb / PCV c/m & Am
	Soft	- Inform (SOS)
	L/E - BWNL	
	18221	

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9PM	S/B Rajeyh.	
PND-#0	PT reviewed No complaints	
Normal BP 110/74 peach Baby-MS B/C Breast soft Pad Paracetamol NB/PCM 6th emesis	O/E P-/PE- CVS/RS/NAD P/A-UP firm, controlled H/E-BN NL S/B Dr. Thalilia.	Normal diet Plenty of oral fluid - Vitals stable - To follow up orders
4/7/26. 8:55AM. BJ/HE- Hb=11. PND#1. PCV=33 BP PR SpO2 99% @ RA Temp @ B/L breast soft Secretions (+) Baby MS BF	PT reviewed voiding freely Not passed stools O/E adequate GC fair P°/PE°. P/A: UKUS WC soft BS (+) L/L: BW NL	Plan monitor vitals normal diet hydration ambulate

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 4:15pm	S/B Dr. Divyalakshmi pt reviewed. Nil c/o.	
PND-1	O/E: pt GC fair, afebrile P0 IPE0	Advice - Continue same orders
Hb - 11 PCV - 33	P/A: soft wt. corresponded wey	- Syp. CREMAFFIN 15ml PO STAT @ 9pm
Vitals stable voiding freely	L/E: Epi intact BWNL	
Bowel n/s Breasts soft		
	NOT passed stool.	
5/7/26. 9 AM. 8THC PND#2	S/B Dr. Akshita pt reviewed passed stools voiding freely	Plan
BP 104/71 mmHg	O/E afebrile	monitor vitals
PR 84bpm.	GC fair	normal diet
SpO2 99% @ RA.	P°/P6°	hydrate
Temp (A)	P/A uterus wc	ambulate
B/L breast soft	soft	
secretions (+)	BS (+)	
Baby n/s; DBF.	L/E BWNL	12/7/26

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	9/3/26	19/5/26				
Time						
Hb	10.5	11.6	11.9			
PCV	31.9	36.1	36			
RBC	3.34	3.74	3.92			
WBC	6690		8.64		Bld (4/9)	B (+) (coral report)
N/L	75/13/9	74/16/6				
Platelets	2.32	1.93	2.26			
CRP				23/2/26	HIV	
ESR					HBsAg	NR.
PCT					VDRL	
RBS						
Na						
K						
Cl				9/3/26	FBS-	82
Ca/Mg					PPBS-	78.
~~Phosphate~~ uric acid		3.2				
Urea		15.6		19/5	FSH - 3.78	
Creatinine		0.6				
ALP						
SGPT						
SGOT				20/5/26		
T.Bill/Conj					Echo-	EF 62 %
T.Protein					(N)	Study.
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

19/6

(P.T.O)

Date	9/3					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Urine C/S -	(N)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 12/6/2020 SLIUG Cephalic

X-Ray : .....

ECHO : GA - 36 weeks + 1 day

CT : Placenta - Anterior

MRI Liquor - (N)

Others (ECG, Contrast Studies etc.,) : EFW - 3049 gm.

GUC-00093351 IP No-00038266
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: 7th 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	T. Eltroxin	50 mcg	PO	1-0-0		☑ 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. Panimalar

Date & Time : 03/7/2026 @ 9:30 Am.

Nurse Name & Signature: S. Madhumitha 60738

Date & Time : 03/7/26 at 7:30Pm

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Pa

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... LDR ..... Shifted to: ..... PTA Floor .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. ELTROXIN	50MCG	PO	1-0-0	2/2 6AM	☑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 Ramitha .....

Date & Time : ..... 2/2/2026, 8:45 PM. .....

Nurse Name & Signature: ..... S/N Tamilselvi 01670 .....

Date & Time : ..... 2/2/26 at 8.30pm .....

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

3

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. ELTROXIN	50 mcg	PO	1-0-0	2/7/26 6AM	☑ 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 Panitha 2/7/26

Date & Time : 2/7/2026 @ 8:45Pm

Nurse Name & Signature: S/N Tamilselvi 016720

Date & Time : 2/7/26 at 3.30pm

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... 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	50mcg	PO	OD	3/7/26	☑C ☐DC
2	T. BIFILAC	1Tab	PO	TDS	31/7/26	☑C ☐DC
3	T. CEFTUM	500mg	PO	BD	31/7/26	☑C ☐DC
4	T. PAN	40mg	PO	BD	31/7/26	☑C ☐DC
5	T. COMBIFLAM	1Tab	PO	TDS	31/7/26,	☑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 152217

Date & Time : 03/07/2026

Nurse Name & Signature: 1011746

Date & Time : 31/7/26. at 4PM

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
Patte 27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

REGULAR PRESCRIPTIONS

Weight. 73.6kg Ward ...

DRUG : T. ELTROXIN

Dose	Route	Frequency	Start Date
50mcg	PO	1-0-0	3/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 124682

Date / Time	3/7	4/7	5/7
6AM	SM VA	SM VA	NS

Daily Doctor's Endorsement by a Sign

DRUG : Inj SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	3/7 8:30AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 124682

8:30PM

Date / Time	3/7
	SP
	SP

STOP

Daily Doctor's Endorsement by a Sign

DRUG : C. Bifilac

Dose	Route	Frequency	Start Date
1 tabs	PO	1-0-1	3/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 124682

Date / Time	3/7	4/7	5/7
8AM	SP SP	P.B S.S	KS PK
4PM	SP S.S	E.P	
10PM	S.M V.A	S.M V.A	

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Date
500mg	PO	1-0-1	3/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	3/7	4/7	5/7
8AM		P.B S.S	KS PK
8PM	S.M V.A	S.M V.A	

Daily Doctor's Endorsement by a Sign D1 D2

Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patient

Weight. 58.6kg Ward. ICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7	8.00am	Inj SUPACEF	0.1ml	iv		SP SD
3/7	8am	Inj EMESET	4mg	IV		SP SD
3/7/26	10.45am	INJ. SYNTO	10U	Im	18221	SP SD
3/7/26	10.47am	INJ. TRAPIC	1g	Iv	18221	SP SD
3/7/26	11.15am	T. MISOPROSTOL	600mcg	PR	18221	SP SD
3/7/26	11.15am	JUSTIN SUPPOSITORY	100mcg	PR	18221	SP SD
3/7/26	11.15am	INJ. PARACETAMOL	1g	Iv	18221	SP SD
4/7/26	9pm	SYP. CREMAFFIN	15ml	po	16426	S.M V.A

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N 31 Y 3 M 6 D (F)
27-03-1995
Dr. UMA K

I.V. FLUIDS CHART

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

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
3/7/26	10.45 am	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182217	SP SD	3/7/26		SP SD

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 15.6kg. Ward 7th floor

DRUG : T. PANTOPRAZOLE				Date / Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Dt.	2AM	/	SM JA	NB AA
40mg	PO	1-0-1	3/7/26				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				7pm	AA PR	BS	
Daily Doctor's Endorsement by a Sign							

DRUG : T. COMBIFLAM				Date / Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Dt.	8AM	/	PR SS	BS PM
1Tab	PO	1-1-1	3/7/26				
Name & Signature of the Doctor Starting the Drugs:				2pm	SS SM	I&P	
Additional Instructions:				10pm	S.M S.N VA	VA	
Daily Doctor's Endorsement by a Sign							

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

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

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

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

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

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

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

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patien

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

21/7/26	Date																												
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20																												
	0 - 10																												
Saturations	94 - 100 %													98				98				97							
	< 94 %																												
Administered O_2 (L/min.)														RA				4L				RA							
Temp°c	40																												
	39																												
	38																												
	37																												
	36													98.8°F				98.4°F				98.1°F							
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
	40																												
Systolic Blood Pressue ↑	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
Diastolic Blood Pressure ↓	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	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							
TOTAL ORANGE SCORES														0				0				0							
Nurse Initial														Thu				A				Sr							

On admission

110/70 (80) 110/60 (68)

GUC-00093351
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K
IP18-00036288

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

arning Observation Score Chart - Obstetrics

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

3/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20		24		22						22			22				22				
	0 - 10																								
Saturations	94 - 100 %	99		99		98		98		99				99%			99%				99%				
	< 94 %																								
Administered O_2 (L/min.)										RA				RA			RA				RA				
Temp °C	40																								
	39																								
	38																								
	37	98F		98		98		98.4		98.6				98.6			98.4				98.6				
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		82		84		78		70				80bpm			80bpm				86bpm				
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		112		112		100		100				112			120				118				
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		70		72		74		60				80			80				80				
	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				
TOTAL ORANGE SCORES		0		0		0		0		0				0			0				0				
Nurse Initial																									

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

3

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

4/7/24	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	20				22				22				22				24				28			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %	98%				98%				98%				98%				99%				100%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37													98.6F				99°F				98.6F			
	36																								
	35	97.6F				97.4F				97.6F															
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	68				70				68				78				80				78			
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98				104				102				112				100				110			
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	60				62				80				76				80				80			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +	0				0				0															
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
	Clear / Pink	✓				✓				✓				✓				✓				✓			
	Green																								
YELLOW SCORES		0				0				0				0				0				0			
ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial																									

/FRM / CLINICAL / 053

Patie

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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.

2/7/26

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm					on Admission						
	09:00 pm	H2O	100							150ml	No IV line	Sm
	10:00 pm											
	11:00 pm									150	No IV line	Sm
	12:00 am											
	01:00 am	H2O	100									Sm
Total Intake :	200ml					**Total Output :**	300ml					
	02:00 am										No IV line	Sm
	03:00 am	H2O	100							150		Sm
	04:00 am											Sm
	05:00 am											Sm
	06:00 am	H2O	100							150		Sm
	07:00 am	Milk	200									Sm
Total Intake :	200ml + 200 = 400ml					**Total Output :**	300ml					

Total 24 hrs. Intake	600ml	Total 24 hrs. Output	600ml

GUC-00093351
Mrs ADHITHIYA N IP18-00036288
27-03-1995
Dr. UMA K 31 Y 3 M 5 D (F)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

9/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	100ml								0	
	09:00 am	H20	100ml/500							100ml	0	
	10:00 am	H20	100							150ml	0	
	11:00 am	H20	100ml		125						0	
	12:00 pm	TC	150ml		125						0	
	01:00 pm	H20	100ml		125ml						0	
Total Intake : 1525ml						Total Output : 250ml						
	02:00 pm	H20	100ml								0	Ref.
	03:00 pm										0	Ref.
	04:00 pm	Juice	100ml							200	0	SA.
	05:00 pm	H20	100ml									
	06:00 pm	H20	100ml							200ml	0	SA.
	07:00 pm	H20	150ml									
Total Intake : 550ml						Total Output : 400ml						
	08:00 pm										0	Sn
	09:00 pm	H20	200								0	Sn
	10:00 pm									300	0	Sn
	11:00 pm	H20	200								0	Sn
	12:00 am										0	Sn
	01:00 am	H20	200							250	0	Sn
Total Intake : 600ml						Total Output : 550ml						
	02:00 am										0	Sn
	03:00 am	H20	200							300	0	Sn
	04:00 am										0	Sn
	05:00 am	H20	200								0	Sn
	06:00 am										0	Sn
	07:00 am	H20	200							350	0	Sn
Total Intake : 600ml						Total Output : 650ml						

Total 24 hrs. Intake	3,125ml	Total 24 hrs. Output	1,850ml

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(2)

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.

4/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	.					1			150	0	P.V
	09:00 am	H20	200								0	P.V
	10:00 am	H20	100								0	P.V
	11:00 am									250	0	P.V
	12:00 pm	H20	250								0	P.V
	01:00 pm	H20	150								0	P.V
Total Intake :		700				Total Output :				400		
	02:00 pm										0	
	03:00 pm	H2o	100ml							200ml	0	
	04:00 pm	H2o	50ml								0	
	05:00 pm	H2o									0	
	06:00 pm	H2o	100ml							300ml	0	
	07:00 pm	H2o	50ml								0	
Total Intake :		300ml				Total Output :				500ml		
	08:00 pm	H2o	100ml								NO	NO
	09:00 pm										NO	ONSET
	10:00 pm	H2o	200ml							200ml	NE	
	11:00 pm										NO	
	12:00 am	H2o	200ml							400ml	DW	NO
	01:00 am										NE	ONSET
Total Intake :		700ml				Total Output :				400ml		
	02:00 am	H2o	300ml							100ml	NO	NO
	03:00 am										NO	ONSET
	04:00 am	H2o	200ml								NE	
	05:00 am									400ml	NO	
	06:00 am	H2o	200ml								DW	NO
	07:00 am										NE	ONSET
Total Intake :		700ml				Total Output :				300ml		

Total 24 hrs. Intake	2,400 ml	Total 24 hrs. Output	1,600 ml

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patient St

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi / 39 weeks / Hypothyroid

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date 3/7/26 — Shift	2/7/26 N	3/7/26 Morning	3/7 E	3/7/26 N	4/7/26 M	4/7/26 E
Medical Condition (Any special condition to be noted):		Hypothyroid	Hypothy	Hypothyroid	Hypothyroid	Hypothy
Diet:	Normal	Normal Diet	Normal	Normal diet	Normal diet	Normal diet

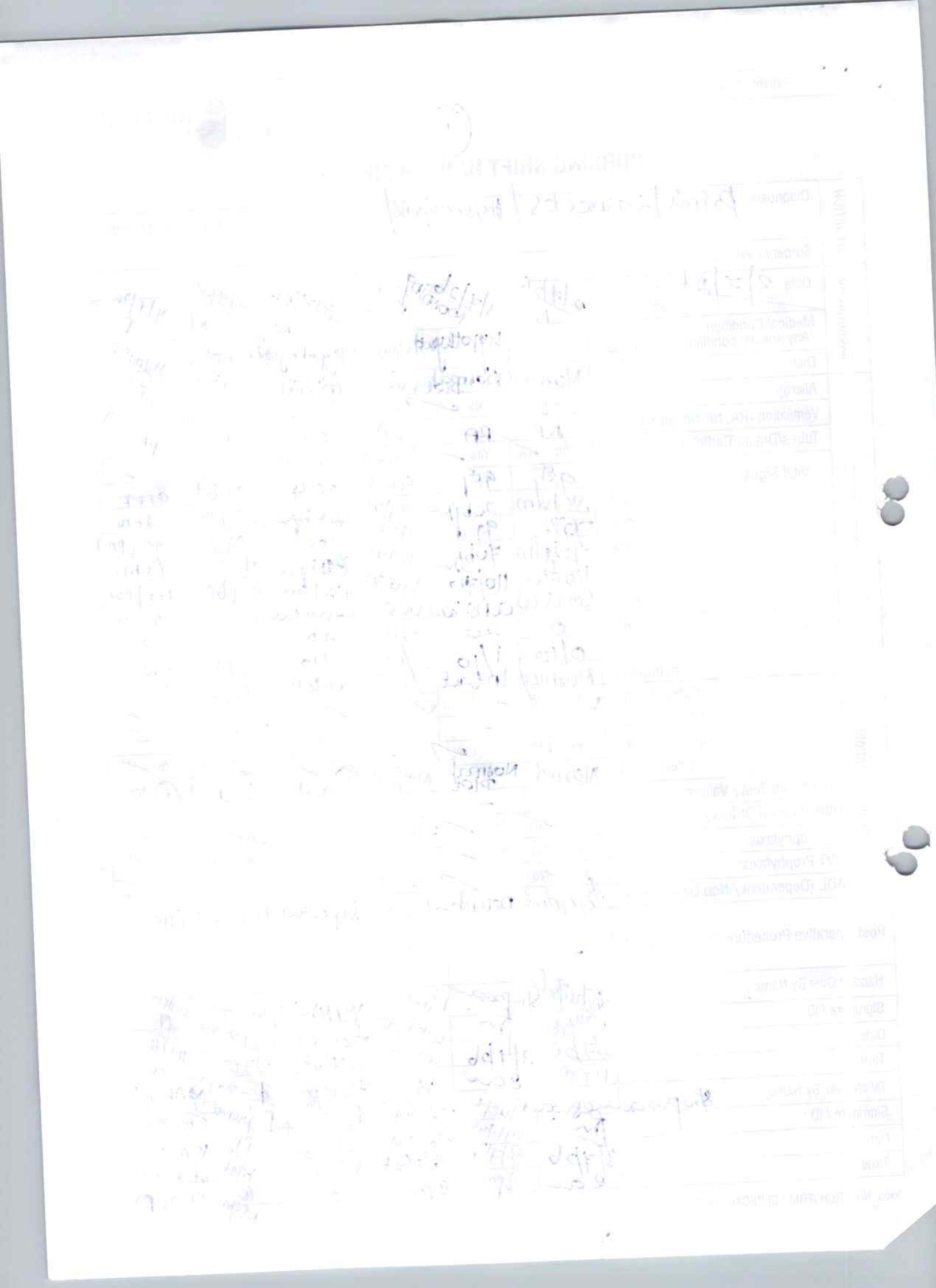
ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98F	98F	98.1	98.6	97.6	98.6
Res:	20bpm	20bpm	24/m	24bpm	22bpm	20 bpm
SpO_2:	99%	99%	99%	100%	99%	99% RA
Pulse:	72bpm	70bpm	74/m	80bpm	78	68 bpm
BP:	110/70	110/70	110/70	122/60	98/60	108/80 mm
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	20	20	20	22	-
Pain Score:	0/10	1/10	Yes	4/10	1/10	No
Skin Integrity	Normal	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	-	-	-	-	-	-
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Normal	Normal Diet	Normal diet	Normal diet	Normal diet	Normal diet
Critical Lab Test / Values:		-				-
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	-	-	-	-	-	-

Handed Over By Name :	Sangeetha	Sangeetha	Nurse	Nurse	Nurse	Nurse
Signature / ID :						
Date:	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26	4/7/26
Time:	10pm	8am	2pm	8pm	2pm	8pm
Taken Over By Name :	Sangeetha	Nurse	Nurse	Nurse	Nurse	Nurse
Signature / ID :						
Date:	3/7/26	3/7/26	3/7/26	4/7/26	4/7/26	4/7/26
Time:	8am	2pm	8pm	8am	2pm	8pm



GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

(1)

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: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8-30 pm	Achieve acceptable Pain and discomfort	9pm	* Assess Pain using by pain scale * Provide non Pharmacological measures * Monitor effectiveness of Pain	Reduced Pain to Some extend	Reassessment Done	Stafftwo 01/07/26

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 3/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable pain control & comfort	8.30am	Assess pain using pain scale regularly position patient comfortably	patient feel better	pain level reduced	01/7/26
Afternoon	2pm	Achieve acceptable. Pain controly Comfort	2pm	Assess pain using Pain scale Position Patient Comfortably.	Patient Feel better	Pain level reduced.	01/7/26
Night	8pm	Achieve acceptable pain Control & Comfort	9pm	Assess pain using pain scale position patient comfortably	patient feels better	Re-assessment was done	6/7/2026

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patient

(1)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/3/20	8.30pm	Admission Notes (2/3/20) Mrs. Adhithiya / 31 years / Female got admission under Dr. uma. patient diagnosis IS primi / 3q weeks / Spontaneous Conception Hypothyroid / patient came complaints of Pain. Monitored. Vitals and Recorded. Pain assessment done. counseling Contractions. CTG connected, FHR Monitored. CBC sent to lab. parts preparation done. No other complaints	
	9pm	CTG disconnected. FHR Monitored. Maintained RLo. Dr. pavithra advised to shift the patient to ward. doctor order carried out	
	10pm	patient shifted from LDR to 7th Floor. Patient Care Handing Over given to 7th Floor Staff	
		Receiving Notes	
02/3/24	10pm	PHD details Hand over taken from LDR Staff. PHD Vitals are stable. PHD normal diet, PHD CTG 4 Hrly, Next CTG 11:30pm. 4AM PV. from Dr. pavithra	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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
		mam ; 4AM NOST CTG, maintained Flowchart →	Sml Bgm
6/3/22	11PM	Pt's CTG start, trace send to Dr. Pavithra mam CTG continue 30min →	Sry Bgm
	12AM	CTG continue, Trace send. →	Sml Bgm
	12:30AM	CTG stop & inform to Dr. Pavithra mam A/B watch Contraction, PV bleeding →	Sry Bgm
	1AM	Dr. Pavithra mam phone call A/B, NST CTG at 4AM PV at 6AM. →	Sry Bgm
	2AM	pt's sleeping well, No c/o pain, PV bleeding. maintained Flowchart. →	Sml Bgm
	4AM.	pt's Vitals are Stable. maintained Flowchart. CTG start, trace send to Dr. Pavithra mam CTG continue trace to send →	Sml Bgm
	4:13AM	pt's CTG stop A/B Dr. Pavithra mam A/B, 6AM PV examination done and seen. →	Sml Bgm
	6AM	Dr. Pavithra mam come and seen assessed the pt's condition PV examination done, explanation given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(2)

GUC-00093351
Mrs ADHITHIYA N
27-03-1995
Dr. UMA K
31 Y 3 M 6 D (F)
IP18-00036288

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ NKDA

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
03/7/26	6 AM	Mam A/B Now CTG 8AM, Normal diet, →	Sf 607383
	6:30Am	Due Medications given as per order. Maintained the chart →	Sf 607383
	7:30Am	Pt's details Hand over given to Morning duty staffs →	Sf 607383
	7:30Am	Dr: Pavithra mam come and phone call A/B, Pt's shifted to L DR. Pt's details Hand over given to LDR Staffs →	Sf 607383.
3/7/26	7.45 am	NICU received Notes: patient received from 7th floor. patient conscious, oriented. Vitals are checked, recorded. ↓ SBP, IV line stat in left metacarpal line. patient complaints of pain. Inj: Supacef 0.1cc test dose given. Inj: Emeset 2cc IV given. CTG connected. contraction checked 2 contraction 25 sec in 10 min. Dr. Akshitha saw the patient checked ~~PV~~ CTG	S/No parameswari 016808.
	9Am.	CTG is good FHR is good FM ↑ felt by mother vitals are checked and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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 ..... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/2/26		Recorded uterocal condition is fair →	S/N
	10.30 AM	S/B Dr. Akshitha did PV examination fully dilated patient shifted to Labour room order carried out →	Parameters 01/6808
	10.45 AM	"Normal delivery with LCROM 4". LMLE". Patient was fully dilated PAN was painted and draped good maternal effort good cervical dilated, PAN Inj Lox 10ml inflated left mediolateral Episiotomy given, Girl baby was delivery at 10.45 AM Baby birth immediately Cry, colour and breathing is normal, Baby handover given to pediatrician, Inj Syntocin 10unit IM given Inj. Syntocin 20 unit IV drone 125ml/hr onflow, Placenta Spontaneously expelled, good uterine contraction. Episotomy wound suturing done ues	S/N Parameters 01/6808.

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351
Mrs ADHITHIYA N IP18-00036288
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(8)

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 ..... NCC .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26	10am	NO. IVICY/ 2777, PV bleeding minimal vitals are checked and recorded, T. Miso 600mg P/R kept well. T. Zustin 100mg kept well, count is correct no other complaints general condition is fair B - 3/7/26 at 1045AM. A - AIRC B - 2.94kg. G - 8/10, 9/40.	S/N parameters are 61/80/08.
	12pm	patient vitals are stable, PV bleeding minimal uterus contracted well no other complaints general condition is fair	S/N parameters 61/80/08.
	12:30pm	B - Breast is soft U - Uterus contracted well. B - Last output 100ml at 8AM. B - Bowel movement present L - Lochia RUBRA present NO Foul Smelling E - REEDA Assessment done Episotomy wound is good. H - Homan sign negative. E - Patient Emotional Status is good.	S/N
	1pm	Direct breast feeding given 2nd brly. Baby mother side.	S/N parameters are 61/80/08.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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
3/7/26		PV bleeding normal.	
	1.30pm	patient details, files handed over given to Evening duty staff.	S/No parameters 0168/08
	3pm	⇒ Patient Vitals Sign Chand y recorded. CBD wound dressed clean & advanced.	→ Rly/01/7/26
	3pm	⇒ Patient Voided, Drowsy. I/T to Dr. Dnyaneshwar Advice to shift to ward orders carry out	→ Rly/on
	4:30pm	⇒ Patient shift to 3rd floor Ward called to 3rd floor staff Receiving Notes.	→ Rly/on 7/26
	4.35pm.	Handover, Received from ICR staffs. patient is active and oriented. IV line present. patient Normal chart. C/M done HB / PCV.	Sowjya 01/7/26
	5pm.	Administered due medication as Rx chart and Recorded Monitored input and output chart and Recorded.	Sowjya 01/7/26
	7.30pm	Handover given to Night Duty Staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(4)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26	7:30pm	NIGHT DUTY	
		Pt details handing over taken from morning duty staff mother in NVD. Fluids in present, HBC, PCC at Dr. no other complaints	
	8:00pm	vital was checked and recorded and maintain Pt chart. no other complaints normal diet indication was given	
	10:00pm	Feedy was given. Pt is conscious at oriented no other complaints	
4/7/26	12:00am	medication was given as per order vital was checked and recorded	
	2:00am	B - Breast is normal U - Uterus is contracted B - Bowel sound is heard. B - Bladder was normal L - Loche's sutra present E - Pedal is swelling present. V - Lochia's Rubra E - Emotional status was good	
	4:00pm	Vital was checked and recorded remained Pt on bed	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
	6:00 AM	Pt was Stable no other Complaints. Hb, PCV in sample is sent and report was due	
	7:00 AM	maintain I/O chart and recorded	
	7:30 AM	Pt details handing over taken by morning duty staff Morning duty ON 04/07/2026.	
4/7/26	8 AM	Patient Details and Conditions handing Over taken by Night duty staff Nurse Baby, Conditions & Recorded	
	9 AM	vital signs are Monitor, Recorded done H.D Stable	
	10 AM	To follow lab investigations	
	11 AM	Medications Given as per the Drug chart follow.	
	12 PM	Dr. Rounds will be done and To follow Continue Medical Management	
	1 PM	Recheck the vitals and and Monitor Recorded done H.D Stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

8

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 ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	1PM.	Provided Comfortable Position & Exercise.	
	1.30PM	Patient Details hand Over Given to Evening duty Staff Nurse.	02/8/25
		Evening Duty	
	2pm	patient details case file hand over taken from the morning duty staff. patient vitals monitoring and recording.	→ Hari 02/8/25
	2:30pm	patient vitals are stable. patient continues maintain D/o chart. patient side there is no c/o of pain and patient is consciousness. patient is stable.	→ Hari 02/8/25.
	3:30pm	patient continues maintain D/o chart. patient is good grooming and hygiene maintain. patient is continues maintain DBF is good for baby health.	→ Hari 02/8/25.
	4:30pm.	B - Breast is normal U - Uterus is contracted B - Bowel sound is heared B - Bladder was normal L - Lochia rubra is present.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
		H -	
		E - Reeta is present	
		H - Homan Sigh is negative	
		E - Emotional Support is good.	
	5pm	Vital is stable patient continues maintain bloclat. → Hari	Hari
	5:30pm	Plz medicine is as per as doctor order is given to the medicine - patient is good DBF is maintain. → Hari	Hari
	6pm	Maintain Intake and Output Chart. Due medication given as per - Doctor's order →	Hari
	7:30pm	patient details handing over taken from morning duty staff Pt was stable, conscious, oriented no other complaints - today plan for discharge →	Hari
04/7/26	8:00pm	mother vital was checked and recorded maintain I/O Chart medication was given as per drug order →	Hari

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:.....

MRD NO:..... GUC-00093351 Mrs ADHITHIYA N IP18-00036288 ..... 27-03-1995 Dr. UMA K 31 Y 3 M 5 D (F) / ☐ F

Age :.....

Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 3/7/26 Time: 8 AM

Location : Metacarpal

Size : 18 G

Cannula inserted by : S/N Parameswari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
3/7	8 AM	☐Yes ☐No	☐Yes ☐No	Patent	
	10 AM	☐Yes ☐No	☐Yes ☐No	"	
	12 PM	☐Yes ☐No	☐Yes ☐No	"	
	2 PM	☐Yes ☐No	☐Yes ☐No	"	
	4 PM	☐Yes ☐No	☐Yes ☐No	"	
	6 PM	☐Yes ☐No	☐Yes ☐No	"	
	8 PM	☐Yes ☐No	☐Yes ☐No	"	
	10 PM	☐Yes ☐No	☐Yes ☐No	obsn	
04/7	12 AM	☐Yes ☐No	☐Yes ☐No	obsn	SM
	2 AM	☐Yes ☐No	☐Yes ☐No	obsn	SM
	4 AM	☐Yes ☐No	☐Yes ☐No	obsn	SM
	6 AM	☐Yes ☐No	☐Yes ☐No	obsn	SM
	8 AM	☐Yes ☐No	☐Yes ☐No	patent	
	10 AM	☐Yes ☐No	☐Yes ☐No	patent	M
	2 PM	☐Yes ☐No	☐Yes ☐No	patent	RG
	6 pm	☐Yes ☐No	☐Yes ☐No	obsn	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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: 0/6 S/Removed by self

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		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/7/26	3/7/26	31/7/26
		Score	0	~~10~~ 20	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20.	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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 Sticker

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 3/7/26	M 4/7/26	F 4/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			0
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	30	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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(3)

Morse Fall Risk Assessment Form

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	N 4/7/26	M 5/7/26	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00093351
Mrs ADHITHIYA N IP18-00036288
27-03-1995
Dr. UMA K 31 Y 3 M 5 D (F)

(1)

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

PAIN ASSESSMENT FORM

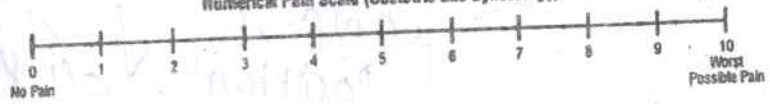
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	9pm	0/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	0/10 Pa
3/7/26	12am	0/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	0/10 Pa
3/7/26	8AM	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	COMFORT Position	Pur olosy
3/7/26	12pm	2/10	Lower Epigastric area	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	COMFORT Position	Pur olosy
3/7/26	2pm	2/10	Lower Abd pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tablet Pcm 500mg	
3/7/26	8pm	2/10	Lower abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable & position	0/10 Pa
4/7/26	2pm	2/10	Lower Abdominal Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
4/7/26	12PM	2/10	lower Abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. ACTDR Given	
4/7/26	6pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL Comfortable	
4/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	quiet	0/10 Pa

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

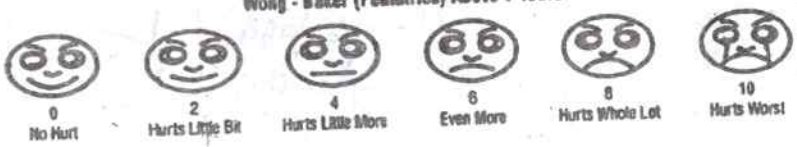
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

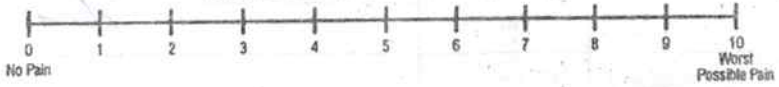
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	12pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Comfortable vitals-	
5/7/26	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	
5/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093351
Mrs ADHITHIYA N IP18-00036288
27-03-1995
Dr. UMA K 31 Y 3 M 5 D (F)

BRADEN 'Q' SCALE

(1)

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

				Date : 27/03/17		31	31/7
				Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	Tibu	UMA	Ue	Dilum

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-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

(2)

BRADEN 'Q' SCALE

Rainbow Children's Hospital
BirthRight BY RAINBOW HOSPITALS

				Date : 4/7	4/7	4/7	5/7
				Time : M	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
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.	3	3	3	3
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.	3	3	3	3
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.	3	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	22	23	23	23
				Evaluator's Name				

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

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

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

GUC-00093351 IP18-00036288
Mr. [redacted]#THIYA N
27-0[redacted]1995 31 Y 3 M 5 D (F)
Dr. UMA K

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7/25	9pm	Pain Management	Educated to Patient about Pain Management	Patient	NO	Oral	none	Verbal	Good	Sign 0166
3/7	8AM	Yes	Educate about during Pain Deep breath Exe	Patient	NO	Oral	none	verbal	good	Sign
4/7	11AM	YES	Breast feeding	patient	NO	ORAL	NONE	verbal	good	Sign

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....)

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Patient S

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/7/26 Time of Arrival: 8.15pm Time Seen by Nurse: 8.30pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☑ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98F Pulse: 80 b/m RR: 20 b/m SpO_2: 99% BP: 110/70 Weight: 73.6kg

4) **Gestational Criteria:**

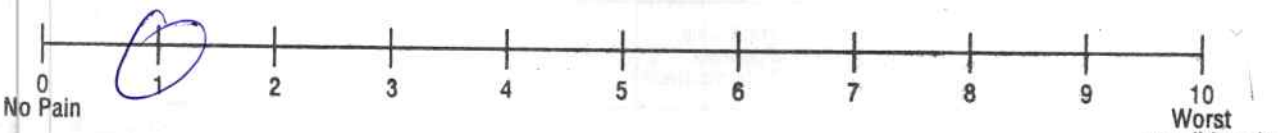
Gravida:	G 1	P —	L —	A —

LMP: 8/9/25 EDD: 15/6/26 Gestational Age: 39 weeks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset Morning	Time 10AM	Frequency: on & off
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: Abdomen
- Duration: since today Days / Weeks/ Months (Strike out which is not applicable)
- Character: tightening
- Frequency: on & off
- Interventions: comfortable position

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: ...T-Eltroxin 50mcg.....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8.30pm

Nurse Name : Sr. Teresa Lee 01672 Nurse Signature: 01672

Date: 2/7/16 Time: 8.30pm

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify

Chief Complaints: Patient came complaints of pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr: Pavithra

Time Notified: 8:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Blood Group: B+ve LMP: 21/9/25 EDD: 15/6/26 Gestational age during admission: 39 weeks

Contractions: yes Vaginal Discharge: NIL

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

Height: 169cm Weight: 72.6kg BMI: 26.5kg

Temp: 98F HR: 20bt/m RR: 20bs/m BP: 110/70 SpO_2 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Father

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

☐ Liver disease ☐ Other .....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

Name of Person Orientation was given to: ..N/S - Adhithya..

Orientation not given Reason: .....

Nurse Signature: ..S/N 31/6/20..

Nurse Name: ..S/N. Jayantsolanki 6120..

Date & Time: ..2/7/26 at 8:30pm..

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

Patien

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 2/7/26

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		
Signature of the Nurse	Sr. Tamilselvi 01/07/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

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

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

NA

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

9. Additional notes: .....

Date: 3/7/26

Continuity of Care:

Baby was mother side, Routine care

B L - 2
A A - 2
I I - 2
E E - 2
H H - 1
9

Handover given by ..... S/N Anny 01029 .....

Signature ..... 01029 .....

Date & Time: 3/7/26.

Handover taken by ..... Sonya 01953 .....

Signature ..... Sonya 01953 .....

Date & Time: 3/7/26 @ 4.30pm

PATIENT TRANSFER FORM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 5 D (F)
Dr. UMA K

	Date & Time of Admission: 2/7/26 at 8:12pm	Date & Time of Transfer Order: 2/7/26 at 10pm
Treating Consultant Name: Dr. uma	Transfer Ordered by: Dr. pavithra	Reason for Transfer: Shifted to ward
From Unit: ADR	To Unit: 4th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: DP Files	Number of Imaging Films: CT01-1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Tauqeeli 01/8/26	Dr. pavithra

Patient & Clinical Records Received by : S. madhuri 607303 at 10 pm.

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

PATIENT TRANSFER FORM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

Treating Consultant Name: Dr. Umaik	Date & Time of Admission: 02/7/26 at 8:14PM	Date & Time of Transfer Order: 03/7/26 at 7:30AM
From Unit: 7th Floor	Transfer Ordered by: Dr. Pavithra	Reason for Transfer: IOL
Number of Sheets in Clinical File: IP files	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
	Number of Imaging Films: CTG-(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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sruthi 607383	Dr. Pavithra

Patient & Clinical Records Received by : Gopasuresh 01808

Date & Time of Patient Received : 3/7/26 @ 7.45am

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

PA[illegible]RM

(B)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/20 at 8:14 PM	8/7/20 at 4:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr:- UMA.K	Dr:- Divya.	Further Treatment
From Unit	**To Unit**	**Information to Attendant**
2nd	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
To file.		Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Compliflam	(9)
2.	Tab. Pan 40mg	(10)
3.	Tab. Zerit 500mg.	(10)
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sd/-	Dr:- Divya

Patient & Clinical Records Received by : Soumya

Date & Time of Patient Received : 8/7/20 @ 4:30pm.

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

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

PATIENT TRANSFER FORM

PARTOGRAPH

CUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR

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

Indications for IOL-Accel: ☑ None ☐ Oxytocin

Memb. Repture Type: ☑ SROM ☐ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350ml

Blood Transfusion: No

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 4hours

2nd Stage: 10mins

3rd Stage: 5mins

Duration of Active Pushing: .....

No. of VE's: .....

BABY DETAILS

Gender: Girl

Weight: 2.94 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 03/07/2026 10:45AM

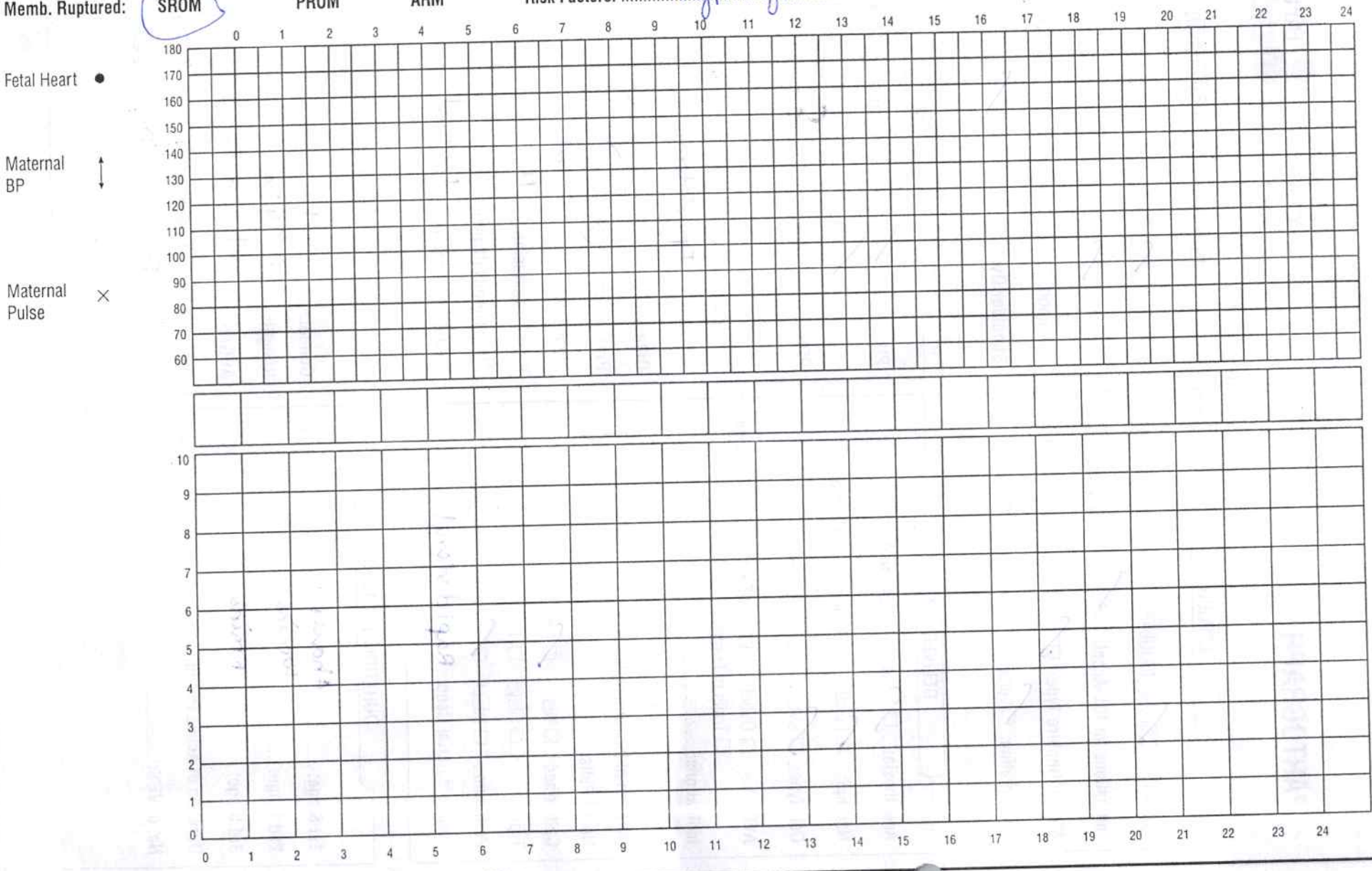
LW Doctor: Dr. Uma / Dr. Sheela

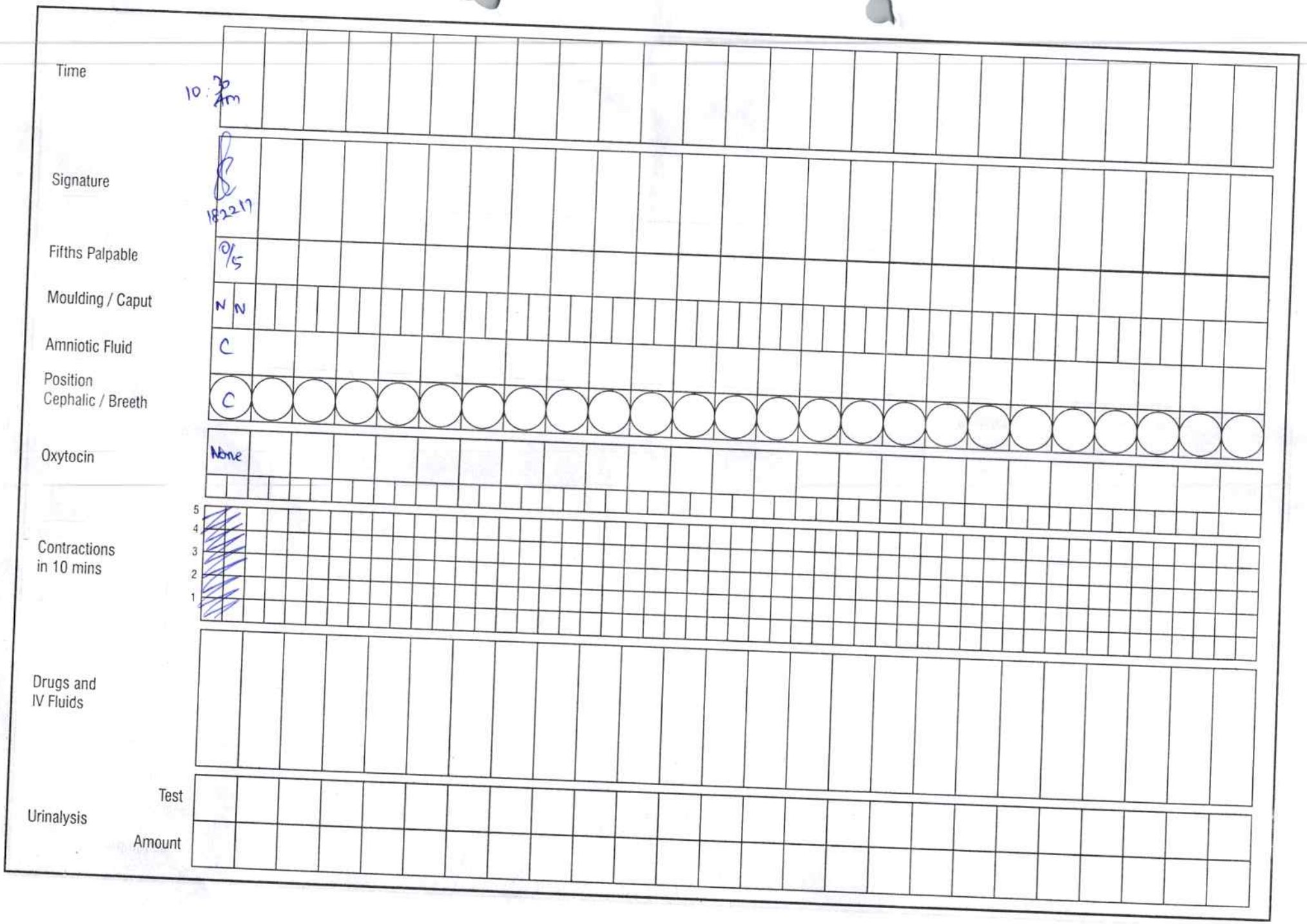
LW Sister: .....

PARTOGRAPH

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

Memb. Ruptured: SROM PROM ARM Risk Factors: Hypothyroid




Time
10:30 Am
Signature
18/2/17
Fifths Palpable
0/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
None
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093351 IP18-00036288
Mrs ADHITHIYA N
27-03-1995 31 Y 3 M 6 D (F)
Dr. UMA K

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

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

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : .....

Name : Mrs. ADHITHIYA. N

Date & Time : 03/07/2020

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : M. Srinivasan

Name : M. SRINIVASAN

Relationship with Patient: Husband

Date & Time : 3/7/2020

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Shreedevi

Date & Time : 03/07/2020