GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		20/7/22 8 PM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

GUC-00085061
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036524

Rainbow Children's Hospital — To treat the little.
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Name: Mrs. Dharani Priya.

UHID No: 86061 IP No: ..... Consultant: Dr. mathangi Dept: OBG

Date of Admission: 19/07/2026 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/26	8.15 pm.	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
19/7/26	RBS	26023196	[illegible]
20/7/26	CBC, FBS	26023275	[illegible]
20/7/26	CBC	26023184	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7/26	CTG (1)			009733	
	CTG (2)			009733	
	CTG (3)			009735	
	CTM (4)			009737	Akalya 01805
	CTM (5)			009737	Akalya 01805
	CTM (6)			009737	Akalya 01805
19/7/26	Infusion pump	9.15am	4.00pm	1729759	Akalya 01805
	CTG1 (7)			009738	
	CTG1 (8)			009738	
	~~CTG1~~ CT4-9			009742	

PROCEDURE

Date	Procedure	Quantity	Order No.	Sig
19/7/26	IV placement	(1)	1729634	Shilpa
19/7/26	Catheterization	(1)	1729760	

ANY OTHER INFORMATION:

Normal delivery with epidural
1 hour 1.43 pm
1.30 pm to 2.30 pm
Dr Mathagi
Dr Vinitha
M. Devi
01/8/26

Date: 20/7/26 Time: 6 pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	20/7/26 at 2.15 pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		20/7/26 at 2.15 pm	Sunil 007383		
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-00086061
Mrs DHARANI PRIYA IP18-00036524
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
19/1/26	07.00AM	91mg/dl.	Po-pavithra	[signature]

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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 : IP18-00036524 **Admit Date** : 19-Jul-2026 **Admit Time** : 03:40 AM **UHID** : GUC-00086061

Patient Details :

Patient Name	: Mrs DHARANI PRIYA		
Guardian	: Mr YOKESHWARRAJ	**Age**	: 28 Y 10 M 13 D
Gender	: Female	**DOB**	: 06-09-1997
Occupation	:	**Religion**	:
Address (H)	: NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram Tamil Nadu INDIA 600116	**Martial Status**	:
		Phone No	: 9940620275/ 9566093924
		E-mail	: YOKESHH98@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 YOKESHWARRAJ **Relationship** : Husband

Contact Address : NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram Tamil Nadu INDIA 600116 **Phone No** : 9940620275

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs DHARANI PRIYA**	**Age :**	**28 Y 10 M 13 D**
IP No:	**IP18-00036524**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**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 [redacted] of the patient.

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

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

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

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

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

Signature of Patient/Relative: [redacted]

Name: > YOKESHWAR RAJ
Relationship: > HUSBAND
Date: 19-07-2026 Time: 03:40
Witness Name: ASWIN
Witness Signature: [redacted]

Patient Address:
NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram
Tamil Nadu INDIA 600116

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BILLING POLICY

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

DECLARATION

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

Patient Name : > DHARANI PRIYA	UHID Number : 86061
Self/Attendant Name : > YOKESHWAR RAJ	Relation : > HUSBAND
Self/ Attendant Signature :  Phone Number : > 9566093924	Name & Signature of Financial Counselor 

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to pfm well.
Pt came with c/o draining p/v since 2am.
clo lower abd P

Obstetric Formula:
Primigravida.

Obstetric History:
- Booked & immunised.
Spontaneous conception.
Had Regular AN visits @ Rainbow Hospital.

Present Pregnancy Record:
FTS Screen - Negative (Low risk).
NT-(N) / (N) Ut art Dopplers
Anomaly scan-(N), low lying reaching upto os.

RISK FACTORS:
↑ Ut art Doppler.
Pt was on ecosprin 150mg till 36 wks.
K/c/o GDM on OHA on
T. Glycophage SR 850mg 1011 (20 mins Af)

Height: 153 cm
Weight: 74.4 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:	Pallor: No
Icterus:	Edema: No
Temp:	PR: 90/min
BP: 100/70	DTR:
CVS: $S_1 S_2$ (A).	RS NVBS (A)
Liver/Spleen:	Urine Output: CBG-91

LMP: 13/10/2025 EDD: 20/7/2026
Corrected EDD: 1/8/2026 GA: 38weeks + 1 day.
Menstrual History: Regular: ☑ Yes ☐ No 3/30.

Obstetric Examination

Fundal Height: 28 [10-15] 10"
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 3/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination
Cervix: 2cm ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1 finger. thin over head.
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

Clear liquor draining p/v (A).

DIAGNOSIS

28 yrs Primigravida B(+) m/s - 14w Spont conc	Lmp - 13/10/2025 C-EDD - 1/8/2026 (Rmp)	GA - 38wks + 1 day.

GDM on OHA.

Patient Sticker

Family History:

Father DM

Surgical History:

Sebaceous cyst

Medical History:

→ K/c/o GDM on OHA on T. Glyciphage SR 850mg OD T.

Medication History:

Pt took T. Ecosprin 150mg HS till 36 weeks.

Plan of Care:

CTI/T Dr. Mathangi

- Admission CTG.
- Inj Supacef 1.5g IV 1-1-1 (A7D)
- D/w for draining P/V.
- T. Misoprostol 50mcg PO at 4AM 19/6/26 4AM
- Post miso CTG @ 5AM

Investigations:

CBC

Doctor Name: Dr. Panitha

Signature: [signature]

Date & Time: 19/2/26

Consultant Name: Dr Mathangi

Signature: [signature]

Date & Time: 19/2/2026

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RESULT SHEET

Date	27/6	20/7/22				
Time						
Hb	11.3	8.5				
PCV						
RBC						
WBC						
N/L						
Platelets	1.91				Bld CS	/ B (+)
CRP						
ESR						
PCT					HIV	
RBS					HBsAg	/ NR.
Na					VDRL	
K						
Cl						
Ca/Mg				18/7	TSH-	1.49.
Phosphate						
Urea						
Creatinine						
ALP						
SGPT					11/8/22	
SGOT					FBS - 79	
T.Bill/Conj					PPBS - 104	
T.Protein						
S.Albumin					Echo	
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 27/6/20 a.b SLIUG cephalic

X-Ray : .....

ECHO : Placenta - Posterior. Liquor - (N) (AFI - 19.3).

CT : ~~Fair~~ good.

MRI EFW - 2369 gm.

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

GUC-00086001
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Pati

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9:20am	S/B Dr. Pavithra PF reviewed P/A: Uterus ; 2/20"/10'; FH good P/V: 0.5 cm long ; OS: 2 cm dilated Vx: -3 station	C/D/W Dr. Mathangi · Start synto · Continuous CTG
19/7/26 10:30am	S/B Dr. Vinitha Pt reviewed ; C/O pushing sensation ; C/O pain - unable to tolerate P/A: Ut tone 3/30"/10' FH good P/V: Cx well effaced OS: 2-3 cm dilated Vx: -3 station.	C/D/W Dr Mathangi · Epidural catheter. · Continue synto

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 12 pm	S/B Dr. Lucetta	
	PIV: Well effaced OS: 4cm dilated Vx: -2 station	
CTG: Early decels ⊕ Recovering now		Adv: · Continue syntocinon · Continuous CTG
19/7/26 12:55pm	S/B Dr Mathangi	
	Pt reviewed;	
	P/A: Ut term 45/30"/40' FH good	
	PV: Cx well effaced OS: fully dilated Vx: 0 station	
		Adv: · Squatting · Continuous FHR monitoring · Continue syntocinon

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 1:43pm	S/B Dr. Mathangi:	
	Normal Vaginal Delivery & RMLE	
	D/B Dr. Mathangi	
	Assisted by Dr Vinitha	
	↓ SAP, pt in lithotomy position parts painted & draped. ↓ LA, RMLE given. With full maternal efforts and good uterine contractions, pt delivered a boy baby cried immediately after birth. Immediate cord clamping done. @: Cord cut and baby handed over to pediatrician. Placenta & Membranes delivered by CCT. PV: No extensions / tears; PR: Rectal Mucose intact Episiotomy sutured in layers. Mild atonic PPH. Medically managed. PR: Rectal mucosa intact; Sphincter tone intact PA: Uterus contracted well; BWNL	
	Sex: Boy Baby 2.873 kg 1:43 pm 19/7/26 8/10 ; 9/10	Adv: • Normal diet • Plenty of fluids. • Follow drug chart • W/F Bleeding PV • CBC 4M 6am • FBS, PPBS POD #1

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	S/B Dr. Vinitha	
6 PM	Pt reviewed	
	Pt voided 380 ml	
	O/E: GC fair; Afebrile	
BP: 100/70	P̄ IPE	
PR: 80/min	P/A: Ut contracted,	
SpO2: 99% RA	BS ⊕; soft	
	L/E: BWNL	
Post void: Bladder collapsed	Epi wound intact	
		Adv:
		· Normal diet
		· Plenty of fluids
		· Follow drug chart
		· Inform SOS
[signature] 12/11/3		· CBC 4m 6am
		FBS, PPBS POD #1

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2021	C/S/B Dr. Pavithra / Dr. Shreedevi	
7AM		
PND-1	Pt reviewed, Nil c/o	
		Advice
T-(N)	O/E Pt GC fair, Afebrile	- Normal diet
PR- 72/min	P° / PE°	- Plenty of oral fluids
BP- 110/60mmHg.	CVS-	- vitals Monitoring
	RS / NAD	- Follow drug chart
Voiding freely	P/A- Ut well contracted	- CBC stat
Baby- M/S	Soft	- Inform (SOS)
B/L- Breast soft	L/E- BWNL	- Inform CBC report.
Passed stools	Epi wound Intact	
	B2217	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. MATHANGI RAJAGOPALAN

Patien

(1)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: .... 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. GLYCIPHAGE SR	850mg	PO	1—0—1	18/7/26	☐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 Pavithra [signature]

Date & Time : 19/07/2026 @ 3Am

Nurse Name & Signature: S. POOJA & [signature]

Date & Time : 19/7/26

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

Patl

GUC-00085061 IP18-00036524
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DRUG CHART

Date of Admission: 19/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:				

:				Date / Time
e	Route	Frequency	Start Date	
ctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Signature .....

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 74.400 Ward. .....

DRUG : Inj SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: X3 doses

Daily Doctor's Endorsement by a Sign

Date / Time		
19/7		
3:30 PM	SD	DS
11:30 AM	SD	SD
7:30 PM	AA	ES

DRUG : ~~INJ PAN~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	P/O	1-0-1	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
19/7		20/7
7am	ES	AA
7PM	MD	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
19/7		20/7
6AM		SM
		VA
4pm		
10pm	AA	ES

Patient Sticker

Weight. 44.40 Ward. LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/1	3AM	Inj SUPACEF	0.1ml	iv		SP / DS
19/1	4AM	T. MISOPROSTOL	50mcg	PO	INV6	SP / DS
19/1/26	7.10AM	INJ. PETHIDINE	50 mg	IM	12113	SP / DS
19/1/26	7.10AM	INJ. PHENERGAN	12.5 mg	IM	12113	SP / DS
19/1/26	1.45PM	INJ. SYNTO	10 U	IM	12113	SP / MD
19/1/26	1.50PM	INJ. TRAPIC	1g	IV		SP / MD
19/1/26	1.50PM	INJ. CARBOPROST	250 Mcg	IM		SP / MD
19/1/26	1.55PM	INJ METHERGIN	0.2 Mg	IM		SP / MD
19/1/26	2.30PM	T. MISOPROSTOL	600 Mcg	P/R		SP / MD

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Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 41.40 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
19/7/26	9:20 Am	INJ. SYNTO 5U in 500ml RL	IV	24ml/hr	12/1/13	SP / SP	19/7/26		SP / SP
19/7/26	9:20 Am	1 ⊙ RL	IV	on flow	12/1/13	SP / SP	19/7/26		SP / SP
19/7/26	11:30	2 ⊙ RL	IV	on flow	12/1/13	SP / SP	19/7/26		SP / SP
						/			/
						/			/
						/			/
						/			/
						/			/
						/			/
						/			/

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 7H.40 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/7/26	9.30PM	JUSTIN SUPPOSITORY	1tab	PR	✓	ND	SP.
19/7/26	10PM	INJ. TRAPIC	1g	IV	✓	AD	ES

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : JUSTIN SUPPOSITORY	Dose	Route	Frequency	Start Dt.	Date / Time	19/7	20/7
	1tab	P/R	1-0-1	19/7	8am	✓	SA EH
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:					8pm	AA BS	
Daily Doctor's Endorsement by a Sign							

DRUG : TAB. AUGMENTIN	Dose	Route	Frequency	Start Dt.	Date / Time	20/7	
	625mg	PO	1-1-1	20/7/21	8AM	CM VA	
Name & Signature of the Doctor Starting the Drugs:					2pm		
Additional Instructions:					10pm	D.	
Daily Doctor's Endorsement by a Sign							

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

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

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

Patient Sticker

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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 ....

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Patient Stick

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Early Warning Observation Score Chart - Obstetrics

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

		Date																							
19/07/25		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																					18			18	
	0 - 10																									
Saturations	94 - 100 %																					100			100	
	< 94 %																									
Administered O_2 (L/min.)																						~~RA~~			~~RA~~	
Temp°c	40																									
	39																									
	38																									
	37																					98°F			98°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																					90			92	
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																					100			102	
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																					70			68	
	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	
TOTAL ORANGE SCORES																						0			0	
Nurse Initial																						SP			SP	

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Patient Sticker

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Early Warning Observation Score Chart - Obstetrics

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

19/7/25

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20			20	20	20	20		22	22	22	22	22					22				20			
	0 - 10																									
Saturations	94 - 100 %	100			99	99	100	99		99	99	99	98	99					99				99			
	< 94 %																									
Administered O2 (L/min.)		RA			RA	RA	RA	RA		1lt	1lt	1lt	1lt	1lt					RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	98F			98F	98F	98F	98F			98		98						97.6F				98 F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	84																								
	90				88	80	80	78	80										74bt				126bt			
	80									80	80	80	80	80												
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	118			110	127	100	100		110	110	120	110	110					112				110			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																		(80)							
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	60			70	73	70	70		70	60	70	70	70					60				60			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓			✓					✓	✓	✓	✓	✓					✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓			✓					✓	✓	✓	✓	✓					✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	—			—	—	—	—		✓	✓	✓	✓	✓					✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink	—			✓					✓	✓	✓	✓	✓					✓				—			
	Green																									
TOTAL YELLOW SCORES		0			0	0	0	0		0	0	0	0	0					0				0			
TOTAL ORANGE SCORES		0			0	0	0	0		0	0	0	0	0					0				0			
Nurse Initial		A			M	M	M	M		L	L	L	L	L					BG				L			

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
14/7/20	02:00 am			on admission								
	03:00 am											
	04:00 am	H2O 200ml								0		
	05:00 am	Juice 200ml	RT 300ml							200	0	
	06:00 am	H2O 200ml								150	0	
	07:00 am									200	0	
Total Intake :		900ml				Total Output :				550ml		

Total 24 hrs. Intake	900ml

Total 24 hrs. Output	550ml

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

19/7/2026

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

19/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml	syntou	RL					200	0	SA
	09:00 am	H2O	150ml	24	300ml					100ml	0	SA
	10:00 am	H2O	100ml	48ml						100ml	0	SA
	11:00 am	H2O	100ml	96ml	RL 500ml					100ml	0	
	12:00 pm	H2O	100ml	96ml	RL 100ml					50ml	0	
	01:00 pm	H2O	100ml	96ml	100ml					100ml	0	
Total Intake : 2210ml						Total Output : 650ml						
	02:00 pm	coca	100ml	120ml							0	
	03:00 pm			120ml							0	
	04:00 pm	coca	150ml	120ml						280ml	0	
	05:00 pm	Juice	100ml	120ml							0	
	06:00 pm										0	
	07:00 pm	coca	100ml								0	
Total Intake : 950ml						Total Output : 280ml						
	08:00 pm										0	AA
	09:00 pm	H2O	150ml							250ml	0	AA
	10:00 pm	H2O	150ml								0	AA
	11:00 pm	Milk	100ml							250ml	0	AA
	12:00 am	H2O	100ml								0	AA
	01:00 am	H2O	150ml								0	AA
Total Intake : 650ml						Total Output : 500ml						
	02:00 am										0	AA
	03:00 am	H2O	100ml								0	AA
	04:00 am	H2O	150ml								0	AA
	05:00 am	H2O	100ml								0	AA
	06:00 am										0	AA
	07:00 am	Milk	100ml							300ml	0	AA
Total Intake : 450ml						Total Output : 300ml						

Total 24 hrs. Intake	4,260ml

Total 24 hrs. Output	1,830ml

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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: 19/07/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	3Am	Achieve acceptable pain control cy comfoste	7Am	- Assess the level of pain by using pain scale 1/10 - provide diversional therapy	Reduced pain	Reassessment is done	Shreya

Patient Sticker

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: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve pain acceptable Pain control & comfort	8.30 am	Assess pain using pain scale regularly Position patient comfortable	Patient feel better	Patient Pain level reduced	
Afternoon	2pm	TO Maintain Nutritional status.		→ TO Maintain encourage high rich protein diet	→ The improved Nutritional status.	The patient vital sign stable.	
Night	8PM	TO Maintain Nutritional Status.	10pm	→ TO maintain encourage high rich protein diet.	→ TO Improved Nutritional Status.	The patient vitals sign Stable	

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(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
19/7/26	2.50AM	pt mrs. Dharani 28y/F.	
		primi/38wk+2 days/GDM on OHA/	
		PROM since 2AM. pt was got	
		admitted under Dr. Mathangi.	
		Vital signs checked & recorded.	
		BP - 100/70 RR - 18b/m PR - 90b/m.	
		Temp - 98°F. CTG connected FHR ⊕.	
		Informed to Dr. Pavithra soon the	
		pt history collected did P/V	
		examination Cx 2cm OS / fingmembrane	
		clear liquor draining. Advice to	
		give Inj. Supacef order carried out.	
		parts preparation done. IV	
		placement done c 18G venflon	
		back flow present. Inj. Supacef	
		O/W test dose to given as	
		per doctor order.	[illegible]
	3.30Am	pt have no c/o allergy,	
		itching Inj. supacef 1.5gm IV given.	
		as per doctor order.	[illegible]
	4Am	CTG disconnected as	
		per doctor order. Dr. Pavithra	
		Advice to give T. miso 50mcg	
		and order carried out T. miso 50mcg	
		and given as per doctor order.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	5 Am	post miso CTG connected as per doctor order FHR (P). provide left lateral position to the pt.	S/n Pooj...
	5.30Am	CTG non reactive 500ml RL IV on flow connected as per docto order.	S/n Pooj...
	6Am	pt vital signs checked, recorded. maintain Pro chart. Encourage to take adequate oral fluid.	S/n Pooj...
	6.10AM	CTG dis connected as per doctor order. pt taken morning care.	S/n Pooja ...
		pt had normal diet. provide comfortable bed position maintain Pro chart. Encourage to take breathing excercise during contraction. pt have 3 contraction in 10minuts for 15 secs.	S/n Pooj...
	7.10AM	pt c/o pain so painting advice to give In. pethidine, In. phenergan order carried out In. pethidine 1m, In. phenergan 1m given as per doctor order.	S/n Pooj...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00086061 IP18-00035524
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06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	7.30am	pt care hand over given to morning duty staff.	Sivapoli GN
19/7/26	7.40am	Morning duty Notes: patient details handed over taken from Night duty staff. patient conscious & oriented. vitals are checked & recorded. patient maintain self voiding. leaking present. contraction checked & contraction 20sec In 10min.	S/N paramesvari 016808
	8.30 am	Dr. Vinitha saw the patient adviced to watch for contractions.	S/N paramesvari 016808
	9:20 Am	⇒ Dr: Pavithra Do plv Examination findings was she is 2cm dilatation 1.5cm long station -3 Advised to start Inj syntocin 5 units c RL 500ml connected 24ml/hr for Infusion pt was stable FHR is good (+)	S/N Akalya 018057
	10.30am	Dr. Vinitha saw the patient checked CTG adviced to continue CTG, alternative Increase Inj: Synto:	S/N paramesvari 016808
	10.40am	patient complaints of pain & pressure Informed to Dr. Vinitha, Dr.Vinitha checked	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☑ ~~No Known~~ Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	Continue	PV Cx well effaced 3cm dilated patient wants epidural. case Informed to Dr. mathangi advised to epidural.	S/N parameshwari 016808
	11am	Epidural Informed to patient & patient attender. Case Informed to Anesthetist. Dr. Ashwini Anesthetist saw the patient epidural consent obtained. ↓SAP, Epidural catheter Inserted. Epidural bolus given.	S/N parameshwari 016808
	11.20 am	CTG connected. FHR good. early deceleration Informed to Dr. Vinitha.	S/N parameshwari 016808
	11.30am	Dr. Vinitha saw the CTG ↓SAP foley IBF catheterized.	S/N parameshwari 016808
		Dr. Vinitha saw the CTG advised to IVF RL 500ml Rush.	
	12pm	Dr. Lucetta saw the patient checked PV fully effaced 4cm dilated advised to Inj: Syntocinon stat.	S/N parameshwari 016808
	12.30pm	Dr. mathangi advised to Alfaro position change CTG Deceleration present	S/N parameshwari 016808

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(3)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26		Dr. Lucetta saw the patient	
		change sitting position.	S/N paramegn 016808
	12.55pm	Dr. Mathangi saw the patient	
		checked pv well effaced, fully	
		dilated adviced to squatting.	
	1:00pm	patient squatting well patient	
		FHR monitor, CTG continue	
		monitor.	S/N paramesroa 016808
	1.30pm	patient details, files handed	
		over given to Evening duty	
		staff	S/N paramegn 016808
	1.43Pm	Normal vaginal delivery.	
19/7/	1:30pm	Evening duty.	
		Normal vaginal delivery done.	
		CSAP pt in lithotomy position,	
		parts painted draped LA RMLE	
		given with full maternal efforts	
		and good uterine contraction pt	
		delivered a boy baby cried	
		Immediately after birth Immediate	
		cord clamping at delt and baby	
		handling over to paediatrician	
		placenta & membrane delivery by	
		CCT pt extension reans Rectal	
		mucosa episiotomy sutured in layers	
		mild atonic PPH medically managed	
		Rectal mucosa intact sphincter tone	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

Continue

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Mild PPH: Inj: Synto 10 un Im gim	
		Inj. synto 20 condd Int re 12m/	
		On flow Inj: Tranex 1 gm Slow	
		Iv gim as per doctas Inj: mum 1m	
		gim Inj: Carboprost 250mg Slow	
		Iv gim as per doctas Pt vital	
		Carried & reconnued uterus	
		Contracted Pt genou condition	
		is good	
		B - 19/4/26 at 1.43 pm	
		A - Boy	
		B - 2.273 kg	
		1 - 8/10, 9/10	Dai/018760
	4.00 pm	Patient vital carried & recorded	
		Patient after deliving voided for	
		400ml Informed to Vinitha mam	
		post void Benning, no breadace	
		Pt Shifted to ward	
		B- Breast is soft no engorgment	
		U- uterus is contracted	
		U- patient self void 400ml	
		L- Lochia rubra present no foul	
		Smelling	
		R- REEDA assessment applicable	
		H- Homan's sign negative	
		E - Patient emotional status is	
		sign negative.	Dai/018760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 19/7/26 Date of Removal: 5/7/26

Parameters	Date / Shift Time	19/7/26 morning						
Need for the Catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Saranya						
Signature of the Nurse		S 19/7/2026						

Removed

Docu. No. : RCH /FRM / CLINICAL / 114

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. | Sterimtech

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Bi BY F Your

OUC-00085061
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036524

CONSENT FORM FOR GENERAL / REGIONAL THESIA / MAC

Patient Name : .....

Gender : M☐ F☐ - IP No : ..... Age : .....

Ward / Bed No. : ..... Consultant : Dr. Mathangi

Operative procedure planned : Labour Epidural Analgesia

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : HYPOTENSION / BRADYCARDIA / PDPH / PONV

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Dharani Priya ..... the above mentioned operation I Diagnostic I Therapeutic procedures ..... LABOUR EPIDURAL ANALGESIA .....

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Mrs. Dhanani priya

Relationship with Patient: patient

Date & Time : 19/7/2026 @ 11am

Witness :

Signature : .....

Name : YOKESHWAR RAJ

Date & Time : 19/7/26 @ 11am

Doctor (who is taking the consent) :

Signature : 101348

Name : DR. Ashwini

Date & Time : 19/7/26 11AM

Department of Anaes[thesia]
PRE-ANAESTHETI[C]

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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Name: Mrs. Dha... yrs Sex: female UHID.No: 36524

Date: 19/7/26 Time: 11AM Proposed Operation: Labour Epidural analgesia

Diagnosis: primigravida / Induction of Labour Emergency LSCS

B.P / CRT: 100/70 mmHg/mm H.R: 90 Weight: 74.4 Kg ASA Physical Status: ☐1 ☑2E ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.3g%	Glucose: 79/104	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC:	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 1.91L	Na:	Dir. Bil:	Blood group: B+ve	Stress/Angio:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1.49	
	Cl-:	SGOT/SGPT:	**Allergies:** NKDA	

Medical History: CVS:

RESP: Diabetes: GDM – on OHA – Dx at 4 months GA.

CNS:

Renal:

Hepatic / GE: Pt was on T. Ecosprin 150mg till 36 weeks GA Physical Activity:

Others:

Past Anaesthetic History: H/o fibroadenoma excision (R) breast ↓ GA – uneventful

Physical Exam: Short stature

Airway: (N) MP 1 2 (3) 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: movts (N) Teeth:

Lungs: B/L NVBS (+), clear

Heart: S1S2 (+), NO murmur.

CNS: NFND

Pregnant: ☑Yes ☐No ☐NA Venous Access Site: 18G Spine Exam for regional: (N)

Anaesthetic Plan: ☐MAC ☑REGIONAL ☐GA-ETT ☐LMA

Peri-Operative Plan Explained to the Patient: ☑Yes ☐No

CURRENT MEDICATIONS	DOSAGE
T. Glyciphage SR	850mg bd.

Pre-Operative Instructions: CBG = 91 mg/dl at 4AM

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: S. Ashwini 101348 Name: DR. ASHWINI. S

Docu. No.: RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No			Fasting Status:
Physical Status:	Patient Identified	☐ Consent Present	☐ Chart Reviewed

H.R:	B.P/ CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME
N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:

FIO_2 / SaO_2
$ETCO_2$
ECG
Temperature
Urine Output

Fluids
Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....
Signature of the Doctor : .....

Patient Sticker

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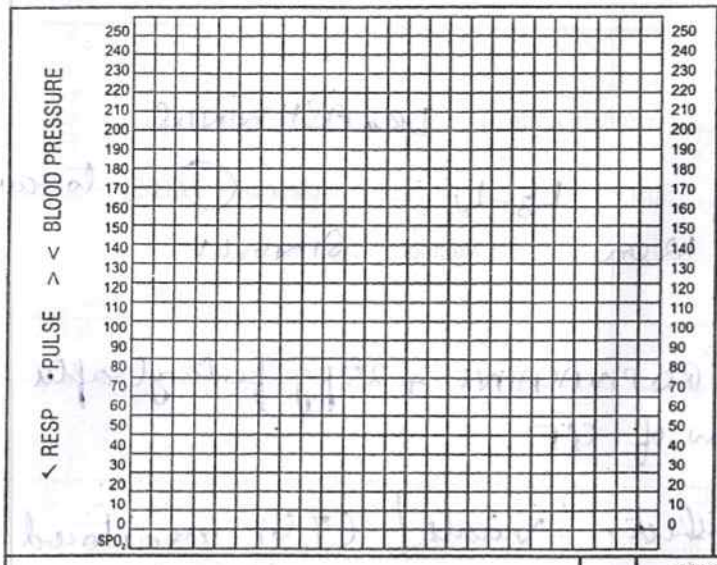
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

1. Every eight hours for all hospitalized patients
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 19/7/26 Time: 11AM Procedure done by Dr. ASHWINI.S

CSE /Spinal (Epidural) Position : sitting Space : L3–L4 Technique (LOR/LOS) to air

Depth: 5cm Catheter at Skin: 12cm Attempts : SINGLE

Parasthesia : Yes/No if yes details :

Solution Composition : 15ml of 0.1% ROPIVACAINE + 25µg fentanyl after free flow of CSF.

Any other issues :

a)

b) RL @ rushed. Vitals / CTG monitored

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
11:10AM		15ml	T6	T8	114/76	89	138	

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
Patient Name 08-09-1997 28 Y 10 M 13 D (F) ..... UHID No : .....
Dr. MATHANGI RAJAGOPALAN
Gender: ☐ Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :
Signature : .....
Name : Mrs. Dharani Priya
Date & Time : 19/7/26

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

Patient Attendant :
Signature : .....
Name : YOKESHWAR RAJ L
Relationship with Patient: HUSBAND
Date & Time : 19/7/26

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Panitha.
Date & Time : 19/7/26

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

You are scheduled for an induction of labor on 19/07/2026. (date) at 38+1 (weeks of gestation).

The reason for your induction is Term IOL / PROM

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

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

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

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

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

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

Patient
Signature: .....
Name: Mrs. Dharani priya
Date & Time: 19/7/26

Patient Attendant:
Signature: .....
Name: YOKESHWAR RAJ L
Relationship with Patient: HUSBAND
Date & Time: 19/7/26

Doctor:
Signature: .....
Name: Dr. Panimalar.
Date & Time: 19/7/26

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

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Pati

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 19/7/26

Baseline Information:

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

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 –

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

If yes, identify

Chief Complaints: pt came c/o leaking PV

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 3AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
K/c/o GDM on OHD.	sebaceous cyst	–

Blood Group: "B" positive LMP: 13/10/25 EDD: 20/7/26 Gestational age during admission: 38wk+1d

Contractions: – Vaginal Discharge:

Obstetric History: G 1 P L A Previous LSCS

Height: 153 Weight: 71.4 BMI: 26

Temp: 98°F HR: 90 RR: 18 BP: 100/70 SpO_2 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..27.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

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

Orientation not given Reason: ..-..

Nurse Signature: ..Sathya..

Nurse Name: ..Sathya..

Date & Time: ..19/7/26 at 3pm..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/7/26 Time of Arrival: 2:50am Time Seen by Nurse: 2.57am

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: 90 RR: 18 SpO_2: 100 BP: 100/70 Weight: 74.4 kg

4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 13/10/2025 EDD: 20/07/2026 Gestational Age: 38w+1d.

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☑ Yes	☐ No	☐ NA	Onset 19/7/26	Time 2am	Fluid Color: clear
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

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

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

6) **Past History:**

a) Surgeries: Sebaceous cyst

b) Medical: GDM on OHA

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 3AM

Nurse Name : Pooja   Nurse Signature: Dr. pooja

Date: 19/7/20   Time: 3Am

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 19/7/18

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	01	
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

(17)

					Date : 19/7	19/7	19/7	19/7
					Time : 3am	8am	8pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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				

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

Patient ID

BRADEN 'Q' SCALE

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				Date :	20/7	20/7		
				Time :	M	E		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
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				TOTAL SCORE	27	27		
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PAIN ASSESSMENT FORM

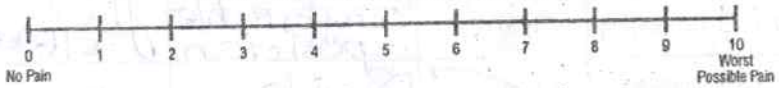
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7/26	3AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[illegible]
19/7/26	6AM	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
19/7/26	8am	2/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	provide comfortable position	[illegible] 01808
19/7/26	12pm	1/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	provide comfortable position	[illegible] 01808
19/7/2	2pm	1/10	abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
19/7/26	6Pm	2/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
20/7/26	12AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
20/7/26	6AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 02/298
20/7/26	8am	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 607778
20/7/26	2pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[illegible]

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

Patient Sticker

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PAIN ASSESSMENT FORM

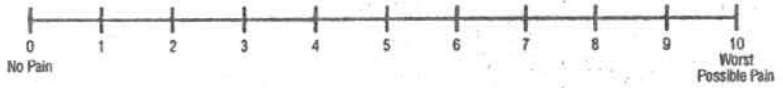
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp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

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	19/7/26 3AM	19/7/26 M	19/7/26 E
		Score		30	
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			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

Morse Fall Risk Assessment Form

Rainbow® Children's Hospital
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Choose Highest Applicable Score from each Category		Date / Time	N 19/5/26	PQ 20/7/26	
		Score	30	30	
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			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			30	30	
		Signature	[signature] 22105	[signature] 60778	

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

Docu. No. : RCH /FRM / CLINICAL / 006

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Patient's GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
MRD NO Dr. MATHANGI RAJAGOPALAN
Age :...... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 19/7/26 Time: 3AM
Location : (R) metacarpal.
Size : 18G
Cannula inserted by : S/N sobeswari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
19/7	3.30AM	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	11PM	☐Yes ☑No	☐Yes ☑No	patten	AA
20/7	3AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	7AM	☐Yes ☑No	☐Yes ☑No	patten	AA
	9am	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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-00086061 IP18-00036524
Mrs DHARANI PRIYA
36-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis primi 38w 4d / PROM Plan
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education ✓
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
19/7/24	4AM	yes	Educate about fall risk safety needs (put side rails)	patient	No learning barriers	oral	none	yes	good	[illegible]
20/7/24	8Am	yes	educate about fall risk safety needs (put side rail)	pt	No learning barriers	oral	none	yes	Good	[illegible]

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 TRANSFER FORM

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GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	19/7/2026 at 3.40pm	19/7/2026 at 7.15pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. mathangi	DR. vinith	Further mangement
From Unit	To Unit	Information to Attendant
ADR	4th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Nil	Nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj Supon – X 1, Dsy 10ml – X 1	Dicel – X 1
2.	Inj. paral – X 10	
3.	T. pan – X 9	
4.	T. Aquin 650 – X 10	
5.	Non pad – X 1, Alu – X 1	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sobelin	DR. vinith

Patient & Clinical Records Received by : [signature] 021295

Date & Time of Patient Received : 19/07/26 @ 8.05PM

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

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

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

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

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Sl.No. 2617

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name : Mrs. DHARANI PRIYA	Age: 28yrs	Gender: Femal
UHID No: 00036061 IP No: 36924	Date: 19/7/26	Date: 19/07/2026
Diagnosis: primi/38w+1d/PROM		Time: 7am

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name:

Signature: R. Pavithra

Doctors Medical Council Registration No.

124682.

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

Date: 19/07/2026

IP Registration No: IP18-00036924

Aadhaar No. of the patient(optional): -

		Remarks
1.	**Name**	No.11/11, Lakshmi Nagar, 10th
2.	Complete postal address (with contact number, if any)	Cross St, Porur, Kanchipuram TN
3.	Brief description of the illness	INDIA - 600116
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	-
5.	Details of essential narcotic drugs dispensed	-

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
19/7/26	Inj. PETHIDINE 50mg	(1)	[signature]	

Dispensed by (Name & ID No.): R. Geethanjali / 01683

Signature: R. [signature]

Received by (Name & ID No.): POOJA.S / 0HH16

Signature: [signature] 0HH16

Time: 7:01 Am

Docu. No: RCHBH /FRM / CLINICAL / 133

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/07/2026 Time: 12 PM

Origin: — Height: 153 Cms Weight: 74.4 Kg. BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ 30 kg/m²

Food Allergies: Cucumbers (cold)

Diagnosis: Normal Vaginal Delivery T RMLE

Type of Diet: ☑ Liquid ☐ Soft ☑ Normal ☑ Diabetic K/C/O – GDM on OHA on T. Glyciphage.
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's
Signature: [signature]
Name: YOKESHWAR RAJ
Date & Time: 20/07/26 @ 12 PM

Dietician's
Signature: A. Sadiqa (018336)
Name: A. Sadiqa Farheen
Date & Time: 20/07/26 @ 12 PM

DIETARY NOTES

Date	Time	Notes	Sign
20/07/26.	08:15AM.	Normal Vaginal Delivery T RMLE done.	
		- Patient is on Normal Diet.	
		- Patient is Stable. Oral intake is Adequate.	AB (018336)
		- Tolerated Liquids.	
		- Advised to take well-Balanced diet.	
		- Consume Small - frequent meals.	
		- Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc)	
		RDA. Values - Energy - +600Kcal.	
		Protein - +17-19 g/d.	
		- Consume low G.I fruits & vegetables	
		Stools not passed.	