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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/7/16

Name of the Pat: GUC-00091621 IP18-00036663 Mrs KARTHIKA N R 08-12-1992 33 Y 7 M 22 D (F) Dr. MATHANGI RAJAGOPALAN

UHID No: .....

Gender: Female

Ward: .....

Room No: 703

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 30/7/16	Date: 30/7/16
Time:	Time: 6 AM	Time: 8:30 am

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 22 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6AM 7/10/2021					
Activity Sheet update by Pharmacy							

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 20 D (F)
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: Mrs Karthika. N.R

UHID No: 91621 IP No: 36663 Consultant: DR.NATHANGI Dept: LDR

Date of Admission: 28/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	4:30pm	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
30/7/26	CBC	26021381	PL

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7/26	CTG - (1)			8/0/93	0/6/26
29/7/26	CTG (2)			0/0/98	0/6/26
29/7/26	CTG (3)			0/0203	0/6/26
29/7/26	CTG (4)			0/0203	0/6/26
29/7/26	Infusion pump	9Am	3pm	1734918	Akalya 0/6/26
	CTG (5)			0/0211	Akalya 0/6/26
	CTG - (6)			0/0211	Akalya 0/6/26
	CTG (7)			0/0211	Akalya 0/6/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/7/26	IV placement	(1)	734306	

ANY OTHER INFORMATION:

Normal vaginal delivery
Date :- 29/7/26
Time :- 10:45Am to 11:45Am
Duration :- 1 hr
Dr: mathangi
Dr. Akshitha

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 22 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26 at	Simadhu 607373		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036663 **Admit Date** : 28-Jul-2026 **Admit Time** : 09:57 PM **UHID** : GUC-00091621

Patient Details :

Patient Name	: Mrs KARTHIKA N R		
Guardian	: M MANIKANDA SAJITH	**Age**	: 33 Y 7 M 20 D
Gender	: Female	**DOB**	: 08-12-1992
Occupation	:	**Religion**	:
Address (H)	: NO.8/45, NANCHI GRACE, DOOR NO 5, PALAR STREET, BHARATH NAGAR EXTENSION Adambakkam Kanchipuram Tamil Nadu INDIA 600088	**Martial Status**	:
		Phone No	: 8248566541/ 9952742994
		E-mail	: NO@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 : M MANIKANDA SAJITH

Contact Address : NO.8/45, NANCHI GRACE, DOOR NO 5, PALAR STREET, BHARATH NAGAR EXTENSION Adambakkam Kanchipuram Tamil Nadu INDIA 600088

Relationship : Husband

Phone No : 8248566541

Signature

Doctor Details :

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

Referral Doctor : Google **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KARTHIKA N R**		
IP No:	**IP18-00036663**	**Age :**	**33 Y 7 M 20 D**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: M. MANIKANDA SAITH

Relationship: HUSBAND

Date: 28/07/26 Time: 09:57 PM

Witness Name: P Thangavel Sahoo

Witness Signature:

Patient Address:

NO.8/45, NANCHI GRACE, DOOR NO 5,
PALAR STREET, BHARATH NAGAR
EXTENSION Adambakkam
Kanchipuram Tamil Nadu INDIA
600088

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 : Mrs. KARTHIKA. N. R	UHID Number : 91621
Self/Attendant Name : M. MANIKANDA SAMY	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00091621 IP18-00036663 Athika N.R
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 20 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to PFM well Admitted for IOL

LMP: 02/11/2025 EDD: 9/8/26.

Corrected EDD:

GA: 38+2 weeks

Obstetric Formula: G2P1L1

Menstrual History: Regular : ☑ Yes ☐ No M/S: 7 1/2 years, NCM

Obstetric History:
I- Boy, NVD, 2.83kg, 6½ year. A & H milestones delay/speech delay @ SP Hospital
II- PP, Spontaneous conception

Obstetric Examination

Fundal Height: Term

Lit. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe 2 tightening / 10 sec

Present Pregnancy Record:
- Booked and unmunised
- NT (N), AFTS - Neg
- Anemia / Growth scan (N)

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 3/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

HC - 5th centile
Prev. baby H/O delayed milestones

Per Speculum Examination (–)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination –

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced 50%

Os: Closed _____ Dilated 2 cm

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 166 cm
Weight: 67 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: full
Icterus: No
Temp: (N)
BP: 112/72 mmHg
CVS: S1S2 (+)
Liver/Spleen: ↓↑

Pallor: No
Edema: No
PR: 86/min
DTR: (+)
RS B/L AE (+)
Urine Output: adequate

DIAGNOSIS

G2P1L1 A positive	Prev. NVD LCB - 6½ years	38+2 weeks	Hypothyroid/IOL

Patient Sticker

Family History:	Surgical History:
Mother - Diabetic	Nil
Medical History: wheezing on & off (last 1 year back) hypothyroid in pregnancy	**Medication History:** Tab. THYRONORM 25mcg OD
Plan of Care: I/P Dr. Maithangi Advice: - Admission - parts preparation - secure IV line - plan: Gel induction at 5 Am. - CTG Q4H. - W/F contractions - Inform SOS.	**Investigations:** CTG

Doctor Name: Dr. Mohana / Dr. Divyalakshmi

Signature: 16.1285

Date & Time: 28/7/26, 9:30pm

Consultant Name: Dr. Maithangi

Signature: for 16.1285

Date & Time: 28/7/26, 9:30pm

GUC:-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	16/7/20					
Time					A POSITIVE	
Hb	11.3					
PCV						
RBC						
WBC	11800					
N/L						
Platelets	2.3 lakh				HIV	
CRP					HBsAg	
ESR					VDRL	Neg
PCT						
RBS	F- 83					
Na	PP- 101				24/3	
K					TSH-	2.3
Cl						
Ca/Mg						
Phosphate					F-	72
Urea					GCT-	89 (2hr)
Creatinine						
ALP						
SGPT					HbA1C-	5.5
SGOT						
T.Bil/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/7/20

(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 : .....

.....

.....

.....

18/7/20

Radiology : USG : SLIUG - 36+6 wks

X-Ray : Cephalic

ECHO : placenta - posterior

CT : AFI - 12.9

MRI EFW - 2682 (30th centile)

Others (ECG, Contrast Studies etc.,) : HC - 5th centile

Dopplers - (N)

GUC:-00091621 IP18-00036663
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Mohana / Dr. Divyalakshmi	
29/7/26 6 pm	pt reviewed Able to PFM well	
38+3 wks	o/e: pt GC fair, afebrile P° / PE°	Advice
T - (N) PR - 84/min BP - 100/70 mmHg	p/A: ut term lc/20 sec/10 mm cephalic FHS good	- monitor vitals - follow drug chart. - Gel induction at 6 AM - w/f contraction - Inform SOS
	P/V: Cx 50% effaced OS 2-3 cm dilated membranes (+) Vx - 2 pelvis gynaecoid	10428
29/7/26 6:20 AM	↓ ASP, PGE2 gel kept intracervically	
	post Gel CTG → 7:15 AM	10428

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R (F)
08-12-1992 33 Y 7 M 21 D
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
9:30 Am	Pt reviewed, No lower Abdominal Pain on & off	
	O/E Pt Gc fair, Afebrile	CT/T Dr. Mathangi
T-(N)	P°/PE	Advice
PR-95/min	CVS/	- To start INJ. SYNTO
BP-90/60mmHg	RS/NAD	2ml/hr @ 9AM
	P/A - Uterus @ Term	- Continuous CTG
	Mildly Acting (2c/15-20"/10')	- Liquid diet
	Cephalic	- Follow drug chart
	FHS - good	- W/F Contractions
		- Inform (SOS)
	18221	
29/07/2026 9:30AM	C/S/B Dr. Mathangi	
	P/A - Uterus @ Term	Advice
INJ. SYNTO 12ml/hr	Mildly Acting (2c/30"/10')	- Continuous CTG
	Cephalic	- Continue INJ. SYNTO
CTG - Reactive	FHS - good	acceleration & titrate accordingly
	P/V - Cx - 1cm/long	- W/F contractions
	OS - 2-3cm dilated	- Inform (SOS)
	Membranes (+)	
	Veatex @ - 2	
	18221	

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/01/2021	C/S/B Dr. Mathangi	
10:20 AM		Advice
	P/A - Uterus @ Term	- All four's position
CTG - Reactive	Moderately Acting (4c/25"/10')	- Continuous CTG,
INJ. SYNTO @ 12ml/Hr	Cephalic	- Continue INJ. SYNTO
Bedside USG	FHS - good	acceleration & titrate
	P/V - Cx - 1cm long	accordingly
- LOP to LOT	OS - 3cm dilated	- W/F contractions
- No loop of cord	Membranes (+)	- INJ. SUPACEF 1.5g IV Stat (ATD).
	Vertex @ -1	
	↓ SAP, ARM done clear liquor drained	
	18221	
29/01/2021	C/S/B Dr. Mathangi	
10:45 Am		Advice
	P/V - Cx - Fully effaced	- Shift to Labour room
INJ. SYNTO @ 120ml/Hr	OS - Fully dilated	- Position for Laboring
	Membranes Absent	- Encourage active pushing
CTG - Reactive	Vertex @ +2	
	18221	

GUC-00091621 IP18-00036663
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2026 10:56 Am	NORMAL VAGINAL DELIVERY WITH FIRST DEGREE LACERATED PERINEUM	
	S/B: Dr. Mathangi	
	A/B: Dr. Lucetta / Dr. Akshitha / Dr. Shreedevi	
	Under strict aspectic precautions, patient in dorsolithotomy position. Local parts painted and draped. 2% lignocaine local infiltration given. With good uterine contractions, full cervical dilation and good maternal efforts and good perineal support. She delivered an alive term girl baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Perineum inspected. First degree lacerated perineum noted and same sutured with rapid vicryl. Hemostasis secured	
	P/A - uterus firm & well contraction P/V - No undue bleeding PV P/R - Rectal mucosa and sphincter tone Normal	
	B | 29/07/2026 ; 10:56 Am A | Girl B | 2.863 kg H | 8/10, 9/10	

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- vitals Monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- CBC c/m 6 AM
		- Measure and Inform 1st void
		- Inform(SOS)
	18221	
29/01/2024	C/S/B Dr. Pavithra / Dr. Shreedevi	
4PM		
POD-0	Pt reviewed, Nil c/o	Advice
	Pt voided - 200ml ; PVRU-25ml	- Normal diet
T-(N)	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
PR- 89/min	P° /PE°	- vitals Monitoring
BP- 118/80 mmHg	CVS/	- Follow drug chart
	RS/WAD	- W/F ↑ Bleeding PV
Baby - M/S	P/A- Ut well Contracted	- CBC c/m 6 AM
BL - Breast soft	Soft	- Inform (SOS)
	L/E- BWNL	
	Epi wound Intact	
		Shift to ward
	18221	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26, 8:45 PM	S/B Dr. Vinitha Pt reviewed; No C/o O/E: GC fair; Afebrile P°/PE°	
BP: 117/60 PR: 79/min SpO2: 98% RA	CVS / NAD RS /	
Baby M/S B/L Breasts soft	P/A: Ut well contracted; soft; BSIA P/E: BWNL Epi wound intact	
V-STA/12/13		Adv: CBC 4M 6AM • Normal diet • Plenty of fluids • Vitals Monitoring • Follow drug chart • W/F ↑ Bleeding P/V Inform SOS

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 22 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/01/2026 9AM	C/S/B Dr. Akshitha / Dr. Shreedevi	
POD-1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P°/PE°	- Plenty of oral fluids
PR- 86/min	CVS/	- Vitals Monitoring
BP- 106/64 mm Hg	RS/NAD	- Follow drug chart.
	P/A- Ut well contracted	- W/F ↑ Bleeding PV
Baby- m/s	Soft	- Process discharge.
B/L-Breast Soft	LIE - BWNL	
Voiding freely	Epi wound Intact	
Stools passed.		
	18/2/26	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight
Y RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 20 D (F)
Dr. MATHANGI RAJAGOPALAN

(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: LDR Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab - THYRONORM	25mg	PO	OD		☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dinyalakshmi

Date & Time : 28/7/26, 9:30pm

Nurse Name & Signature: S/N: Tamil selvi

Date & Time : 28/7/26 at 9.30pm

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR ..... Shifted to: 7th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	25mg	PO	OD	29/7/26 8AM	☐C ☐DC
2	T. AUGMENTIN	625mg	PO	TDS	29/7/26 2PM	☐C ☐DC
3	T. PARACETAMOL	1g	PO	TDS	29/7/26 2PM	☐C ☐DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	29/7/26 11PM	☐C ☐DC
5	T. PAN D	40mg	PO	BD	—	☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 82217

Date & Time : 29/7/2026 at 4:30pm

Nurse Name & Signature: S. Nithya 01808

Date & Time : 29/7/26 at 4:30pm

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DRUG CHART

Date of Admission: 22/7/26 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:				

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

Signature .....

VERIFIED BY : Name .....

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 67 kg Ward. IDR

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
25mcg	PO	OD	29/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: empty stomach

Daily Doctor's Endorsement by a Sign

Date / Time	29/7/2017
6Am	PL VA

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7/2017		
8Am	/	SM	NS
2pm	SP		
10pm	PL	VA	
	D1	D2	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7/2017	
7Am	/	PL
		VA
7pm	BS	
	SS	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7/2017	
8Am	/	SM
		NS
2pm	SP	
10pm	PL	VA

GUID:-00091621 IP18-00036663
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Dr. MATHANGI RAJAGOPALAN

Weight. 67kg Ward. LDR

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
29/7	6.30 AM	PGE2 GEL	0.5mg	Intra cervically	16426	TJ
29/7	10:30AM	INJ. SUPACEF	0.1 ml	Id	182217	MD SA SN
29/7	11AM	INJ. SUPACEF	1.5g	IV	182217	SA SN
29/7	10.58AM	INJ. SYNTO	10U	IM	182217	SA SN
29/7	11AM	INJ. TRAPIC	1g	IV	182217	SA SN
29/7	11:40AM	T. MISOPROSTOL	600 MCG	PR	182217	SA SN
29/7	11:40AM	JUSTIN SUPPOSITORY	100mg	PR	182217	SA SN
29/7	10:00pm	DULCOLAX SUPPOSITORY	2 tab	P/R	121113	Y.A P.IC

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I.V. FLUIDS CHART

Weight. 67kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/7/26	9AM	INJ. SYNTO 5U IN 500ml RL	IV	12 ml/hr	18224	SA / SN	29/7	18221	SA / SN
29/7/26	9AM	IVF 1 ORL	IV	free flow	18224	SA / SN	29/7	18221	SA / SN
29/7/26	11AM	INJ. SYNTO 20U IN 500ml RL	IV	125 ml/hr	18224	SA / SN	29/7 29/7	18224	SA / SN

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

GUC-00091621
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100 mg	PR	1-0-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
29/7/21		
9Am		SM
		NS
9pm	PR	PA

DRUG : C. LACTARE

Dose	Route	Frequency	Start Dt.
2 tabs	PO	2-2-2	30/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
30/7		
8Am		SM
		NS
2pm		
10pm		

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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				

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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

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

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

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

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

GUC:-00091621 IP18-00036663
Mrs KARTHIKA N R
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Rainbow® Children's Hospital

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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

28/7/20	Date																									
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20														20			18				20				
	0 - 10																									
Saturations	94 - 100 %														99%			99%				99%				
	< 94 %																									
Administered O_2 (L/min.)															RA			2LPM				RA				
Temp°C	40																									
	39																									
	38														CBP			CBP				CBP				
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														36			30				32				
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert														✓			✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30														✓			✓				✓				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal														—			—				—				
	Heavy / Foul																									
Liquor	Clear / Pink														—			—				—				
	Green																									
TOTAL YELLOW SCORES															0			0				0				
TOTAL ORANGE SCORES															0			0				0				
Nurse Initial															Fw			Fw				Fw				

on Admission

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

GUC:-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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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

24/7/26

		Date																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	21	20	20	20	20								22				22				24				
	0 - 10																									
Saturations	94 - 100 %	100	100	100	100	100								99				98				97				
	< 94 %																									
Administered O_2 (L/min.)		RA	RA	RA	RA	RA								RA				RA				RA				
Temp °c	40																									
	39																									
	38													98.6F				98.6F				98.6F				
	37	98F	98.6F	98F	98F	98.6F																				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	87	70	80	89	79								90bpm				92bpm				90bpm				
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	100	120	110	118	117								118				120				108				
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50	60	60	75	80	60								70				60				70				
	40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓		✓								✓				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓								✓				✓				✓				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓	✓	✓	✓	✓								✓				✓				✓				
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓	✓	✓								✓				✓				✓				
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0								0				0				0				
TOTAL ORANGE SCORES		0	0	0	0	0								0				0				0				
Nurse Initial																										

GUC-00091621 IP18-00036663
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Rainbow Children's Hospital — It takes a lot to treat the little.
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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.

23/12/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	←				On Admission						
	10:00 pm	H20	150						200	NOIV Line		Tue
	11:00 pm	H20	100									
	12:00 am											
	01:00 am	H20	150						250	NOIV Line		Tue
Total Intake :		400				**Total Output :**			450			
	02:00 am	Juice	200									
	03:00 am	H20	100						150	NOIV Line		Tue
	04:00 am											
	05:00 am	H20	100						200	NO		Tue
	06:00 am	H20	150						250	NOIV		Tue
	07:00 am											
Total Intake :		850ml				**Total Output :**						

Total 24 hrs. Intake	950 ml	Total 24 hrs. Output	850 ml

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

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Mrs KARTHIKA N R
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Rainbow Children's Hospital — It takes a lot to treat the little.
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FLUID CHART

Sheet No. : 2

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

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
29/7/25												
	08:00 am	H2O	100ml		RL					300	0	SA
	09:00 am			12ml	500ml					200	0	SA
	10:00 am	TC	100	24							0	SA
	11:00 am	H2O	100	125							0	SA
	12:00 pm			125							0	SA
	01:00 pm	H2O	100	125							0	SA
Total Intake : 400 + 911 = 1,311						Total Output : 400ml						
	02:00 pm	H2O	100	125							0	SA
	03:00 pm	H2	100	125						200	0	SA
	04:00 pm	H2O	100								0	SA
	05:00 pm										0	SA
	06:00 pm	H2O	100ml								0	SA
	07:00 pm	H2O	100ml							250ml	0	SA
Total Intake : 500ml + 250ml = 750ml						Total Output : 450ml					0	SA
	08:00 pm										0	P.O
	09:00 pm	H2O	200ml								0	P.O
	10:00 pm	milk	200ml							200ml	0	P.O
	11:00 pm	H2O	200ml			✓	✓				0	P.O
	12:00 am										0	P.O
	01:00 am	H2O	200ml							300ml	0	P.O
Total Intake : 1000ml						Total Output : 500ml					0	P.O
	02:00 am	H2O	100ml								0	P.O
	03:00 am									100ml	0	P.O
	04:00 am	H2O	200ml								0	P.O
	05:00 am					✓					0	P.O
	06:00 am	H2O	100ml							200ml	0	P.O
	07:00 am										0	P.O
Total Intake : 400ml						Total Output : 300ml						

Total 24 hrs. Intake	3,461	Total 24 hrs. Output	1,850 ml

Patient Sticker

GUC:-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECOR

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takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Date: 28/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9.30 pm	Improve knowledge	10pm	* Educate Regarding diet, activity * Encourage question and clarify doubts	Improved knowledge to some extend	Re assesment Done	Priya 01/8/26

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 29/7/2018

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	Achieving Acceptable pain. Control & Comfortable	8:30 AM	Assess pain using pain scale regularly position change. Pt Comfortably (Left lateral)	patient was stable	Reassessment was done	Healy 0800
Afternoon	2pm	Achieving Acceptable pain Control & Comfort	2:30 PM	Assess pain using pain scale Change the position	patient was stable	Reassessment was done	Healy 0800
Night	8pm	Achieving Acceptable pain Control & Comfort	9pm	Assess pain using pain scale Change the position	patient was Stable	Re-assessment was done	6:00 AM

Docu. No: RCH /FRM / CLINICAL / 148

GUC:-00091621 IP18-00036663
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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
28/7/26	9.30pm	Admission Notes (28/7/26) Mrs. Karthika N R / 33 years / Female got admission under Dr. Mathangi Mam. Patient diagnosis is, G2P1+1 / Pro NVD / 38+2 days / Hypothyroid / IOL. Monitored Patient vitals and Recorded. Pain assesment Done. Maintained Plo. watching Contractions. Parts preparation Done. CTG Connected. FHR Monitored. No any other complaints. orientation given. Patient General condition Fair.	
	10.30pm	CTG disconnected. FHR Monitored. No any other complaints. pain assesment Done.	
29/7/26	12am	Monitored vitals and Recorded. Maintained Plo. watching Contractions. Patient General condition Fair.	
	2.30am	CTG Connected. FHR Monitoring Pain assesment Done. Patient General condition Fair. No any other complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	3AM	FHR Monitored. CTG disconnected patient General condition fair. Pain assessment Done. watching contractions. No any other complaints	
	4.30AM	Morning care given to patient. No any other complaints. watching contractions. patient General condition fair	
	5AM	Dr. Mohana done PV Examination CX 50% effaced, OS 2-3 cm dilated Membrane present, VX - 2 station Informed to Dr. mathangi mam advised for gel at 6AM doctor order carried out	
	6AM	Monitored vitals and Recorded. Maintained D/o. CTG on connect. FHR Monitoring. watching contractions	
	6.20AM	1/ASP/PGE2 gel kept intra cervically. Post gel CTG at 7.15AM doctor order carried out	
	7.15AM	Post gel CTG connected. FHR Monitoring. watching Contractions. IV cannula observed. No any other	

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(2)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/20		Complaints	Rani 0/6/20
	5:30 Pm	patient care Handing over given to Morning duty staff	Rani 0/6/20
		morning duty patient care hand over taken from Night duty staff Nurse patient was stable conscious & oriented to time presents pattan more fall risk Assessment was done score is 20 pain Assessment was done score is 2/10 Braden q scale was Assessed done score is 17 patient general condition fair ⟶	Akalya 0/8088
	8Pm	checked for vital signs recorded Patient vital are stable RR is good ⊕ POST gel CCU is disconnected pt have a 2 contation for 20 seconds in 10 mints ⟶	Akalya 0/8088
	9Pm	⇒ Dr Akshitha Advised to start the Inj. syntoin 5 Units i RS 500ml connected 12 ml/hr for Infusion RR is good ⊕ ⟶	Akalya 0/8088

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	9:15 AM	⇒ Dr: mathangi DO PV Examination findings was she is 1cm long / 2 to 3cm dilatation Continue CTG monitor FHR is good TO Encourage Adequate DOUTS	Ataliya 01805
29/7/26	10:20 AM	⇒ patient was stable → Dr: mathangi DO APM a/l oral liquid Inj: Rupalef / 4 gram after dilution 0.1 ml IV to given to pt To put Rt knees position →	Ataliya 01805
	10:30 Am	⇒ patient complaints of pushing sensation Dr: Akshitha DO PV Examination she is 9cm dilation Pt Shifted to LDR II →	Ataliya 01805
	10:56 Am	⇒ Normal vaginal delivery patient given to lithotomy position clean the perineum & for povidone solution Inj: Lox 2x Infiltration was done To Encourage Adequate DOUTS Baby was delivered at 10:50Am Immediately cord is the Baby cord is clamped & CUT was done cord Blood collected & sented to lab. Inj:- syntain 10units Im given Inj: Syntain 2units IV 500ml connected 1 bottle →	Ataliya 01805

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(3)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	Continue Notes	⇒ Dr: mathangi Advised to Inj: Tapic 1gram IV NS100ml connected on flow patient vital are stable minimal PV Bleeding Suturing was done Count done & disposed Tab'm250 600mg Justine 500mg kept the patient provided Comfortable position	Akalya 01809
	10AM	Baby Details Date: 29/7/26 Time: 10:56Am Weight: 2.863kg Sex: Girl Baby APGAR Score: 8/10 9/10	Akalya 01809
	12pm	B - Breast is soft NO Enlargment U - Uterus was contracted B - Bowel movement present B - Pt is self voided L - Lochia Rubra present E - REEDA Assessment was done H - Homan signs negative E - Pt Emotional good	Akalya 01809
	2pm	⇒ checked for Bleeding Bleeding Normal only Pt vital are stable IV fluids on going Pt general Condition Fair	Akalya 01809

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/F/26	3pm	⇒ patient is voided 200ml Informed Dr. parithas DD post voiding scan was done Advised to pt shifted toward minimal of Bleeding →	Healy 01805
	4:30 pm	⇒ Pt shifted toward Pt care hand over given to 7th floor staff Nurse → Receiving notes on 29/F/26	Healy 01805
	4.30pm	patient received from OPD to 7th floor. patient details brandy over taken from Shraddy patient conscious and oriented patient awake and motion passed → pr bleeding is Normal. Lr like pattern. B- Breast soft. No engorgement U- uterus contracted. Involution present B- Bowel movement present motion passed B- Urine voided freely L- Lochia lumbia present. No foul smelling H- Homan's sign Negative E- Emotional status good →	Gh.
	6pm.	Due medication given as per Dr. order →	Gh.

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	9.30 pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	[signature] 29/7/26
29/7/26	2AM	1/10	Abdomen	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Comfortable position	[signature] 29/7/26
29/7/26	6AM	1/10	Mild Backg Abdomen	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature]
29/7/26	8AM	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Meds 0180
29/7/26	2pm	Y/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Meds 0180
29/7/26	10pm	1/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[signature] 6052
30/7/26	2AM	1/10	episiotomy site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	comfortable position	[signature] 6052
30/7/26	10AM	1/10	Episiotomy site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	comfortable position	[signature] 69383
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

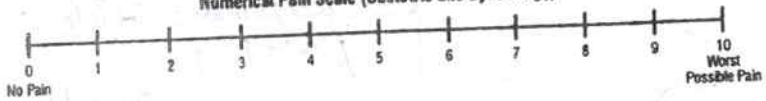
Re-assessment **Frequency:**
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

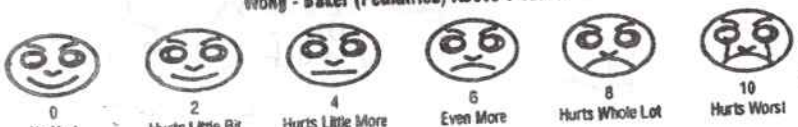
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

				Date : 23/1/26	29/1/26	29/1/26	29/1/26
				Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	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	23	27	27	23
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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BRADEN 'Q' SCALE

				Date : 30/7			
				Time : M			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	27			
				Evaluator's Name	Saf			

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

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

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

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Dr. MATHANGI RAJAGOPALAN

(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 28/7/26	M 29/7/26	E 29/7/26
		Score	0		
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature	[signature] 01808	Akalya 01808	Akalya 01808

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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(2)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 29/7/26	M 30/7/26	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			0	20	
		Signature	[signature]	[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

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Patien GUI:-00091621 IP18-00036663 .....
Mrs KARTHIKA N R
MRD N 08-12-1992 33 Y 7 M 21 D (F) lo.:.....
Dr. MATHANGI RAJAGOPALAN
Age :... .Sex: ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29/7/26 Time: 6AM
Location : left-cephalic
Size : 18G
Cannula inserted by : S/Nr. Tamilselvi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/7/26	7AM	☐Yes ☐No	☐Yes ☐No	Observed	
	9AM	☐Yes ☐No	☐Yes ☐No	Observed	
	11AM	☐Yes ☐No	☐Yes ☐No	Observed	
	1PM	☐Yes ☐No	☐Yes ☐No	observed	
	3PM	☐Yes ☐No	☐Yes ☐No	observed	
	7PM	☐Yes ☐No	☐Yes ☐No	observed.	
	9PM	☐Yes ☐No	☐Yes ☐No	observed	
	11PM	☐Yes ☐No	☐Yes ☐No	observed	
30/7	2AM	☐Yes ☐No	☐Yes ☐No	observed	
	4AM	☐Yes ☐No	☐Yes ☐No	observed	
	6AM	☐Yes ☐No	☐Yes ☐No	observed	
	8AM	☐Yes ☐No	☐Yes ☐No	observed	
	10AM	☐Yes ☐No	☐Yes ☐No	observed	
	12PM	☐Yes ☐No	☐Yes ☐No	observed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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		
		☐Yes ☐No	☐Yes ☐No		

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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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 G2P1L1/38WKS
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
28/7/26	9.30 pm	Informed Consent	Informed Induction of labour vaginal birth consent	patient	NO	oral	None	Verbal	Good	Sign 01/8/26
29/7/26	8AM	Yes	Educated about the pain management	PT	NO	Oral	None	Verbal	Good	Sign 01/8/26
30/7/26	8AM	Yes	Educated about the pain management	patient	NO	oral	None	Verbal	Good	Sign 30/7/26

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

7. For Caesarian mothers: N/A
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission: N/A
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: —

Continuity of Care: Date: .....

Baby in mothes side
good latching
E - 2
A - 1
T - 2
C - 2
H - 2
7

Handover given by S/N Akalya 018050 Handover taken by E Shinya

Signature SA 018050 Signature .....

Date & Time: 29/7/2026 Date & Time: 29/7/26 4.20pm

PATIENT TRANSFER FORM

(1)

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Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	28/7/26at 09:57pm	29/7/26at 4:30pm
Treating Consultant Name: Dr: mathangi	Transfer Ordered by: Dr: pavithra	Reason for Transfer: Observation
From Unit: LDR	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole file fields	Number of Imaging Films: CD	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab Pcm 1gm	(9)
2.	C-pan 40mg	(10)
3.	T. Augmentine	(9)
4.	Inj Rantac	(5)
5.		

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

Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
01/8/26	Dr: pavithra
Patient & Clinical Records Received by :	
Date & Time of Patient Received :	29/7/26 4:30pm

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

Unavailable Bed Nurse not Available Available Bed not ready

INFORMED CONSENT FOR VAGINAL BIRTH

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Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Male 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 : karthika

Name : Mrs. Karthika

Date & Time : 28/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : Saj

Name : Sajith

Relationship with Patient: Husband

Date & Time : 28/7/2026

Doctor (who is taking the consent) :

Signature : for

Name : Dr. Mathangi

Date & Time : 28/7/26.

GUC:-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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INDUCTION OF LABOR CONSENT

Name: Mrs. Karthika Age: ..... Gender: Male ☐ Female ☑

UHID.No : ..... Date: 28/7/26

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

The reason for your induction is .....

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

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

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

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

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

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

Patient
Signature: Karthika
Name: mrs: KARTHIKA
Date & Time: 28/7/26

Patient Attendant:
Signature: Saji
Name: Sajith
Relationship with Patient: Husband
Date & Time: 28/7/26

Doctor:
Signature: Dr. 164220 Dr. Mathangi
Name:
Date & Time: 28/7/26

Witness
Signature:
Name:
Date & Time: 28/7/26.

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☑ Others Hypothyroid

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☐ Episiotomy ☑ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: 1° degree, lacerated perineum

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: 350ml

Blood Transfusion: -

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 2 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.863 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 29/07/2026 10:56 AM

LW Doctor: Dr. Mathangi

LW Sister: .....

PARTOGRAPH

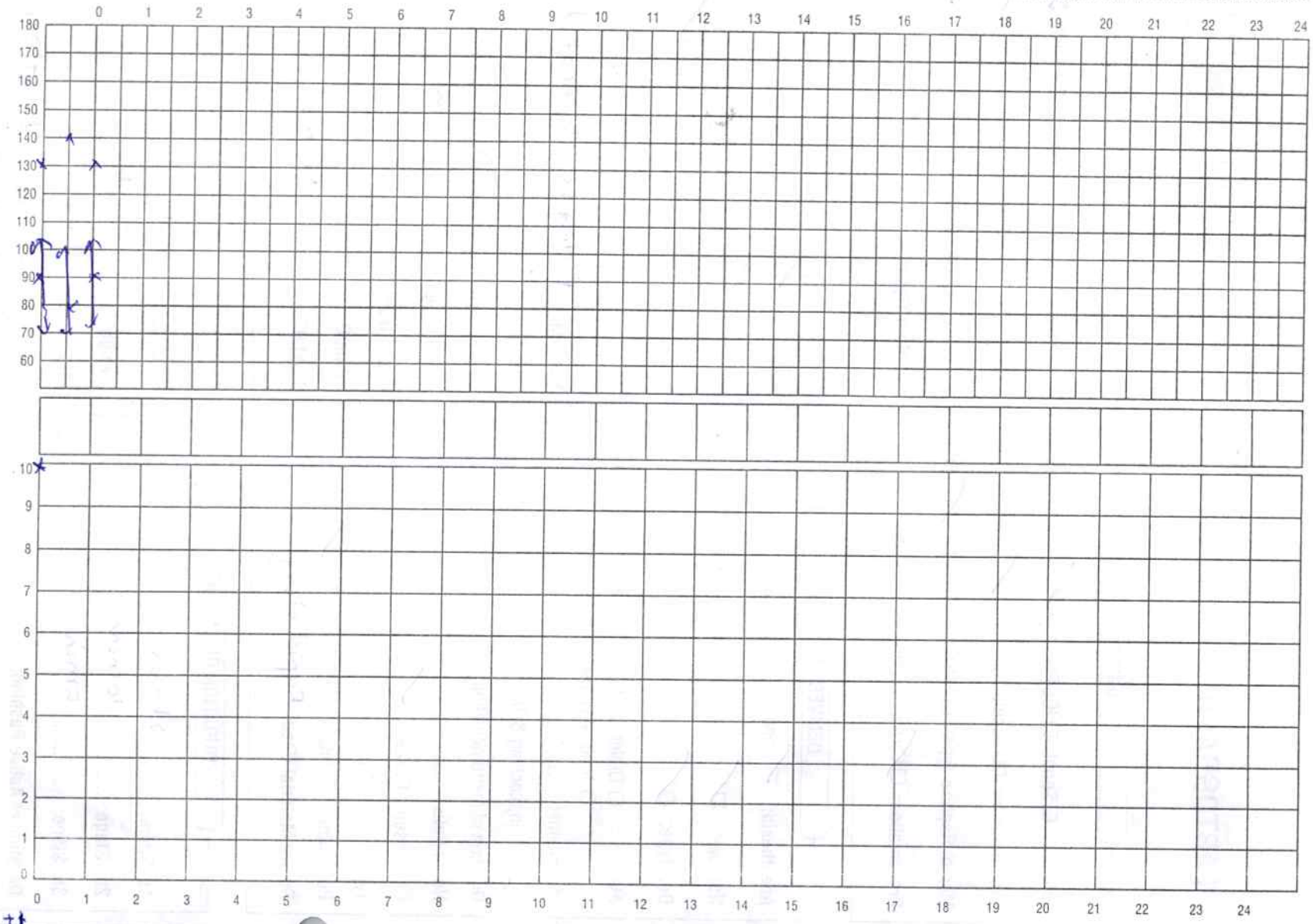
Name: ..... Obstetrics Formula: ..... Blood Group Type: .....

Memb. Ruptured: SROM PROM ARM Risk Factors: .....

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



+2 x


Time
10:45 Am
Signature
BS221
Fifths Palpable
0/5
Moulding / Caput
N N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
120 ml/hr
Contractions in 10 mins
5
4
3
2
1
Drugs and IV Fluids
D
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 22/7/26

Baseline Information:

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

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

Do you require an interpreter? ☑ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes , identify

Chief Complaints: Patient admitted For IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Mohanraj

Time Notified: 9.30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Wheezing on & off (last 1 year back)	NIL	NIL

Blood Group: A +VE LMP: 2/11/25 EDD: 9/8/26 Gestational age during admission: 32+2days

Contractions: Yes Vaginal Discharge: NIL

Obstetric History: G 2 P 1 L 1 A — Previous LSCS NIL

Height: 166 cm Weight: 67 kg BMI:

Temp: 98°F HR: 86 bt/m RR: 20 bt/m BP: 112/72 SpO_2 99%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected ☐ Heart Disease ☐ Hypertension ☑ Diabetes (Mother) ☐ Stroke ☐ Seizures ☐ Kidney disease ☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score ..02.. (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

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

Orientation not given Reason: .....

Nurse Signature: ..Sr. Tamil 0620..

Nurse Name: ..Sr. Tamilselvi 0620..

Date & Time: ..22/7/26 at 9.30pm..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/7/26 Time of Arrival: 9.30pm Time Seen by Nurse: 9.30pm

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 86bt/m RR: 20bpm SpO_2: 99% BP: 112/72 Weight: 67kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 2/11/25 EDD: 9/2/26 Gestational Age: 33+2days

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) ***Past History:***

a) Surgeries: NIL

b) Medical: Wheezing on & off (last 1 year Back)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T. Tupanadol 25mg

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 9.45pm

Nurse Name : Sis. Faiq Sdi 01620 Nurse Signature: 01620

Date: 22/7/26 Time: 9.30pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 02/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1
Parity ≥ 3	✓	1 or 2
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		8
Signature of the Nurse	Sr. Tamilselvi 01/7/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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