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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 22/7/26

Name of the Patient: GUC:-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID No: .....

Ward: .....

.....

Gender: .....

Room No: .....

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

Date: .....

Time: .....

Nurse Sign

Date: 22/7/26

Time: 12:30

Pharmacy Sign

Date: 22.7.26

Time: 12.56 PM

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

GUC:-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT- 5th floor

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy	12.30						

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: mrs: Gayathri

UHID No: 90033 IP No: 36543 Consultant: Dr. mathangi Dept: LDR

Date of Admission: 20/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	5:30pm	LDR	5th floor	
20/7/26	9.pm	5th floor	LDR	
21/7/26	2:30pm	LDR	5th 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
22/7/26	CBC	23537	Vijaya 021584

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	CTU (1)			009807	
21/7	CTU (2)			009807	
21/7/26	CTU (3)			009821	
21/7	CTU (4)			009821	
21/7	CTU (5)			009821	
21/7	CTU (6)			009821	
21/7/26	Infusion pump CTU (7)	8 AM	1 pm.	1730627	
	CTU (8)			009824	
	CTU (9)			009824	
	CTU (10)			009824	
	CTU (10A)			009843	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7/26	IV placement	1	1730312	[illegible] 01808
22/7/26	diet counseling	1	781143	[illegible]

ANY OTHER INFORMATION:

DATE: 21/7/26 @ 10am – 11am

DR. MATHANGI

DR. PAVITHRA

DR. SHREEDEVI

KIWI ASSISTED NORMAL VAGINAL DELIVERY

S/N Parameswari 01808

Date: 22/7/2 Time: 12:30pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]			

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GUC:-00090033 IP18-00036543
Mrs GAYATHRI K
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Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULT

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

(3)

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PATIENT TRANSFER FORM

GUC-00090033
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036543

Date & Time of Admission	Date & Time of Transfer Order
20/7/26 at 21:51p	21/7/26 at 2:30pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr mathangi	Dr. nithya	Observation

From Unit	To Unit	Information to Attendant
LDR	5th floor	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP Files	CD	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
PT shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Akalya 01800	Dr. nithya

Patient & Clinical Records Received by : 01930

Date & Time of Patient Received : 01930

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

GUI:-00090033 IP18-00036543
Mrs GAYATHRI K
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CROSS CONSULTATION FORM

Doctor Name: ..... Date: ..... Time: .....

Diagnosis: .....

Hospital: Rainbow Hospital

.....

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Postnatal Eas and Advices (NVD)

Signature:

Findings and Recommendations :

SIB physiotherapist Notes / Dr. Mohanapriya (PG) Dept OBG & Gyn

- Avoid lifting weight / pulling or pushing of weights / Avoid sitting down for 2 weeks.
- Lying down posture / Side lying position encouraged.
- Breastfeeding posture / Straight sitting with foot supported
- Diaper changing position.
- Avoid cross leg sitting.

Consultant :

Name : Dr. Mohanapriya. Signature : ..... Date & Time : .....

Doc. No. : RCH / FRM / CLINICAL / 049

- Rice protocol advised Needed Donut pillow can be used.

Exercises:

1) Breathing Exs / Abdominal breathing Exs
2) Thoracic breathing Exs.
3) Ankle mobilisation
4) Knee mobilisation Exs
5) kegels Exs
6) posterior pelvic tilt
7) pelvic bridging Exs

Review after 2 weeks.

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

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Sl.No. 2620

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name : MRS. GAYATHRI K		Age: 29 YEARS	Gender: FEMALE
UHID No: CHC-0009033	IP No: IP-0003654 3	Date: 21/07/2024	Date: 21/07/2024
Diagnosis: PRIMI / 38 WEEKS + 4 DAYS / LABOUR ANALGESIA			Time:

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DR. RAVITHRA

Signature: 124682

Doctors Medical Council Registration No.

124682

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

IP Registration No: IP-0003654 3 **Date:** 21/07/2024

Aadhaar No. of the patient(optional):.....

1.	**Name**	**Remarks**
2.	Complete postal address (with contact number, if any)	No. 5/2, EBS, ILLAM, EZHAIYAR WARD KOVIL SALAI, CHENNAI
3.	Brief description of the illness	PRIMI / 38 WEEKS + 4 DAYS / LABOUR ANALGESIA
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)	
5.	Details of essential narcotic drugs dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
21/07/2024	INJ. PETHIDINE 50mg	(1)	Gyathri K	

Dispensed by (Name & ID No.): G. Durai Murugan 016339 Signature: G. Durai Murugan

Received by (Name & ID No.): S/N. Jeyalakshmi 016720 Signature: S/N Jeyalakshmi 016720

Time: @ 9.40 am

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC:-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi
ANAESTHETIST	
ASSISTANT	Dr. Pavithra
DATE	21/07/2026
TIME	10:36 AM
PLACE	(LABOUR WARD) / THEATRES

CONSENT
(VERBAL) / WRITTEN

EPISIOTOMY
(YES) / NO

BLADDER EMPTIED?
FOLEY IN/OUT (NO)

ANALGESIA
(LOCAL) / PUDENDAL
AMOUNT USED 10 MLS
OF 1%
EPIDURAL / SPINAL
GA

CTG
(NORMAL) / SUSPICIOUS / PATHOLOGICAL
(WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)

LIQUOR
(CLEAR) / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
0 /5 PALPABLE

VAGINAL EXAMINATION

NUMBER OF CMs DILATED 10cm
STATION OF PRESENTING PART
-1 / 0 / +1 / (+2) / +3

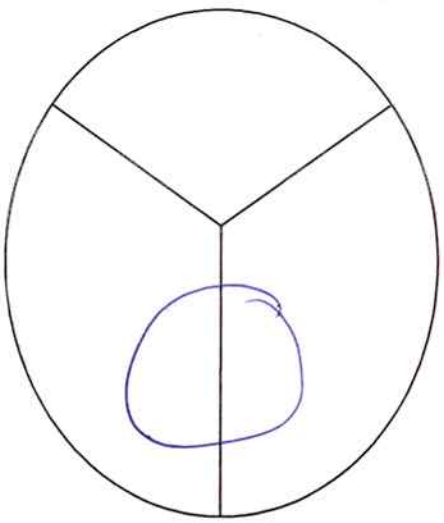
POSITION	DOA /	LOA /	ROA /	ROP /	LOP /	DOP /	(LOT) /	ROT
CAPUT	(0)	+	++		+++			
MOULDING	(0)	+	++		+++			

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

MANUAL ROTATION YES / (NO)	**TIME OF APPLICATION** 10:35 AM	**No. OF TRACTIONS** -
ABANDONED YES / (NO) (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 10:36 AM	**LENGTH OF DELIVERY** -

Brief description of delivery and perineal repair.

(Please mark ventouse position on diagram)



EXTENT OF TEAR

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

SUTURE MATERIAL USED	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? RAPID VICRYL & 2-0 VICRYL	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO

FOLEY CATHETER	**SWAB COUNT**		**ANTIBIOTICS**	**ANALGESIA**
YES NO REMOVE .... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	PRE – REPAIR Correct POST – REPAIR Correct		YES / NO (PRESCRIBE ON DRUG CHART)	YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO		

PARTOGRAPH

GUC:-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR

Labour: ☐ Spont ☐ IOL-PGE 1 ☑ E2 ☑ Others (Foley's)

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☑ SROM ☐ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

AVD: ☐ Outlet ☐ Low Forceps ☑ Ventouse (kiwi)
☐ Trails of Forceps

Indications: Narrow subpubic arch / poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryle 2-0 vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350 ml

Blood Transfusion: No

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 4 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.916 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 21/07/2020 10:36AM

LW Doctor: Dr. mathangi

LW Sister: .....

(P.T.O.)

PARTOGRAPH

Name: Mrs. Gayathri

Obstetrics Formula: Primi

Blood Group Type: O- POSITIVE

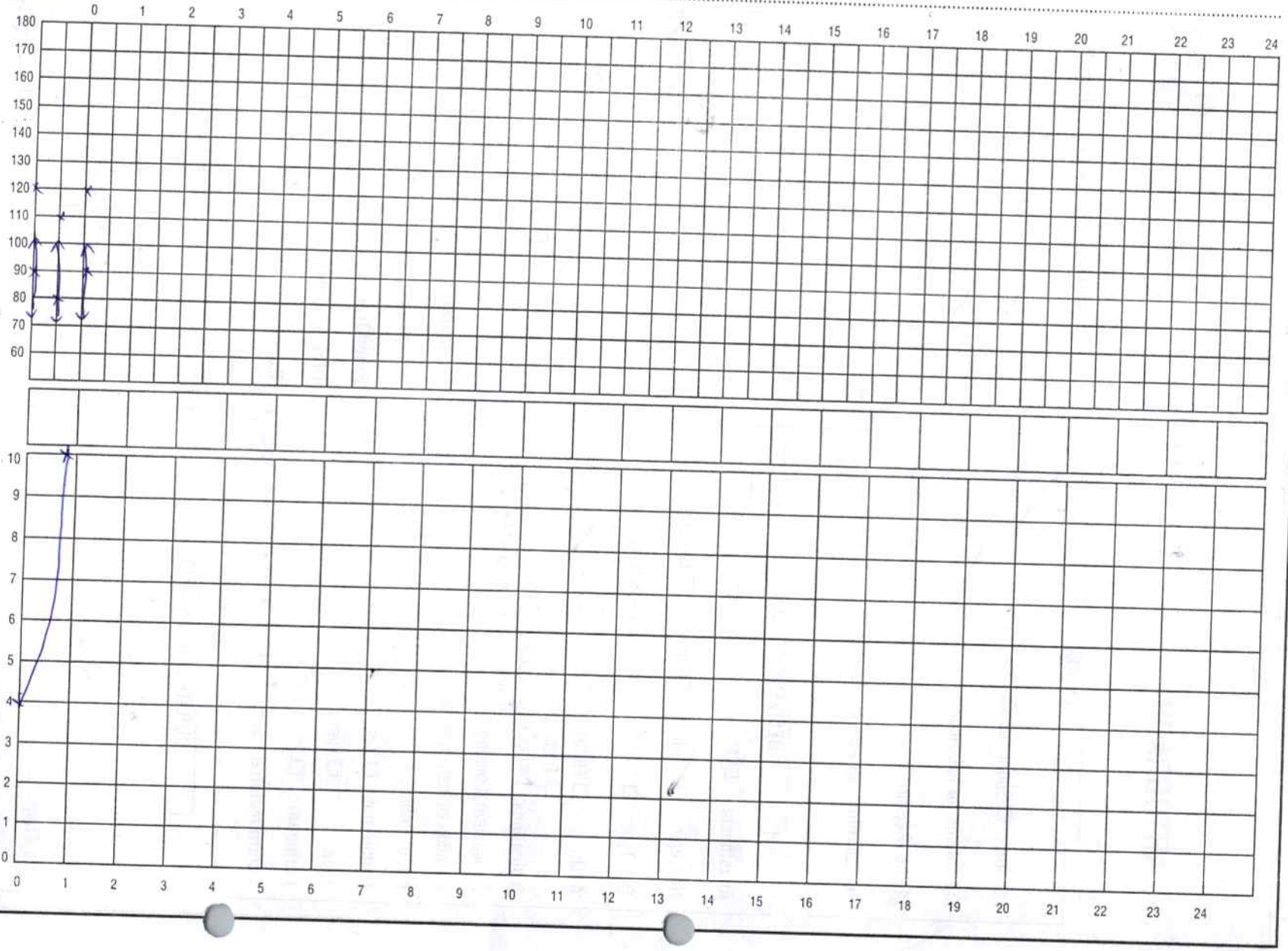
Memb. Ruptured: SROM PROM ARM

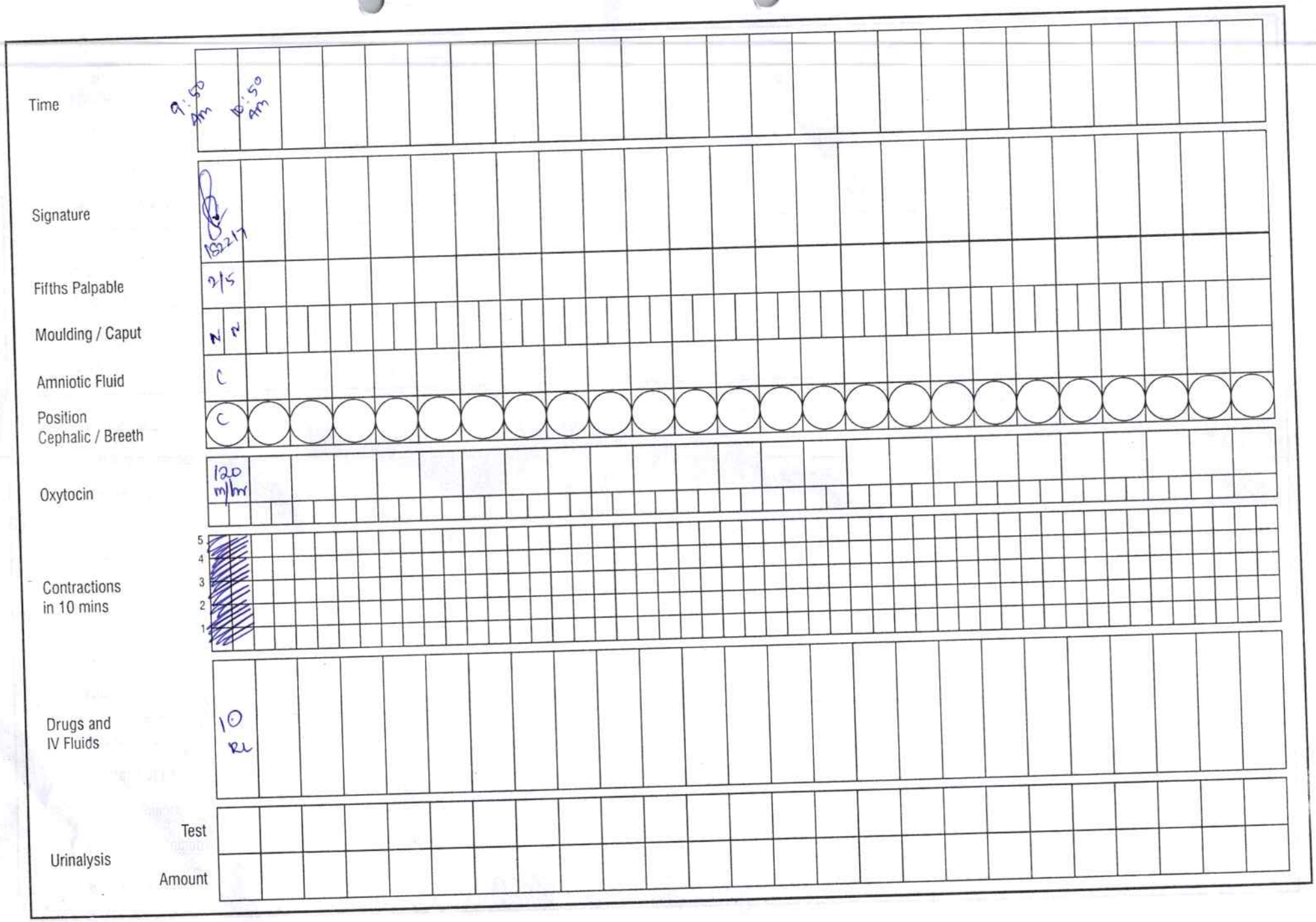
Risk Factors: Nil

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
9:50 am
10:50 am
Signature
Fifths Palpable
2/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
120 m/m
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

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 : IP18-00036543 **Admit Date** : 20-Jul-2026 **Admit Time** : 12:51 PM **UHID** : GUC-00090033

Patient Details :

Patient Name	: Mrs GAYATHRI K	**Age**	: 29 Y 4 M 2 D
Guardian	: Mr RAJIV J	**DOB**	: 18-03-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9789946586/ 8667574889
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr RAJIV J **Relationship** : Husband

Contact Address : NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : / 9789946586

RBV J

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** : 7000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
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Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs GAYATHRI K**		
IP No:	**IP18-00036543**	**Age :**	**29 Y 4 M 2 D**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/PRE OP 806**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: R.V.J

Name: Mr. Rajiv
Relationship: Husband
Date: 20/07/2026
Time: 12:51 Pm
Witness Name: A. Sivasankari
Witness Signature: A.

Patient Address:
NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015

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BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Cyganthi	UHID Number : GVC-00090033
Self/Attendant Name : RAJIV-J	Relation : Husband
Self/ Attendant Signature : Riv-J Phone Number : 8667574889	Name & Signature of Financial Counselor A. Qu

Unique Identification Authority of India

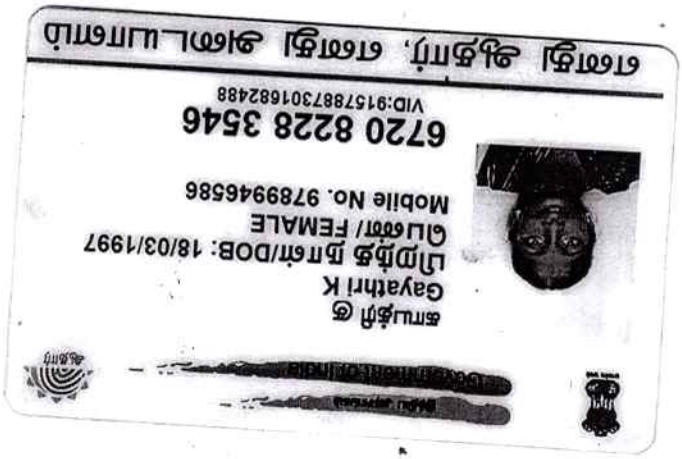
ஆதார்

முகவரி:
D/O: குமார் ம, 23/22, தெற்கு தண்டபாணி தெரு, தி நகர், தியாகராய நகர், சென்னை, தமிழ் நாடு - 600017

Address
D/O: Kumar M 23/22 SOUTH DHANDAPANI STREET T NAGAR Thiyagaraya Nagar Chennai Tamil Nadu - 600017

6720 8228 3546

1947 | help@uidai.gov.in | www.uidai.gov.in



6720 8228 3546

VID:9157887301682488

Gayathri K

பிறந்த தேதி/DOB: 18/03/1997

பெண்/ FEMALE

Mobile No. 9789946586

Patient Sticker

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INDUCTION OF LABOR CONSENT

Name: ..... GUC-00090033 IP18-00036543 ..... Age: ..... Gender: Male ☐ Female ☐

Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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

You are scheduled for an induction of labor on 20/07/2026 (date) at 38 weeks + 5 days weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature: K. Gayathri

Name: MRS. Gayathri

Date & Time: 20/7/2026.

Patient Attendant:

Signature: Rajiv.J

Name: RAJIV.J

Relationship with Patient: HUSBAND

Date & Time: 21-07-2026 (7.35 am)

Doctor:

Signature: 82217

Name: Dr. Shreedevi

Date & Time: 20/07/2026

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : .....

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

JHID No : .....

Gender: ☐ Male ☐ Female

..... 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 : K. Gayathri

Name : Mrs. Gayathri

Date & Time : 20/7/2026.

Patient Attendant :

Signature : Rajiv J

Name : RAJIV. J

Relationship with Patient: HUSBAND

Date & Time : 21-07-2026 (7:37 am)

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : 182217

Name : Dr. Shreedevi

Date & Time : 20/07/2026

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

gayathri. k

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ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
+ was admitted for IOL
+ble to PFM well
+ c/o Lower Abdominal Pain, bleeding or leaking PV

Obstetric Formula:
Primi

Obstetric History:
G1 - PP, Spontaneous Conception

Present Pregnancy Record:
Booked and Immunised
NT scan - Normal; FTS - Low risk
Anomaly Scan - Normal

RISK FACTORS:
Anemia corrected with
INJ. FCM 1 g IV given @
31 weeks + 5 days

Height: 157 cm
Weight: 51.3 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: S_1S_2 ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

LMP: 23/10/2025 EDD: 30/07/2026
Corrected EDD: GA: 38 weeks + 4 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
M/S - 1½ yrs; NCM
Fundal Height: Term
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

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

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

DIAGNOSIS

Primi M/S + ½ yrs NCM O+ve	LMP - 23/10/2025 EDD - 30/07/2026 RMP	38 weeks + 4 days Admitted for IOL

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Mother - HTN Father - T_2DM	LASIX eye Sx in 2021
Medical History: - Hiadrenitis Suppurativa - Anemia corrected with INJ. FCM 1g IV @ 31wks +5days - Sinusitis	**Medication History:** Took Tab ECOSPIRIN
Plan of Care: C/I/T Dr. Mathangi - Admission - Parts preparation - Secure IV Line - Informed consent for IOL/NVD 2:40pm ↓ SAP, Induction of Labour done with 22F Foley's inserted intracervically and bulb inflated with 65ml of distilled water - INJ. SUPACEF 1.5g IV TDS (ATD) - Post Foley's CTG @ 3:40pm - W/F Foley's Expulsion - Shift to ward - Reshift to LDR @ 9PM	**Investigations:** CTG - Reactive

Doctor Name: Dr. Pavithra / Dr. Divyalakshmi Consultant Name: Dr. Mathangi
Signature: [signature] Signature: For [signature]
Date & Time: 20/07/2026 Date & Time: 20/07/2026

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
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RESULT SHEET

Date	01/07/2026					
Time						
Hb	11.5				O-POSITIVE	
PCV	34.7					
RBC	3.71					
WBC						
N/L	73/18				HIV	Negative.
Platelets	1.56				HBsAg	
CRP					VDRL	
ESR						
PCT						
RBS	79/107				ECG	Normal.
Na					ECHO	
K					ECG - Non-Specific ST-T Changes Unlikely Pathologic	
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine					Hb Electrophoresis - Normal	
ALP						
SGPT					TSH - 2.5	
SGOT						
T.Bill/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	8/82					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
						4/5/26
					Urine c/s	
					No growth	

Culture and Sensitivities : .....

.....

.....

.....

02/07/2026

Radiology : USG : GLIUG AFI - 8.8

X-Ray : Cephalic EFW - 2715 grams (43%)

ECHO : Placenta - Anterior Doppler - Normal

CT : Liquor - Lower limit of Normal

MRI : SDP - 2-8

Others (ECG, Contrast Studies etc.,) : Repeat Scan - on 09/07/2026

Liquor - Normal.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26: 4:15AM	S/B Dr. theluite	
	pt reviewed.	
	c/o pain abdomen Ⓟ.	
	O/E: afebrile	
	GC fair.	
	P° / PE°	
	P/A: uterus @ term.	
Foleys Removed	2/15" / 10'	
	cephalic (4/5th)	
	FH Ⓐ	Plan:
CTG Reactive	clinically	liquor Ⓝ - w/f progression of labor.
	P/V: (cervix soft	- post gel CTG
	malposition	5:15AM.
	2 cms long	
	2 cms dilated	
	PPKx - 3 station.	
		122435.
	↓ SAD, induced ĩ PGE2	gel intracervically.
21/07/2026 6Am	C/I/T Dr. Mathangi	
	- Post Gel CTG - Reactive	
	- To start INJ. SYNTO @ 2ym/hr @ 8Am	
	- W/F Contractions	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30AM	Pt reviewed, Pt c/o Lower Abdominal Pain on & off	
T-(N)	O/E Pt GC fair, Afebrile	Advice
PR- 90/min	P° / PE°	- Liquid diet
BP- 130/70 mmHg.	CVS / RS / NAD	- Continuous CTG - Continue INJ. SYNTO accelerations & titrate accordingly - WIF contractions - Follow drug Chart - Inform (SOS).
INJ. SYNTO @ 2ml/hr	P/A- Uterus @ Term Moderately Acting (4C/20"/10') Cephalic FHS- good	
CTG- Reactive Shallow early decelerations	182217	
21/07/2026 9:20AM	C/S/B Dr. Mathangi.	
CTG- Reactive	Membranes ruptured Spontaneously Clear liquor seen P/A- Uterus @ Term Moderately Acting (4C/20"/10') Cephalic, FHS good	Advice -All four's position - Continuous CTG & Continue INJ. SYNTO accelerations - WIF contractions -To give INJ. PETHIDINE 50mg + INJ. PHENERGAN 25mg - Inform (SOS).
- POT One loop above the neck	Cx- Thick effaced OS- 2cm dilated Membranes Absent Vertex @ -1	
INJ. SYNTO @ 12ml/hr		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/2021	C/S/B	Dr. Pavithra
9:50 AM		Advice
	P/v - Cx - Thick effaced	- Continuous CTG
CTG-Reactive	OS - 4cm dilated	- Continue INJ. SYNTO
	Membranes - Absent	acceleration
	Vertex @ -1	- W/F contractions
INJ. SYNTO @ 96ml/hr		- Shift to Labour room
	82217	
21/07/2021	C/S/B Dr. Mathangi	
10:15 AM	P/v - Cx - Fully effaced	Advice
	OS - Fully dilated	- Position for Labouring
	Membranes - Absent	- Encourage active pushing
CTG-Reactive	Vertex @ +2 station	
INJ. SYNTO @ 120ml/hr		
	82217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026 10:36AM	KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY INDICATION: NARROW SUBPUBIC ARCH / POOR MATERNAL EFFORTS S/B: Dr. Mathangi A/B: Dr. Pavithra / Dr. Shreedevi	
	↓SAP, Patient in dorsolithotomy position. Local parts painted and draped. With good uterine contractions, full cervical dilation. 2% lignocaine local infiltration given. A right mediolateral episiotomy given. In view of narrow subpubic arch / Poor maternal efforts Kiwi cup was applied in vertex at +2 station. Chignon created. An alive term girl baby was delivered by kiwi assisted vaginal delivery. 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. Episiotomy inspected and sutured in layers using rapid vicryl and 2-0vicryl. Hemostasis secured	
	P/A- uterus well contracted P/V- No undue bleeding PV P/R- Rectal mucosa and sphincter tone Normal	
	B 21/07/2026; 10:36 Am A Girl B 2.916 kg 4 8/10, 9/10	

GUC:-00090033
Mrs GAYATHRI K IP18-00036543
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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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 6AM
		- Measure & Inform 1st void
		- Inform (SOS)
	IB 22/1	
21/01/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
2PM	Pt voided - 400ml ; PVRU - 320ml	
PND-5		
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P° / PF°	- Normal diet
PR - 84/min	CVS /	- Plenty of oral fluids
BP - 118 / 70mmHg.	RS / NAD	- Vitals Monitoring
	P/A ut well contracted	- Follow drug chart
Baby - M/S	Soft	- CBC C/M 6AM
B/L - Breast Soft	LE - BWNL	- Measure & Inform 2nd void to do PVRU
	Episound Intact	- Inform (SOS)
	Shift to ward in want of bed	

16/1 22/1

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/20 9pm	SB Dr. Anandeshwari / Dr. Durgalakshmi	
	pt reviewed	
PND ①	H/o fever at 8 pm (99.1°F)	
	O/E: pt GC fair, afebrile to touch	
T - 99.1 F	pa /PEO	
PR - 80/min		Advice
BP - 110/70 mmHg	CVS / RS NAD	- Continue same orders
SpO2 - 99% @ RA		- Temp. monitoring
voiding freely	P/A: ut. firm & contracted	- CBC c/m 6am
		- Inform SOS
Lochia m/s, Breasts soft	L/E: Epi intact, BWNL	
	[signature] 1642/8	[signature] 15600

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... 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						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Shreedevi RE2217

Date & Time : 20/07/2020

Nurse Name & Signature: ..... SA 0180

Date & Time : 20/7/2020

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

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: 5th Floor Shifted to: LDR

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	TDS		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 20/07/2026

Nurse Name & Signature: [illegible]

Date & Time : 20/7/26 @ 9pm

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

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 20/7/26 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-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 51.3 kg Ward. LDR

DRUG : INJ. SUPALEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	20/7	21/7
8Am		
3:38 pm / 2pm	SA SP	
10pm	RV	

STOP

DRUG : TAB AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7	22/7
8Am		SA
2pm	SA	
10pm		

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7	22/7
7Am		RN
7pm	VS	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7	22/7
8Am		SA
2pm	SP	
10pm	SA	

GUC-00090033
Mrs GAYATHRI K (F)
18-03-1997 29 Y 4 M 2 D
Dr. MATHANGI RAJAGOPALAN

Weight. 51.3kg Ward. LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26	3pm	INJ. SUPACEF	0.1ml	Id		SA / J
21/7/26	4:15AM	DINOPROSTONE GEL	0.5MG	P/V	128435	DS / SN
21/7/26	9:40AM	INJ. PETHIDINE	50mg	Im	182217	TJ / SP
21/7/26	9.40 AM	INJ. PHENERGIAN	25mg	IM	182217	TJ / SP
21/7/26	10.37 AM	INJ. SYNTO	10 U	Im	182217	TJ / SA
21/7/26	10.40 AM	INJ. TRAPIC	1g	IV	182217	AJ / SA
21/7/26	10.45 AM	INJ. CARBOPROST	250MCG	Im	182217	TJ / SA
21/7/26	11.20 AM	T. MISOPROSTOL	600 MCG	PR	182217	TJ / SA
21/7/26	11.20 AM	JUSTIN SUPPOSITORY	100 mg	PR	182217	TJ / SA

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Mrs GAYATHRI K
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Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight 51.359 Ward .....

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
21/7/26	6.20 AM	INJ PAN 40 RL	IV	free flow	182217	SP	21/7/26	182217	SP
21/7/26	8 AM	INJ. SYNTO 50 in 500 ml RL	IV	24 ml/hr	182217	TJ SP	21/7/26	182217	SP TJ
21/7/26	10.36 am	INJ. SYNTO 200 in 500ml RL	IV	125 ml/hr	182217	SP TJ	21/7/26	182217	SP TJ

LDR

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....LDR....

DRUG : JUSTIN SUPPOSITORY				Date/Time	21/7	22/7
Dose	Route	Frequency	Start Dt.	9AM	/	PS/ SH
100mg	PR	1-0-1	21/7/24			
Name & Signature of the Doctor Starting the Drugs: 82217						
Additional Instructions:				9pm	RV/ MU	
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 ....

Patient Sticker

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REGULAR PRESCRIPTIONS

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

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

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

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

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

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

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(1)

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Observation Score Chart - Obstetrics

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

20/7/26

		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							19	19		20				20				20				20		20	
	0 - 10																									
Saturations	94 - 100 %							100	100		100				98				99				99		99	
	< 94 %																									
Administered O_2 (L/min.)								RA	RA		RA				RA				RA				RA		RA	
Temp°c	40																									
	39																									
	38							98.6	98.6		98.6				98.2				98.1				98.1			
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100							80	84		88				75 bpm											
	90																		90				82		78	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120							110	118		100				160				120				122		130	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50														(90)											
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40							80	78		60				74				70				65		70	
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	
TOTAL ORANGE SCORES								0	0		0				0				0				0		0	
Nurse Initial																										

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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

21/7/26

		Date																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20		20		20		20		20				20				20 b/m				20 b/m			
	0 - 10																									
Saturations	94 - 100 %		99%		100		100		99%		98%				98%				98%				98%			
	< 94 %																									
Administered O2 (L/min.)			RA		RA		RA		RA		RA				RA				RA				RA			
Temp°C	40																									
	39																									
	38		98F		98F		98F		98F		98				99.1		99.2F		98F				93.2F			
	37		✓		✓		✓		✓		✓				✓				✓				✓			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		90												90 b/m				80 b/m				90 b/m			
	90		✓		88		80		84		80				✓				✓				✓			
	80				✓		✓		✓		✓															
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140		130		120		120		118		110				108				110				120			
	130		✓		✓		✓		✓		✓				✓				✓				✓			
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70		70		70		70		67				65				70				100			
	60		✓		✓		✓		✓		✓				✓				✓				✓			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓		✓		✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—		✓		✓		✓		✓				✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		—		—		—		—		—				—				—				—			
	Green																									
TOTAL YELLOW SCORES			0		0		0		0		0				0				0				0			
TOTAL ORANGE SCORES			0		0		0		0		0				0				0				0			
Nurse Initial																										

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FLUID CHART

Sheet No. : 1

20/7/2020

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm				on Admission							
Total Intake :						**Total Output :**						
	02:00 pm	H2O	100							200	0	SA
	03:00 pm										2	SA
	04:00 pm	H2O	100								0	SA
	05:00 pm										0	SA
	06:00 pm	H2O	200ml							160ml	0	SA
	07:00 pm										0	SA
Total Intake :		400 ml				**Total Output :**				360 ml		
	08:00 pm										0	PA
	09:00 pm	H2O	100ml.							150	0	PA
	10:00 pm										0	PA
	11:00 pm										0	PA
	12:00 am	H2O	100ml.							200	0	PA
	01:00 am	H2O	100ml								0	PA
Total Intake :		300 ml				**Total Output :**				350ml.		
	02:00 am	H2O	100ml							200	0	PA
	03:00 am										0	PA
	04:00 am	H2O	100ml.							200	0	PA
	05:00 am			RL						150	0	PA
	06:00 am	Milk	150ml	200							0	PA
	07:00 am	H2O	100ml							200	0	PA
Total Intake :		450ml. + 200 = 650				**Total Output :**				750ml.		

Total 24 hrs. Intake	1350ml.	Total 24 hrs. Output	1460ml.

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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
19/7/21												
	08:00 am	H20	100ml	500	24							
	09:00 am	H20	150		72					200ml	0	RW
	10:00 am	Juice	100		120					150	0	RW
	11:00 am	H20	100ml		125ml					100	0	RW
	12:00 pm	H20	100ml		120ml						0	RW
	01:00 pm	H20	100ml		125ml						0	RW
Total Intake : 1741ml										400ml	0	RW
Total Output : 850ml												
	02:00 pm	Rice										
	03:00 pm	H20	200							500	0	dy
	04:00 pm	H20	100ml								0	dy
	05:00 pm	H20	200ml							550	0	dy
	06:00 pm	Juice	120ml							270	0	dy
	07:00 pm									150	0	dy
Total Intake : 620ml												dy
Total Output : 1,470ml												
	08:00 pm	H20	200ml							✓	0	D
	09:00 pm	H20	100ml								0	D
	10:00 pm	milk	200ml							✓	0	D
	11:00 pm	H20	100ml								0	D
	12:00 am									✓	0	D
	01:00 am	H20	100ml								0	D
Total Intake : 600 ml												
Total Output : 3 times												
	02:00 am	H20	100ml							✓	0	D
	03:00 am										0	D
	04:00 am	H20	150ml								0	D
	05:00 am	H20	200ml							✓	0	D
	06:00 am	H20	200ml								0	D
	07:00 am	H20	200ml							✓	0	D
Total Intake : 750 ml											0	D
Total Output : 3 times												

Total 24 hrs. Intake	3,741	Total 24 hrs. Output	2,320 ml + 6 times

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:					Post OP Day:		
BACKGROUND	Date / Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs: Temp:							
	Res:							
	SpO_2:							
	Pulse:							
	BP:							
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:							
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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GUC-00090033 IP18-00036543
Mrs GAYATHRI K 29 Y 4 M 2 D (F)
18-03-1997
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

Date: 20/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Achieving pains controls discomfortable	2:30 pm	Assess pain using pain scale regularly position changed	patient was stable	Reassessment was Done	[signature] 01800
Night	9pm	To maintain good nutritional status	9pm	Assess the patient condition monitor vital signs maintained I/O chart	The patient was stable	The patient vital signs are stable	[signature] 021113

.../CLINICAL/148

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NURSING CARE RECORD

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BirthRight
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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: 21/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 AM	Achieve acceptable pain control and comfort	8AM	* Assess pain using pain scale * Administer analgesic * Patient position comfortably	Reduced pain to some extend	Reassessment Done	[signature] 01670
Afternoon	2pm	→ To maintain nutritional status.		→ To encourag high rich protein diet	→ To improved nutritional status.	The patient vital signs stable.	S. [signature] 9438
Night	8pm	To maintained good nutritional status	9pm	The maintained good nutritional status	the patient was stable	The patient vital signs are stable	R. [signature] 5345

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
20/7/26	1pm	patient come for Admission under Dr: mathangi Admission for IOL she is primi 38+4days O+ve Blood Group medical History of Hiadrenitis Suppurativa Anemia corrected with Inj: FCM 1gram IV at 37 weeks 3days and Sinusitis Surgical History of Lasix eye sx in 2001 checked for vital signs & recorded patient vital are stable parts preparation was Done CTG was commected FHR is good⊕ →	S/N Akalya 018080
	1:30 pm	→ Dr: pavithra Advised to stoped CTG FHR is good⊕ plan for Foleys Induction pt shifted to LDR II →	S/N Akalya 018080
	2:40 pm	⇒ Dr mathangi DO PV Examination she is same findings os closed 3cm long foleys 22 size 65 ml D.water Infiltration was Done IV placement was Done Inj: supacef 1.5 gram after dilution 0.1ml ID given to patient post foleys CTG at 3:20 pm →	Akalya 018080

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

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	3:40 pm	⇒ post foleys CIV was connected FHR is good ⊕ No Allergic reaction so Inj: supalef 1.5 gram full dose given to patient →	S/N Akalya 01850
	5:30 pm	⇒ stoped CIV as per doctors order advised to pt shifted to ward patient care hand over given to floor staff Nurse →	S/N Akalya 01850
		← Recored notes →	
	5.30 pm	→ patient Received from LDR to 5th floor	01934
		→ patient detail handing over taken by LDR S/N to 5th floor S/N → patient was conscious and oriented patient was active & alert 3V line pattens	01934
	6.40 pm	Monitored Input & output chart & documented	
	7.30 pm	pt Handed over to night duty staff Nurse	01364

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ...NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26		Night duty on (20/7/26)	
	7-30pm	The patient Handing over taken from evening duty staff. the patient was as concious & Oriented IV line Present & Pattern	vid. 021143.
	8pm	Vital signs are checked & Recorded vital signs are stable [8pm CP ++ PP ++ CPT 25 cc]	vid. 021143
	9pm	The patient shifted to LDR the patient Handing over given to LDR staff	vid. 021143
20/7/26		Receiving notes on (20/7/26)	
	9PM	The Patient receiving from 5th floor to LDR the patient was Handing over taken from 5th Floor staff nurse the patient was concious & Oriented IV line present & Pattern	vid. 021143.
		CTG was connected. Vital signs are checked & recorded vital signs are stable	vid. 021143
	10pm	DR. Askshitha seen the patient	

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☐ Drug Allergies ...nil.....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		routine.	
		disconnected the CTG.	
	10pm	Due medication were	
		given as per drug chart.	
		orders ——→	
21/7/2016	12AM	patient Checked vital	
		sign. vital are Stable.	
		patient conscious and oriented	
		General condition Fair patient	
		4th CTG Next CTG 2AM —→	
	2AM	patient CTG connecting	
		FHR(F) 142b/m patient	
		conscious, and oriented General	
		condition Fair. —→	
	2.30 AM	C/B DR. Akhithes advise	
		CTG was Reactivity patient	
		conscious and vital FHR(F)	
		142b/m mild Back pain	
		Inform to DR. Akhithes mam —→	
	3.30 AM	patient Checked.	
		vital are Stable. patient	
		CTG connecting FHR(F) 140b/m.	
		patient General condition	
		Fair —→	
	4AM	C/B DR. Akshithes mam	
		advise CTG disconnecting FHR(F)	
		144b/m patient C/B DR. Akshith	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/7/26	contin.	p/v examination 2cm long	
		2cm dilation & -3 station	[signature]
		patient Foleys Removed.	
		CTG Reactivity CTG disconnectin	
		order	[signature] 01/7/18
	4.15 AM	S/B DR. Akshitha	
		V SAP induced. c PGE2 gel	
		Intracervically kept patient	
		Alert CTG 5.15Am order.	
		Following	[signature] 01/7/18
	5.15 AM	patient post gel	
		CTG connecting FHR (+) noted	
		patient conscious and	
		oriented general condition	
		fair patient checked	
		contraction 10 mins 4 contraction	
		15 to 20 contraction	[signature] 01/7/18
	6.10 AM	patient checked vital	
		are stable 130/70 mmHg patient	
		conscious and oriented general	
		condition fair S/B DR. Akshitha	
		mam advice to CTG disconnecting	
		order carry out patient due	
		medication given	[signature] 01/7/18
	7.30 AM	patient handing	
		over given morning duty	
		staff nurse	[signature] 01/7/18

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	7.30pm	Morning Duty (21/7/26) patient care Handing over taken from Night Duty Staff. Monitored vitals and Recorded. Maintained Flo. CTG on connect. FHR Monitoring. Maintained Flo. IV cannula observed.	01/8/26
	8am	CTG on connect. FHR Monitoring. Maintained Flo, watching contractions. Inj. Syntocinon 5 unit in RL 500ml on connect. No any other complaints	01/8/26
	9.20am	Dr. Mathangi saw the patient checked PV membrane spontaneously ruptured, Cx Thick effaced, 2cm dilated, adviced to allow position, patient wants pain killer.	S/N paramesh 01/8/26
	9.50 am	patient complaints of pushing sensation Dr. Pavithra checked PV Cx Thick effaced 4 cm dilated Inj: Pethidine, Inj: phenergan Im given.	S/N paramesh 01/8/26
	10 am	patient CTG continue monitor	

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M GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26		Inj: Syoto alternative increase.	
		clear liquor draining.	S/n paraman 016808
	10.15 am	Dr. Mathangi saw the patient	
		checked PV cx fully effaced,	
		fully dilated, patient shifted	
		to labour room. case	
		Informed to Neonatologist	S/n paraman 016808
21/7/26		DELIVERY NOTES:	
	10.30 am	KIWI ASSISTED VAGINAL	
		DELIVERY	
		Ind: Narrow subpubic arch/	
		Poor maternal efforts	
		↓ SAP, parts painted,	
		uterus contracted, FHR	
		continue monitor, 2% ligocaine	
		local lignocaine local	
		infiltration given: a right	
		mediolateral episiotomy given	
		In view of narrow subpubic	
		arch/poor maternal efforts kiwi	
		cup was applied in vertex at	
		+2 station. Chignon created	
		an alive term girl baby was	S/n paraman 016808
	10.26 am	delivered by kiwi assisted vaginal	
		delivery. Baby cried immediately	
		baby mother side, immediate	
		cord clamping done.	S/n paraman 016808

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26		baby received Padi Neonatologist Dr. Srilakshmi. cord blood collected. Inj: Synto 10U Im given. Inj: Synto 20U in 500ml RL connected. placenta & membrane delivered. Uterus not contracted. Inj: Trapic 1g IV given. Inj: Carboprost Im given. Vitals are checked & recorded. Episiotomy wound sutured done.	S/N para 08 016808
	11 am	P. misoprostol 600mcg P/R kept Justin suppository P/R kept. Uterus contracted. PV bleeding normal. Vitals are stable	S/N para 08 016808
		B - Alive, G1P1 A - 8/10 9/10 B - 2.916kg Y - 21/7/26 @ 10.36am	S/N para 08 016808
	11.30AM	Baby mother side. Direct breast feeding given. Baby sucking well PV bleeding normal.	S/N para 08 016808
	12pm	post partum assessment done. B → Breast soft. DSF given	

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10033

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	contin	U → Uterus contracted.	
		PV bleeding normal	
		B → patient not voided.	
		B → Bowel movement present	
		L → Lochia rubra present	
		No evidence of foul smelling	
		E → REEDA assessment done	
		H → Homan's sign negative.	
		E → patient emotional status	
		good.	Sfo paramesh 016808
	1 pm	patient voided 400ml Informed	
		to Dr. Pavithra adviced to	
		to measure next void.	Sfo paramesh
	1:30pm	patient details, files handed	016808
		over given to ~~Evening~~ 5th duty	
		staff.	Sfo paramesh 016803
		← Received notes Evening duty →	
	1:30 pm	→ patient detail Handing over	
		taken by LDR S/N to 5th floor S/N	
		→ patient Received from LDR to	
		5th floor	
		→ patient was conscious and	
		oriented child was active &	
		alert IV line patten	[signature] 019346
	2pm	due medication as given as	
		per drug chart [illegible]	[signature] 019342
	2:30 pm	→ patient voided urine normal passed	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7		→ Informed to Dr Vinitha mam	
	6.40 pm	→ Dr Vinitha Came Saw the	
		Bed Side Scan done,	
	6.40 pm	→ vitals are Checked and	
		Recorded vitals are Stable	
		B – Breast soft	[signature]
		U – Uterus Contracted	01934
		B – urine voided	
		B – Bowel movement present	
		L – Lochia Rubra present	
		E – Perineal assessment done	
		H – Human Signs negative	
		E – Emotional state good	
		– Dr Mathangi mam Saw the	
		patient and advice to Continue	
		Same	[signature] 01934
	7pm	–) Due medication are give	
		as per day Chart	
	7.10 pm	–) Temperature 99.1 F informed to	
		Dr Vinitha mam through	
		phone call by Doctor	
		advice to give tepid sponge	
		–) Maintain health & hygiene	
	7.30 pm	–) patient details handed over	
		given to Night duty sister	[signature] 01834

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18-03-1997 29 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7		Night duty on (21/7/26)	
	7.30PM	The Patient Handing over.	
		taken from evening duty	
		Staff the patient was	
		Concious & Oriented W	
		line Present & Pattern →	csL
	8PM	Vital signs are Checked &	21113
		Recorded vital signal.	
		score stable →	csL
	9PM	Due medication was	
		given as per drug Chart	
		order	
	10PM	The patient was as comfortable	csL 21113
		Position no any fresh complaints	
	12AM	Vital signs are stable	
		Checked & Recorded.	
		vital signs are stable.	
		B - Breast Soft.	
		U - uterus contracted.	
		B - urine voided.	
		B - Bowel movement present	
		L - Lochia rubra present	
		E - Reed assessment done	
		H - Homans signs negative	
		E - Emotional status good →	csL
	2AM	The patient was comfortable	21113
		Position no any fresh complaints	

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Patient Sticker

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☐ Drug Allergies .Nil........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue	
22/7th	4AM	vital signs are checked & Recorded vital signs.	
		stable [4AM | CP ++ | PP ++ | CRT <3sec] →	[signature] 02413
	6AM	CBC sended to Lab	
	7AM	maintained I/O chart & Recorded	[signature] 02413
	7.30AM	The patient Handing over given to morning duty →	[signature] 02413
		Morning duty.	
	7.30AM	Patient details hand over taken from the Night duty staff. patient was consious & oriented IV line patent.	[signature]
	8AM	Check the vital sign vitals are the stable monitor I/O chart. Give medication as given for the drug chart order.	[signature]
	10AM	Patient was stable No other complaint. IV line patten	[signature]

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 20/7/2026

Baseline Information:

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

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 Attenders

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

If yes , identify .....

Chief Complaints: PT came for IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sowjanya

Time Notified: 1 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hiadsenitis Suppurativa. Anemia corrected Inj. Fem 1 gram stat 3rd 5 days	Lasix eye Sx in 2021	—

Blood Group: Otve LMP: 23/10/25 EDD: 20/7/26 Gestational age during admission: 38+4 days

Contractions: NO Vaginal Discharge: NO

Obstetric History: G 1 P — L — A — Previous LSCS NO

Height: 157 Weight: 51.3kg BMI: 24.1

Temp: 98F HR: 80bpm RR: 20bpm BP: 100/60 SpO_2 100%

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

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

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Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other mother - HTN | Father - T2DM

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

Fall Assessment: ☐ Yes ☑ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

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

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

Above information given to patient

Name of Person Orientation was given to: mrs. Uthayathra

Orientation not given Reason:

Nurse Signature: BN Akalya/018087

Nurse Name: SP 018087

Date & Time: 20/7/26 at 1:30pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/7/26 Time of Arrival: 1 pm Time Seen by Nurse: 1 pm

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 80b/m RR: 20b/m SpO₂: 100% BP: 100/60 Weight: 51.3kg

4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 23/10/25 EDD: 30/7/26 Gestational Age: 38+4 day

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 (circled) 1 2 3 4 5 6 7 8 9 10
No Pain — 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: Lasix eye Sx in 2021
b) Medical: Hidradenitis Suppurativa, Anemia corrected with Inj. FCM 1gram.

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1:30 pm

Nurse Name : S/N Abaly 61808 .... Nurse Signature: 61808

Date: 20/7/26 .... Time: 1:40pm

GUC-00090033 IP18-00036543
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18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 20/7/16

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		1
Signature of the Nurse	S/AA Date 0 1805	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

					Date : 20/7/20	20/7/20	20/7	21/7
					Time : 2pm	8PM	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.'	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible] 01850	[illegible] 02113	[illegible] 0160	[illegible]

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	2pm	4/10	Back pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	[signature] 0180
20/7/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	nil	[signature]
20/7/20	10pm	2/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortably position	[signature]
21/7/20	12AM	2/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
21/7/20	2AM	2/10	lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortably position	[signature]
21/7/26	4AM	2/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortably position	[signature]
21/7/26	6AM	2/10	lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortably position	[signature]
21/7/26	8AM	2/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Breathing Exercise	[signature] 016720
21/7/26	10AM	2/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacology therapy	[signature]
21/7/26	12pm	1/10	episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	[signature]

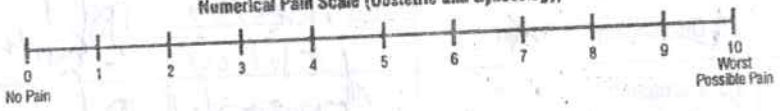
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

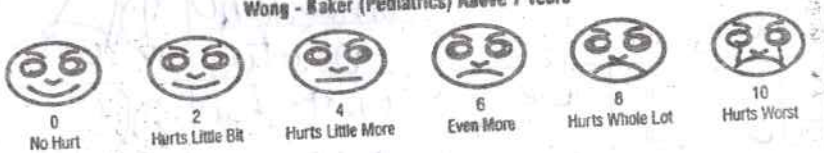
(P.T.O)

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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 20/7 2pm	20/7 8 PM	M 21/7/26
		Score			30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15		0	0
	No	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		0	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	10	30
		Signature	[signature] 01808	[signature] 02113	[signature] 01802

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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Patient's Name:..

MRD NO:.. GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Age :......... : ☐ M ☐ F

Consultant ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 20/7/26 Time: 2:30pm
Location : Left cephalic vein
Size : 18G
Cannula inserted by : SN Akalya 018080

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
20/7	3PM	☐Yes ☐No	☐Yes ☐No	obse	SA
	5pm	☐Yes ☐No	☐Yes ☐No	obse	SA
	7pm	☐Yes ☐No	☐Yes ☐No	done	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	obs	D
21/7	12AM	☐Yes ☐No	☐Yes ☐No	obs	D
	2AM	☐Yes ☐No	☐Yes ☐No	obs	D
	4AM	☐Yes ☐No	☐Yes ☐No	obs	D
	6AM	☐Yes ☐No	☐Yes ☐No	obs	D
	8AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obse	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00090033 IP18-00036543
Mrs GAYATHRI K 29 Y 4 M 2 D (F)
18-03-1997
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak ✓ Healthcare Literacy: Yes☐ No☐ ✓

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
20/7/26	3pm	YES	Educated about the pain management	pt	Education level	orally	non	yes	good	[signature] 018080
21/7/26	12pm	yes	Educate & Inform about breast feeding	patient	None	oral	None	yes	good	[signature] 01608
22/7	8Am	yes	Explain about Infection Control	patient	none	oral	none	yes	good	[signature]

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

Doc No. : RCH / FRM / CLINICAL / 187

PATIENT TRANSFER FORM

(1)

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GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
20/1/26 12:5(Pm	20/1/26 at 5:30 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr mathangi	Dr. Divyalakshmi	Observation

From Unit	To Unit	Information to Attendant
LDR	5th floor	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP files	CT → (2)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Staff Nurse 0180	Dr Divyalakshmi

Patient & Clinical Records Received by : Priya 0130 20/1/26 @ 5:30 pm

Date & Time of Patient Received : Priya 0130 20/1/26 @ 5:30 pm

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

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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00090033 IP18-00036543 Mrs GAYATHRI K 18-03-1997 29 Y 4 M 2 D (F) Dr. MATHANGI RAJAGOPALAN	Date & Time of Admission 20/7/26 @ 12.51pm	Date & Time of Transfer Order 20/7/26 @.
Treating Consultant Name DR. Mathangi	Transfer Ordered by -	Reason for Transfer Further Management
From Unit 5th Floor	To Unit LDR.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Ip file	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	under Pad	(1)
2.	inj. Supofej	(1)
3.	RL	(1)
4.		
5.		

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

Name & Signature of Person who is Transferring R. [signature] @ 20/7/26. 9PM	Name of Person Ordered Transfer DR. Akhutha

Patient & Clinical Records Received by : [signature] 20/7/24

Date & Time of Patient Received : 20/7/2026 9pm

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

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

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