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

Mrs P SREELATHA
25-04-1997 29 Y 2 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Name of the Patient:

Date: 7/7/26

UHID No: .....

Gender: .....

Ward: .....

Room No: 602

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 7/7/26	Date: 7/7/26
Time:	Time: 0717	Time: 8:22

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

Rainbow Children's Hospital

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

OR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy		8.27					

IP18-[illegible]36326
[illegible]V-00003970
[illegible]s P SREELATHA 29 Y 2 M 10 D
[illegible]-04-1997
[illegible] MATHANGI RAJAGOPALAN

[illegible]ow[illegible]
[illegible]ren's
[illegible]tal

BirthRight
BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

Name: Mrs. SREELATHA Consultant: Dr. Mathangi Dept: LOR

UHID No: Hcal: 3970 IP No: 86326 Time:

Date of Admission: 5/7/26 Time: Date of Discharge:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	2:10 PM.	LOR	6th floor	[illegible] 01420
15/7/26	1:00pm	LOR	7th floor	Beni 01060

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
5/7/26.	Blood grouping	6821498	[signature]
7/7/26	CBC	21651	[signature] 01:30

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7	CTG	①		009001.	
5/7	CTG	②		009008	
5/7	CTG	③		0092019	
	CTG-④			009027	
	CTG-⑤			009027	
	CTG-⑥			009027	
6/7/16	Infusion. Pump	8.00 am.	2.00 pm.	1722840	
	CTG-7			009076	
	CTG-8			009076	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/7/26	ECG	1	18-009008	
6/7/26	IV placement	1	1722438	
7/7/26	diet counselling including diet analysis	1	23156	0D129
07/07/26	physiotherapy	1		

ANY OTHER INFORMATION:

Normal vaginal delivery done on 6/7/26 at 10.53 am
10.30 am to 11.30 am (1 hour)
Dr Mathagi
for Diviya Lakshmi
M.Dem
0D129

Date: 7/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
0D129			

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HCV-00003970 IP-18-00036320
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

6th floor

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing			T [illegible]		
Preparation of Discharge Summary			9.45 AM		
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PATIENT TRANSFER FORM

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HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at 11.19 am	5/7/26 at 1.00 P.M.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr mathangi	Dr. Pavithra	Pt shifted to ward.
From Unit	**To Unit**	**Information to Attendant**
MCU	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
In file-(0)	04(8)	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 ☐

Patient- Shifted to ward under Dr Pavithra,

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Nurse 0820	Dr Pavithra

Patient & Clinical Records Received by :

Date & Time of Patient Received : Anupriya 00047 06/7/26 at 1pm

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

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☐ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☐ ARM

Presentation: ☐ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☐ None ☐ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☐ Episiotomy ☐ Tear

Suture Material Used: .....

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: .....

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: .....

Blood Transfusion: .....

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

Ractal Examination: .....

DURATION OF LABOUR

1st Stage: .....

2nd Stage: .....

3rd Stage: .....

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: .....

Weight: .....

APGAR: .....

Date and Time of Delivery: .....

LW Doctor: .....

LW Sister: .....

(P.T.O.)

PARTOGRAPH

Name: .....

Obstetrics Formula: .....

Blood Group Type: .....

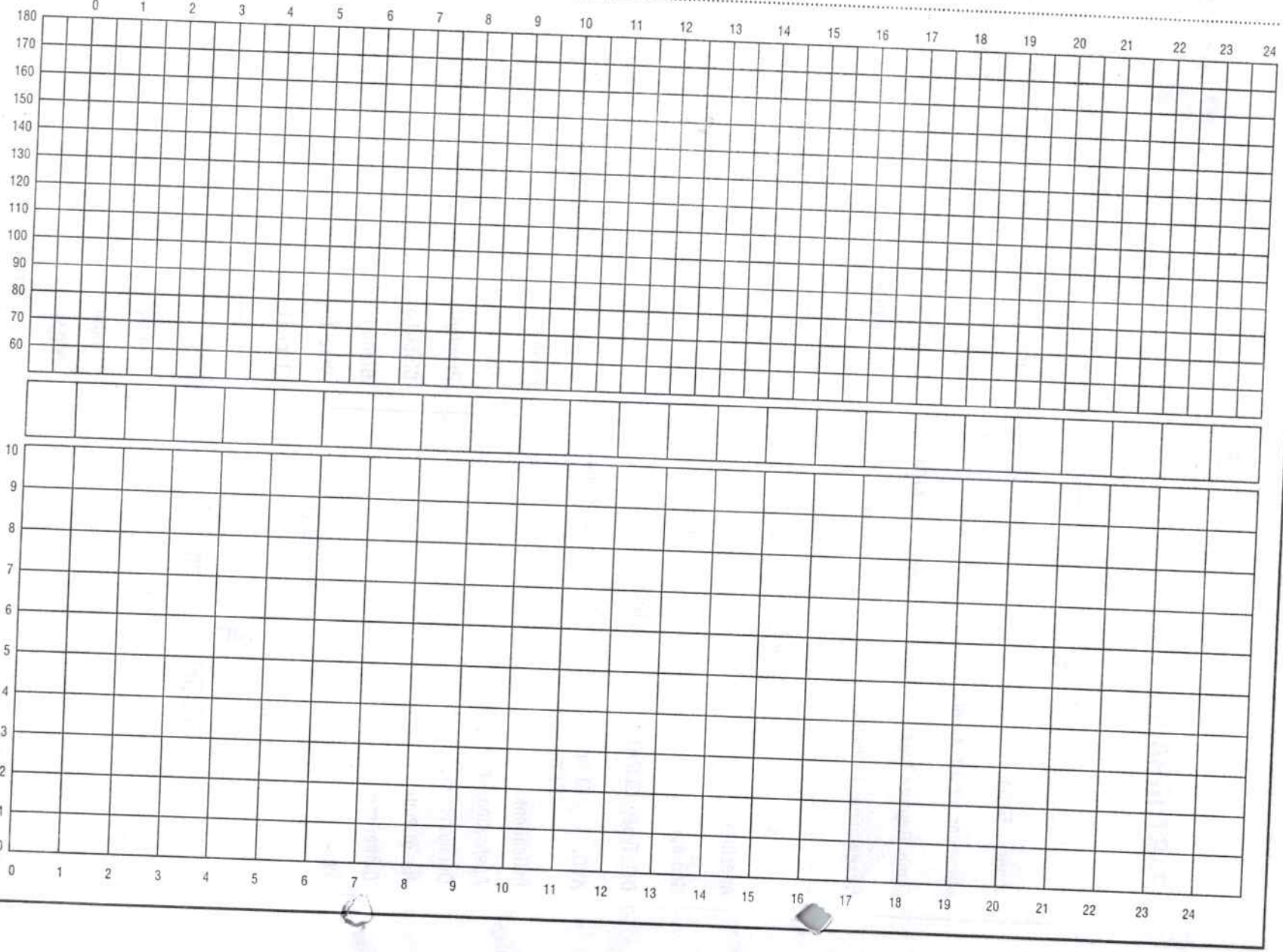
Memb. Ruptured: SROM PROM ARM

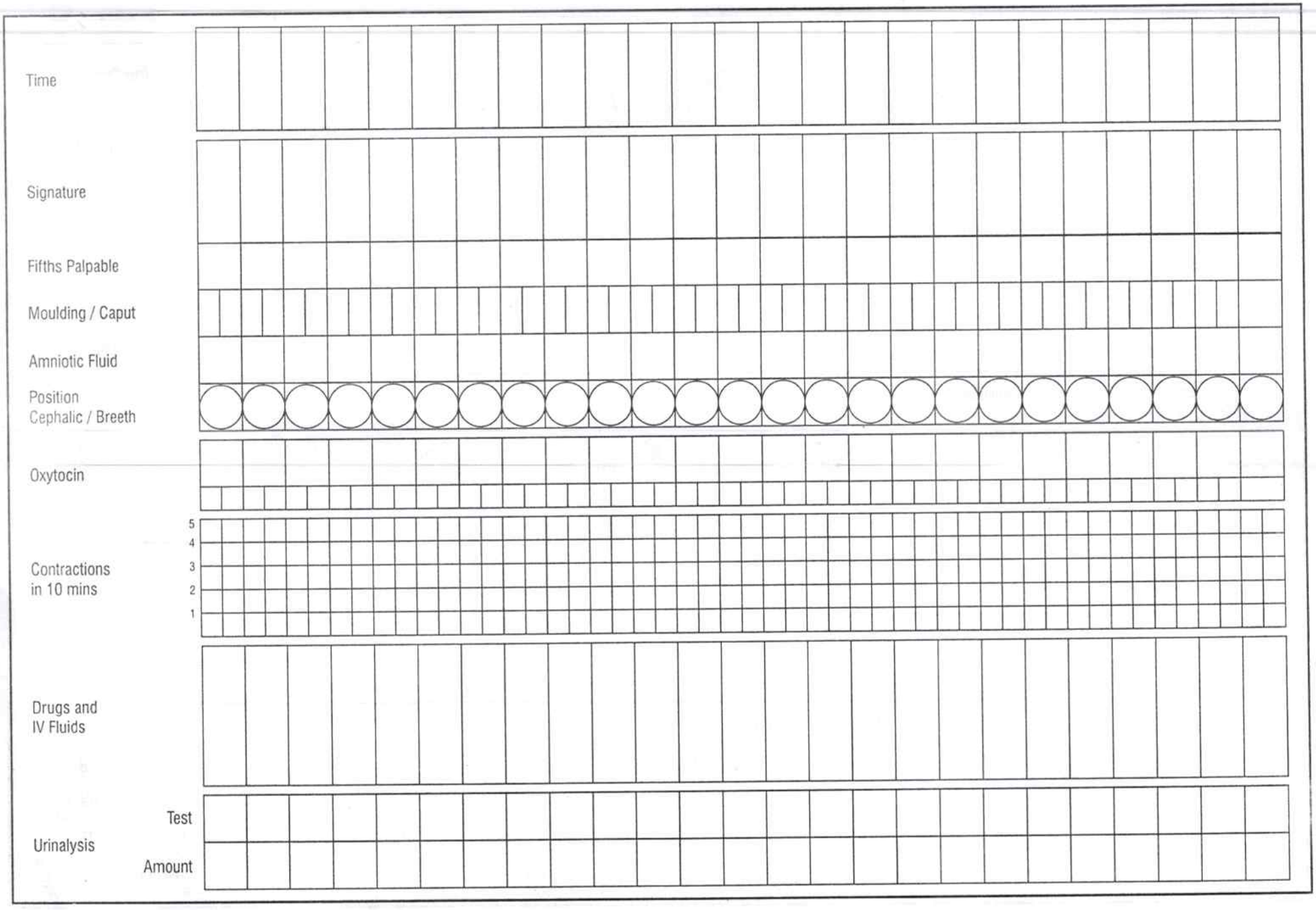
Risk Factors: .....

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
Position
Cephalic / Breeth
Oxytocin
5
4
3
2
1
Contractions
in 10 mins
Drugs and
IV Fluids
Test
Urinalysis
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 : IP18-00036326 **Admit Date** : 05-Jul-2026 **Admit Time** : 11:19 AM **UHID** : HCV-00003970

Patient Details :

Patient Name	: Mrs P SREELATHA	**Age**	: 29 Y 2 M 10 D
Guardian	: Mr DR.ADARI TULASEE NAIDU	**DOB**	: 25-04-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 0-0 Kintada Kota Padu Vishakhapatnam Andhra Pradesh INDIA 531034	**Phone No**	: 9948835111
		E-mail	: mohideva12017@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr DR.ADARI TULASEE NAIDU **Relationship** : W/O

Contact Address : 0-0 Kintada Kota Padu Vishakhapatnam Andhra Pradesh INDIA 531034 **Phone No** : / 9948835111

tulasiradh

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

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
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs P SREELATHA**	**Age :**	**29 Y 2 M 10 D**
IP No:	**IP18-00036326**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: T tulassnaidu

Name: T tulass naidu
Relationship: Husband
Date: 5/07/26 Time: 11:37 AM
Witness Name: V Naveen Antony
Witness Signature: V

Patient Address:
0-0 Kintada Kota Padu
Vishakhapatnam Andhra Pradesh
INDIA 531034

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Ms. P. Sree Latha	UHID Number : 3970
Self/Attendant Name : ADARI TULASEE NAIDU	Relation : Husband
Self/ Attendant Signature : Phone Number : Tulasinaidu	Name & Signature of Financial Counselor

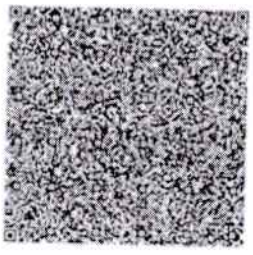
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0013/17018/03564

To
పి శ్రీలతా
P Sreelatha
D/O: Satyanarayana,
10 C,
MARI 1ST STREET,
MOOLACHATTHIRAM,
VTC: Madhavaram,
PO: Madhavaram Milk Colony,
Sub District: Ponneri,
District: Tiruvallur,
State: Tamil Nadu,
PIN Code: 600051,
Mobile: 9392504973

Signature Not Verified
Digitally signed by Unique Identification Authority of India
On



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
6986 5603 8807
VID : 9130 2668 9645 2865

నా ఆధార్, నా గుర్తింపు

Aadhaar no. issued: 04/06/2015

భారత ప్రభుత్వం
Government of India

పి శ్రీలతా
P Sreelatha
పుట్టిన తేదీ/DOB: 25/04/1997
స్త్రీ/ FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆఫ్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6986 5603 8807

నా ఆధార్, నా గుర్తింపు

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ నంబర్ హోల్డర్ సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజన్సీ ద్వారా ఆన్‌లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్‌లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోరే సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది

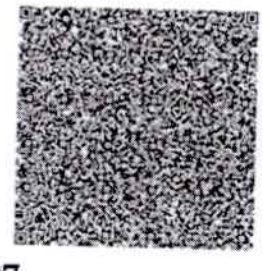
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Details as on: 27/12/2025

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా:
తండ్రి / తాయ్ పెయర్: సత్యనారాయణా, 10 సి, మారి 1వ వీధి, మూలసత్తిరం, మాధవరం, మాధవరం మిల్క్ కాలనీ, తిరువళ్ళూర్, తమిళ నాడు - 600051

Address:
D/O: Satyanarayana, 10 C, MARI 1ST STREET, MOOLACHATTHIRAM, Madhavaram, PO: Madhavaram Milk Colony, DIST: Tiruvallur, Tamil Nadu - 600051



6986 5603 8807
VID : 9130 2668 9645 2865

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

Patient Sticker
[illegible]003970 IP18-00036326
P SREELATHA
04-1997 29 Y 2 M 10 D (F)
MATHANGI RAJAGOPALAN

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

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
PFM well.
No c/o pain/bleeding/leaking PlV.
Induction of labor.

LMP: 16/10/25
EDD: 23/7/26.
Corrected EDD:
GA: 37w3D.

Obstetric Formula:
G3P1L1A1

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
P1L1 - 2022, FT, NVD, Boy, 2.2kgs, A&H
A1 - 2023, MTP (social reasons)
PP - spontaneous conception

Obstetric Examination
Fundal Height: Uterus @ term.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: 5/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
Dating - (N)
NT - (N)
FTS - low risk
Anomaly - (N)
Growth - (N).

RISK FACTORS:
• short cervix 2.7cms.
↳ susten / Ecospirin stopped @ 36w.

Per Speculum Examination not done.
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

Height: 161 cm
Weight: 72 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: (−) Pallor: (−)
Icterus: (N) Edema: (−)
Temp: (N) PR: 84bpm
BP: 112/74mmHg DTR: –
CVS: S1S2 (+) RS BAE(+) NVBS.
Liver/Spleen: (N) Urine Output:

DIAGNOSIS
29yrs / G3P1L1A1 / 37w3D / prev NVD / LCB 4yrs. / FGR c̄ (N) dopplers / Induction of labor.

No.: RCH/FRM/CLINICAL/087

(P.T.O)

Patient Sticker

Family History:

Father - SHTN.

Surgical History:

NIL.

Medical History:

- Cx length 2.7cms.

Medication History:

susten
Ecospirin } stopped @ 36w.

Plan of Care:

- monitor vitals
- Prepare parts
- Secure IV line
- LTG QAH
- DFMC
- w/f pain abdomen, bleeding, leaking P/V.
- inform (SOS).

S/B Dr. Mathangi. R.

5/7/26. 1:20PM

P/A: uterus @ term.
Relaxed
cephalic (4/5th)
FH ⊕
clinically liquor (N)

P/V: Cervix soft
posterior
2 cms long
2 fingers loose
membranes ⊕
PPV2 -3 station.

Investigations:

CTG Reactive

Plan:

- Tab. miso 50 mg P/o @ 5AM 6/7/26 after orders
- shift to ward
- Reshift to LDR @ 4:30AM 6/7/26.
- CTG QAHRLY.
- w/f pain bleeding leaking P/V. 128435
- Send BT & T in ward.

Doctor Name: Dr. Akshita

Signature: 128435

Date & Time: 5/7/26

Consultant Name: Dr. Mathangi. R.

Signature: 128435 (For)

Date & Time: 5/7/26

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

V-00003970 IP18-00036326

Patien P SREELATHA
04-1997 29 Y 2 M 10 D (F)
MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	9/6/26	7/7/26		Blood grouping & typing.		
Time						
Hb	12.2.			O +ve (as told by patient)		
PCV						
RBC						
WBC	7750.					
N/L						
Platelets	2.02.					
CRP						
ESR				12/12/25		
PCT				HbA1c = 5.4.		
RBS	F 80 PP 94.			HIV, HBSAg, VDRL, HCV } non reactive.		
Na				TSH 1.47.		
K				Rubella IgG - Reactive		
Cl				ECG, 2D ECHO } Not done.		
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
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						

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

Culture and Sensitivities : 24/7/26.
SLIUG 37w2D
p/a (P)
cephalic
FH (+)
AFI 6.1cms

Radiology : USG :
EFW 2169gms (<3%ile)

X-Ray :
AC @ 9%ile
AR reduced

ECHO :
FGR.

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

CV-00003970
S P SREELATHA IP18-00036326
04-1997 29 Y 2 M 10 D (F)
MATHANGI RAJAGOPALAN

Patie.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/24 5AM	S/B Dr. Ansulita	
	pt reviewed.	
	no sp. c/o	
	PFM well	
	O/E afebrile	
	GC fair	
	P° / PE°	
	P/A uterus @ term.	
	Tightening	
	cephalic (4/5th)	
	FH ⊕	
	clinically liquor @	
	P/V: Cervix soft.	
	posterior	
	1.5cms long	
	2 cms loose	
	membranes flat	
	PP -3 station.	
1/7/24 5:15AM.	C/D/w Dr Mathangi. Ma'am	
	Tab Miso 50mcg P/O now	
	128435	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8Am		
	Post miso CTG - Reactive	Advice
T-(N)	O/E Pt G/C fair, Afebrile	- To start INJ. SYNTO @ 12ml/hr
PR - 80/min	P°/PE°	- Liquid diet
BP - 110/60mmHg	CVS / RS NAD	- Continuous CTG
		- W/F contractions / Progress
	P/A - uterus @ Term	- Inform (SOS)
	Mildly Acting	
	Cephalic	
	FHS - good	
	[signature] 82217	
06/07/2026 9:30Am	C/S/B Dr. Mathangi	
	P/A - Uterus @ Term	Advice
	Mildly Acting	• All fours's po
	Cephalic	• Synto accelerate
	FHS - good	• Continuous CTG
Bed side USG		• Diaper watch
* DDP	P/V - Cx - 1cm long	• Inj. SVPACEF 1.5gm IV TDS (ATD)
* No cord	OS - 2cm	
	Membranes (+)	• W/F contraction
	Vertex	• Inform SOS
Synto @ 12ml/hr CTG - Reactive	↓ ASP / done - clear liquor post ARM FH good,	
		[signature] 16420

CV-00003970 IP18-00036326
rs P SREELATHA
P-04-1997 29 Y 2 M 10 D (F)
. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10:40 AM	S/B Dr. Mathangi	
	pt- c/o pressure sensation	
Synto @ 36 ml/hr CTG- Reactive	P/V: Cx fully effaced - OS fully dilated - membranes (-) Vx at +1	
		Advice
		- Shift to labour room
		- position for delivery
	[signature] 104208	- Inform NICU
6/7/26 10:58 AM	NORMAL VAGINAL DELIVERY WITH RMLE	
	C/B - Dr. Mathangi	
	A/B - Dr. Divyalakshmi S.R	
	↓ ASP, pt ↓ lithotomy, perineum painted and draped. Pt- encouraged to bear down. Local anesthesia infiltration given. At crowning, RMLE given to deliver an alive term BOY baby who cried immediately after birth. Cord clamped and cut and baby handed over to pediatrician. Placenta and membranes delivered intoto.	

Patient Sticker

Shree Latha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	episiotomy inspected. A left lateral vaginal wall tear noted and same sutured using rapid vicryl. episiotomy sutured in layers using rapid vicryl. Hemostasis secured.	
	P/A - uterus firm & well contracted. P/V - NO vaginal bleeding PV. P/R - Rectal mucosa & sphincter tone (N).	
	B | Alive term BOY A | 06.07.26 at 10:58 AM B | 2.068 kg Y | 8/10, 9/10	
		Advice - Normal diet. - oral hydration. - monitor vitals. - follow drug chart - Measure & inform 1st void. - CBC c/n 6am - DBF - Inform SOS - Shift to ward. - Inj. Augmex IV STAT @ 6pm

Baby m/s

16/7/26

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 4.30pm	S/B Dr. Divyalakshmi Pt reviewed voided 150ml urine Bedside USG – Bladder collapsed.	
6 pm	2nd void – 150ml urine	Advice - measure next void - CBC c/m 6 am. - Inform SOS. ↑ oral fluids.

16/7/26

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Vinitha	
10:30 PM	Pt reviewed ; No. C/o	
PND #0	O/E: GC fair ; Afebrile	
BP: 112/72	P/A: Ut firm & contracted	
PR: 78bpm	Soft ; BS (+)	
SpO_2: 99 + RA	C/E: BWNL	
	Epi intact	
		Adv: Normal diet
	V.S/O	Follow same orders
	T 98.3	CBC 9M 6am
		Inform SOS
	C/S/S Dr. Panithra	
7/7/2026		
	Pt reviewed	
9 AM		
	o/e	
PND-1	Pt GC fair	Advice
	afebrile	- (N) Diet
	P/PA	- Plenty of orals
P-(N)	CVS	- Vitals monitoring
BP-112/68	RS/NAD	- Follow drug chart
PR- 90/min.		- Process Discharge
SpO_2-99-1.0A	P/A - Soft	
	Ut firm & contracted well	
Baby-M/S		
	C/E - Epi wound intact	
Passed stools	No undue PV bleeding P/V.	
Hb-9.6		

Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

MEDICATION RECONCILIATION FORM

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

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

Shifting From: 6TH FLOOR Shifted to: LDR

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: S. Lavanya

Date & Time : 5/7/26 @ 10.45 PM

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA
15-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: HDR Shifted to: 6 M/ Ward

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. Mathangi 23935

Date & Time : 5/7/26

Nurse Name & Signature: S. Aruthra 011746

Date & Time : 5/7/26 at 11.30 AM.

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

Patient HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 5/7/26 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:				

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 77kg Ward 442

DRUG: Tab. AUGMENTIN				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
625mg	po	1-1-1	6/7	6AM		SUJ/SP
Name & Signature of the Doctor Starting the Drugs: 164288				2pm		
Additional Instructions:				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG: Cap. PAN-D				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
40mg	PO	1-0-1	6/7	7AM		SUJ/SP
Name & Signature of the Doctor Starting the Drugs: 164288						
Additional Instructions:				7pm	PS/AA	
Daily Doctor's Endorsement by a Sign						

DRUG: Tab. ACTON OR				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
1gm	po	1-1-1	6/7	8am		PS/AA
Name & Signature of the Doctor Starting the Drugs: 164288				2pm	AA/SA	
Additional Instructions:				10pm	PS/AA	
Daily Doctor's Endorsement by a Sign						

DRUG: JUSTIN SUPPOSITORY				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date			
100mg	PR	BD	6/7	10AM		PS/AA
Name & Signature of the Doctor Starting the Drugs: 164288						
Additional Instructions:				10pm	SUJ/SP	
Daily Doctor's Endorsement by a Sign						

Patient Sticker

Weight. 47 Ward. LSD

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	5:11AM	TAB MISOPROSTOL	50mcg	P/o	122813	SP / TF
6/7/26	9.30 am	INJ. SUPACEF	0.1ml	Id	182217	MB / SA
6/7	10.00 am	INJ. SUPACEF	1.5g	IV	182217	MB / SA
6/7	10.10 am	Inj. SYNTO	10 units	IM	16428	MB / SA
6/7	11.15 am	Inj. TRAPIC	1g	IV	16428	MB / SA
6/7	11.20 am	Inj. CARBOPROST	250 mcg	IM	16428	MB / SA
6/7	11.25 am	T. MISOPROSTOL	600 mcg	PR	16428	MB / SA
6/7	11.25 am	JUSTIN SUPPOSITORY	100 mg	PR	16428	MB / SA
6/7	6pm	Inj. SUPACEF	1.5gm	IV	16428	

ICV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART Weight. [illegible] Ward. [illegible]

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26	9.00 am	INJ. SYNTO 5U in 500ml RL	IV	12 ml/hr	[signature] 182217	ND / SA	6/7/26	[signature] 16428	ND / SD
6/7/26	9.00 am	IVF 1ORL	IV	free flow	[signature] 182217	ND / SA	6/7/26	[signature] 16428	ND / SD
6/7/26	11 AM	Inj. SYNTO 20 units in 500ml RL	IV	125 ml/hr over 4 hour	[signature] 16428	ND / SD	6/7/26	[signature] 16428	ND / SD

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA 29 Y 2 M 10 D (F)
25-04-1997
Dr. MATHANGI RAJAGOPALAN

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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

5/7/26	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				22					22				20				20.		20		20			20
	0 - 10																								
Saturations	94 - 100 %				99%					100%				98%				98/		99		98/			99/
	< 94 %																								
Administered O_2 (L/min.)					RA					RA				RA				RA		RA		RA			RA
Temp °c	40																								
	39																								
	38																								
	37				98°F					98°F				98.4°F				98°F		98°F		98°F			98°F
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				92													88 b/m							
	80									83				87 b/m						80		80 b/m			82 b/m
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																						113			111
	130									120								113							
	120													112											
	110				112															100					
	100																								
	90																								
	80																								
	70																								
	60										(76)				(78)										
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80				74									71											
	70									60															
	60																	74		70		67			71
	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
TOTAL ORANGE SCORES					0					0				0				0				0			0
	Nurse Initial				[illegible]					[illegible]				[illegible]				[illegible]				[illegible]			[illegible]

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
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(2)

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Early Warning Observation Score Chart - Obstetrics

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

6/7/2026

		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		22		22	22	22				18				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		99		99	99	99				99				99				98				100			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA	RA	RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98.6		98		98				98.8				99.1				98.8				98.1			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80		80	80	80				78bm				82bm				96bm				90bt/m'			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110		110	110	110				118				110				108				112			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70		70	70	70				72				85				69				72			
	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	1				0				0				0				0			
TOTAL ORANGE SCORES			0		0	0	0				0				0				0				0			
Nurse Initial			✓		✓	✓	✓																			

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
5/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	→		on		Admission		←				
	12:00 pm	H2O	100ml							200	NO	NH
	01:00 pm											
Total Intake : 100ml.						Total Output : 200						
	02:00 pm	H2O	100ml								NO	
	03:00 pm											
	04:00 pm	H2O	100ml							✓	✓	
	05:00 pm	H2O	150ml									
	06:00 pm	H2O	100ml								NO	
	07:00 pm	H2O	150ml							✓	✓	
Total Intake : 600 ml						Total Output : 2 times.						
5/7/26	08:00 pm	H2O	150ml									
	09:00 pm	H2O	150ml							✓	NO	
	10:00 pm	H2O	300ml									
	11:00 pm	H2O	100ml								++	
	12:00 am									✓		
	01:00 am	H2O	200ml									
Total Intake : 850ml						Total Output : 3 times voided						
	02:00 am	H2O	150ml								0	
	03:00 am									150ml	0	
	04:00 am	H2O	100ml								0	
	05:00 am	H2O	100ml							200ml	0	
	06:00 am	H2O	200ml								0	
	07:00 am	H2O	100ml							150ml	0	
Total Intake : 650ml						Total Output : 550ml						

Total 24 hrs. Intake	2200

Total 24 hrs. Output	700ml + 5 times.

HCV-00003970 IP18-00036326
Mrs P SREELATHA
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Rainbow Children's Hospital
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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	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7/26	08:00 am	cont	100ml								0	[illegible]
	09:00 am			12ml	100ml					100ml	0	[illegible]
	10:00 am	LC	100ml	24ml	100ml						0	[illegible]
	11:00 am	HL	200ml	96	100ml					100ml	0	[illegible]
	12:00 pm			128	100ml						0	[illegible]
	01:00 pm			125	100ml.						0	[illegible]
Total Intake :	1200ml					Total Output :				200ml		
	02:00 pm	H2O	200ml								0	[illegible]
	03:00 pm											
	04:00 pm	H2O	200ml						1st voided	150ml	0	[illegible]
	05:00 pm	milk	200ml									
	06:00 pm	H2O	200ml						2nd voided	150ml	0	[illegible]
	07:00 pm	H2O	200ml									
Total Intake :	1000ml					Total Output :				300ml		
	08:00 pm	H2O	200ml						3rd voided	600ml	0	[illegible]
	09:00 pm	H2O	100ml									
	10:00 pm	milk	210ml								0	[illegible]
	11:00 pm									✓		
	12:00 am	H2O	100ml								0	[illegible]
	01:00 am											
Total Intake :	610ml-					Total Output :				600ml + 1 time		
	02:00 am	H2O	200ml								0	[illegible]
	03:00 am	H2O	200ml							✓		
	04:00 am	H2O	200ml							✓	0	[illegible]
	05:00 am	H2O	250ml							✓		
	06:00 am	H2O	100ml								0	[illegible]
	07:00 am	H2O	200ml							✓		
Total Intake :	1150ml					Total Output :				4 times		

Total 24 hrs. Intake	3,960ml	Total 24 hrs. Output	1100ml + 5 times

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 5/7/26

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	11AM	Reduce risk of hospital-acquired and prevent infection	11AM	=> Maintain strict hand hygiene. => Educate Patient regarding infection Prevention.	Patient vital sign.	Reassess	
Afternoon	2 PM	Promote cleanliness and comfort.	4 PM	change linen and nursing requirement. provide privacy during care	Patient follow the instructions.	Patient had daily bath.	
Night	8pm	promote awareness and comfort	9pm	Change over and monitoring regularly provide privacy during	patient follow the instruction	patient had daily bath	10pm

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Mrs P SREELATHA
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Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Date: 6/7/26

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	am 8.00	Relieve pain & discomfort	am 8.30	Assess pain using pain scale regularly position patient comfortably	Pt feel better.	Reassessment done	Dev GNM
Afternoon	2pm	promote cleanliness and comfort.	3pm	~~Assist with~~ daily bath, oral care and perineal care	Assisted with daily bath oral care and perineal care.	patient was stable	Dev GNM
Night							

CV-00003970 IP18-00036326
Mrs P SREELATHA
05-04-1997 29 Y 2 M 10 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
5/7/26	11:30AM	=> Admission Notes Mrs. Sreelatha 29yrs) first under Dr. Mathangi, She is G3 P1 L1 Pre. NUD, While receiving the Patient conciously Oriented, afebril - for for, Patient taking orally and tolerating well. Voided freely. Patient Vital Signs stable. Under aseptic technique Peril's preparation was done. Patient co-operated well.	=> [illegible]/011746
		=> CTG connected reaction	
	11:35AM	FHR good. Foetal Movement good.	=> [illegible]/011746
	12:30 pm	=> CTG disconnected reaction FHR good, Foetal movement good. Patient Vital Signs stable. General condition fair	=> [illegible]/011746
	1pm	=> S/B Dr. Mathangi mam. Advice to P/v examination done. Sem direction. Patient co-operated well.	=> [illegible]/011746
	1:45pm	=> Patient Shift to Ward hand over to 5th floor Staff	=> [illegible]/011746

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26		Receiving notes.	
	1.50PM	patient received from LDR to ward. Handing over taken from LDR S/N. patient came for RLOT. NO IV line.	[signature]
	2PM	Vitals checked and recorded. No complaints.	[signature]
	3PM	Dr. Arshila mam phone call advicey to do ECG, Blood grouping Blood grouping sample send to lab. ECG done.	[signature]
	4PM	Vitals checked and recorded.	
	4.45PM	CTG connected. No complaints. FHR good.	[signature]
	5.45PM	CTG photos send to Dr. LDR CTG. mam advicey stop. CTG stop. and created.	
	6PM	Patient sleep well, no complaints. maintained I/O chart recorded	[signature]
	7.30PM	Handing over given to night duty S/N	[signature]
		NIGHT DUTY	
	7.30pm	pt details handing over taken from evening duty staff. Vital was stable. No other complaints	[signature] 60758

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

HCV-00003970
Mrs P SREELATHA IP18-00036326
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☐ No Known ...
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8:00pm	vitals was checked and recorded maintain I/O chart no other complaints	607721
	10:00pm	CTG was connected as per doctor order	607721
	10:30pm	CTG was disconnected at 10:30pm. patient shifted 6th floor to LDK	607721
	11:00pm	Handing over given LDK staff	607721.
		Receiving notes.	
5/7/26	11pm.	The patient received from 6th floor. Patient details handling overtaken from 6th floor staff. Patient is conscious. Patient having no pain. Vital signs checked and recorded. vitals are stable. Dr. Akshitha mam seen the patient Adviced to CTG @ 4 hrly monitoring. No other complaints →	Balasri/020085
6/7/26	12am	Patient general condition fair. vitals are checked & recorded. patient maintain selfvoiding. patient sleep.	S/N parames 016808
	2am	Patient side no complaints of pain. patient voided. CTG connected @ 2.30am	S/N paramesh 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	3PM	FHR good. CTG informed to Dr. Akshitha advised to continue CTG.	Sf no paramedical 016808
	4am	CTG disconnected as per doctor advice. Doctors order advice.	Sf no paramedical 016808
	5.15 am	Dr. Akshitha saw the patient advised to checked PV Cx 1.5cm long, 2 finger loose -3 station advised to T. Misoprostol 50mcg plo advised. T. misoprostol 50mcg plo given	Sf no paramedical 016808
	6am	patient general condition fair. Vitals are checked recorded. post miso CTG connected. FHR good. fetal movements well.	Sf no paramedical 016808
	7am	CTG informed to Dr. Akshitha advised to CTG disconnect Doctors order carried out.	Sf no paramedical 016808
	7.30 am	patient details, files handed over given to morning duty staff.	Sf no paramedical 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	8.30 am	Morning duty report on 8/7/26	
		Pt taken over from the	
		night duty staff pt conscious &	
		Oriented pt IV line present	
		Pt taken diet pt general	
		condition is good.	Devi/019760
	9.00 am	Pt vitals checked & recorded	
		Pt general condition is good.	Devi/019760
	9.00 am	Pt CTG connecting FHR is	
		good FHR is 140-142 b/min,	
		Inj: Synto 12ml start Ivf-NS	
		10ml/on flow pt is sitting	
		position.	Devi/019760
	9.30 am	S/B Dr. Mathagi mam P/V	
		examination done. 1cm long os	
		2cm dilation. Inj. Supront 0.1	
		ml IM given as per doctors	
		order ctg continue stop up in	
		synto pt left position.	Devi/019760
	10.40 am.	Patient synto on flow pt	
		c/o in pushing Informed Dr.	
		Mathagi mam. Cx fully effaced,	
		os fully dilated mem ⊖	
		vp at +1 pt shifted to labour	
		room.	
			Devi/019760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/[illegible]	10.58 am	Normal vaginal delivery with RMLE	
		↓ ASP pt lithotomy perineum	
		painted and draped pt encouraged	
		to bear down local anesthesia	
		infiltration given at crowning [illegible]	
		given to deliver on aim [illegible].	
		Boy baby cried immediately after	
		birth cord clamped and cut and	
		baby handed over to pediatrician	
		placenta and membranes delivered	
		intoto episiotomy inspected well.	
		[illegible] vaginal wall [illegible] noted	
		and same sutured using rapid	
		vicryl episiotomy sutured in layers	
		using rapid vicryl membranes	
		[illegible], uterus firm well contracted,	
		to ensure bleeding after	
		delivery Inj. Synto 10 [illegible] IM given	
		Inj. Synto 20 added [illegible]	
		[illegible] Inj. Tramadol 1 amp slow	
		IV Inj. carboprost 250mg IM	
		given as per doctor's order, Tab [illegible]	
		600 mg PR given [illegible] supp	
		100 mg PR given as per doctor's	
		order. pt vital checked & recorded	
		pt general condition is good	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		B - 6/7/26 at 10.58am	
Contin.		A - Boy	
		B - 2,068kg	
		4 - 8/10, 9/10	
	12.00pm	Patient vital checked & recorded. Pt. after delivery Ice pad kept in vaginal pt general condition is good Pt. not void urine.	
	1.00pm	Pt shifted to ward pt handing over to 6th floor staff to be followed (void urine and Inj! Supnt 1.8gm 6.00pm 1dose to be followed	
		Receiving Notes	
6/7/26	1pm	→ patient received from LDR, patient detail hand over taken from LDR S/N patient conscious & oriented. After delivery urine not passed. 1st voided measure to adviced patient. vital signs checked & record. Vitals are stable	
	2pm	→ patient due medication given as per order chart.	
	4pm	→ patient vital signs checked and record. vitals are stable patient 1st voided urine 150ml	

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
06/7/26		Informed to Dr. Divya mam advised scan machine shift used.	Duty nurse
	6PM	2nd void - 50ml informed to Dr. Divya mam. Due medication given as per order	
	7PM	maintained I/O chart recorded	
	7.30PM	Handing over given to night duty SIN	Duty
		Night duty 6/7/26	
6/7/26	7.30pm	=> patient handover taken by evening duty →	Duty 06/7/26
		=> patient handovers is Clinically Stable	
	8pm	=> Checked vital signs => Patient vitals is Stable => Provide health education. => Provide comfortable bed position →	Duty 06/7/26
	10pm	=> Administered medication as per drug chart order	
7/7/26	12am	=> Checked vital signs => Patient vitals is stable => Monitor I/O Chart	
	4am	=> again Checked vitals => Patient vitals is Stable	
	6am	=> Monitored I/O Chart →	Duty 7/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

MRD NO:..........

Age :.................... Weight :...............Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 5/7/26 Time: 1.30 PM
Location : (L) cephalic vein.
Size : 18 G
Cannula inserted by : Alny / 011746

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
5/7	12am	☐Yes ☑No	☐Yes ☑No	observed	Baliee
	4am	☐Yes ☑No	☐Yes ☑No	observ	Ra
	6am	☐Yes ☑No	☐Yes ☑No	observ	Devi
	8am	☐Yes ☑No	☐Yes ☑No	observ	Devi
	10am	☐Yes ☑No	☐Yes ☑No	observ	Devi
	12pm	☐Yes ☑No	☐Yes ☑No	obs	Devi
	4 pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	healthy	Sulonay
7/7	12am	☐Yes ☑No	☐Yes ☑No	healthy	Sulonay
	4am	☐Yes ☑No	☐Yes ☑No	healthy	Sulonay
	8am	☐Yes ☑No	☐Yes ☑No	Recovery	Aby
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

Patient S

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 6/7/26	E 6/7/26	N 6/7/26
		Score	25	25	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HCV-00003970 IP18-00036326
SREELATHA (F)
25-04-1997 29 Y 2 M 10 D
Dr. MATHANGI RAJAGOPALAN

Patient I

BRADEN 'Q' SCALE

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

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					Date :	5/7	6/7	5/7	6/7
					Time :	M	E	N	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	20	20	20	20
					Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ 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	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ 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	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ 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	⓫ Use same protocol as for **"High Risk"** Patients ⓫ 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

HCV-00003970
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036326

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 11.30 AM Time Seen by Nurse: 11.30 Am

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

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

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

3) **Vital Signs:** Temperature: 98.4 F Pulse: 84/mt RR: 24/mt SpO_2: 100% BP: 112/74 Weight: 57.4

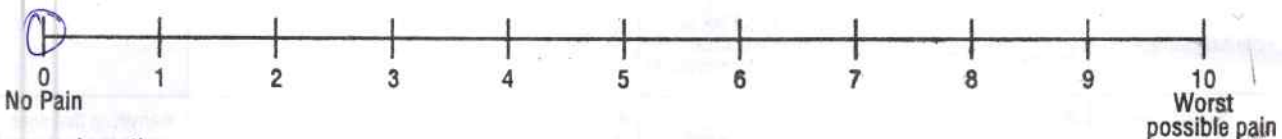
4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 16/10/25 EDD: 23/7/26 Gestational Age: .....

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)**



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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

Patient Sticker

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 ....NIL....

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: ....11:30 Am....

Nurse Name : ....[signature].... Nurse Signature: ....[signature] /011940....

Date: ....5/7/26.... Time: ....11:30 Am....

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 5/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes , identify

Chief Complaints: G3P1+1 A1 37+3wks Doctor Notified on Admission: ☐ Yes ☐ No

Labour Name of the Doctor: Dr. Geetha

Time Notified: 11:20AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Blood Group: LMP: 16/10/25 EDD: 23/7/26 Gestational age during admission: 37+2wks

Contractions: Nil Vaginal Discharge: Nil

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

Height: 161 Weight: 77 BMI:

Temp: 97.4°F HR: 84/min RR: 24/min BP: 112/74 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	Nil

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ...Mrs. Sreelatha...

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

Orientation not given Reason: ....

Nurse Signature: ...[signature] /011740...

Nurse Name: ...S. Alusetha...

Date & Time: ...5/7/26...

HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 5/7/2026

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	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		
Signature of the Nurse		
Action Plan		

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: ....

Continuity of Care:

Date: 6/7/26

Baby in mother care

L - 1
A - 1
T - 2
C - 2
H - 2

8

Handover given by Sn Mcdew

Handover taken by ....

Signature [signature] 01960

Signature ....

Date & Time: 6/7/26 at 12.00p

Date & Time: ....

PATIENT TRANSFER FORM

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HCV-00003970 IP18-00036326
Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
DR. Mathangi	5/7/26 @ -	5/7/26 @ - 10.45 PM.
	Transfer Ordered by	**Reason for Transfer**
	DR - Mathangi	Further orders
From Unit	**To Unit**	**Information to Attendant**
602	2DR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
—	ECG — (1)	Yes ☑ No ☐
	CTG — (2)	If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Lenyatturi 01789	

Patient & Clinical Records Received by : S/P parameshwari 016808

Date & Time of Patient Received : 5/7/26 @ 11 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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PATIENT TRANSFER FORM

HCV-00003970 IP18-00036326
Mrs P SREELATHA (F)
25-04-1997 29 Y 2 M 10 D
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at 11:14AM	5/7/2026 at 1.40PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Alesitha	Further treatment
From Unit	**To Unit**	**Information to Attendant**
LDR	6th Floor	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
In file.	CTG - (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Alumtten 011746	Dr. Alesitha

Patient & Clinical Records Received by : Sareyu 020046 5/7/26 at 1.40PM

Date & Time of Patient Received :

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

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

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

INFORMED CONSENT FOR VAGINAL BIRTH

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Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Name : ..... UHID 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: .....

Consentee :

Signature : .....

Name : .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

Patient Sticker

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INDUCTION OF LABOR CONSENT

Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

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

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: .....

Name: .....

Date & Time: .....

Patient Attendant:

Signature: .....

Name: .....

Relationship with Patient: .....

Date & Time: .....

Doctor:

Signature: .....

Name: .....

Date & Time: .....

Witness

Signature: .....

Name: .....

Date & Time: .....