Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 12 D (F)
Dr. PRIYADHARSHINI S M

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		14/3/22 @ 11am					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Lavanya.

UHID No: 93734 IP No: 36439 Consultant: ..... Dept: .....

Date of Admission: 12/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	10.15pm	LDR	412	

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
12/7/26	CBC, PT APTT	26022416	[illegible]
13/7/26	RBS	22540	[illegible]
14/7/26	CRC	2574	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7/26	CTG ①	—	—	009370	[illegible]
12/7/26	CTG ②			009379	[illegible]
13/7/26	CTG ③			9436	[illegible]

LDR - CTG - ②
4th floor CTG - ①
Total ③

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/7/26	Iv placement	(Out side)		[illegible]
13/7/26	growth & doppler scan	1	9407	[illegible]

ANY OTHER INFORMATION:

Bed side USG Not Done / S/N [illegible]

Date: 14/7/26 Time: 11am Prepared By:

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

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Mrs K LAVANYA
02-01-1985 41 Y 6 M 12 D (F)
Dr. PRIYADHARSHINI S M

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		14/7/26 @ 11 am	[signature] 01/7/20.		
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036439 **Admit Date** : 12-Jul-2026 **Admit Time** : 03:45 PM **UHID** : GUC-00093784

Patient Details :

Patient Name	: Mrs K LAVANYA		
Guardian	: Mr KRISHNAMOORTHY	**Age**	: 41 Y 6 M 10 D
Gender	: Female	**DOB**	: 02-01-1985
Occupation	:	**Religion**	:
Address (H)	: A5, 2/126 HARICHANDRA MAIN ROAD, INJAMBAKKAM Injambakkam Kanchipuram Tamil Nadu INDIA 600115	**Martial Status**	:
		Phone No	: 9884260646/ 7904939590
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 804 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 804 **Admission Type** : First Visit

Contact Details :

Name : Mr KRISHNAMOORTHY

Contact Address : A5, 2/126 HARICHANDRA MAIN ROAD, INJAMBAKKAM Injambakkam Kanchipuram Tamil Nadu INDIA 600115

Relationship : Husband

Phone No : 7904939590

Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M

Referral Doctor : DR PADMAVATHI (SHANTHI HOSPITAL)

Specialisation : OBSTETRICS AND GYNECOLOGY

Co-Consultant :

Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs K LAVANYA**	**Age :**	**41 Y 6 M 10 D**
IP No:	**IP18-00036439**	**Sex:**	**Female**
Consultant:	**Dr. PRIYADHARSHINI S M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 804**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mr. Krishnamoorthy

Relationship: Husband

Date: 12/7/2026 Time: 3:45 pm

Witness Name: Jothi

Witness Signature:

Patient Address:

A5, 2/126 HARICHANDRA MAIN ROAD,
INJAMBAKKAM Injambakkam
Kanchipuram Tamil Nadu INDIA
600115

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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 : Lavanya. K	UHID Number : RUC:0009378 4
Self/Attendant Name : Krishna Moorthy	Relation : Husband
Self/ Attendant Signature : Phone Number : 9884260646	Name & Signature of Financial Counselor

भारत सरकार

आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00386/03628

To
லாவண்யா க
Lavanya K
2/126 A5,
HARICHANDRA STREET,
VTC: Injambakkam,
PO: Injambakkam,
District: Chennai,
State: Tamil Nadu,
PIN Code: 600115,
Mobile: 9710191852

Signature valid

உங்கள் ஆதார் எண் / Your Aadhaar No. :

7104 8257 3018

VID : 9188 0143 1615 9043

எனது ஆதார், எனது அடையாளம்

இந்திய அரசாங்கம்
Government of India

Aadhaar no. issued: 09/11/2013

லாவண்யா க
Lavanya K
பிறந்த நாள்/DOB: 02/01/1985
பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. [illegible]
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).

7104 8257 3018

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது
- 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.

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

Details as on: 19/02/2026

முகவரி:
2/126 A5, அரிச்சந்திர தெரு,
இஞ்சம்பாக்கம், இஞ்சம்பாக்கம்,
சென்னை,
தமிழ் நாடு - 600115

Address:
2/126 A5, HARICHANDRA STREET,
Injambakkam, PO: Injambakkam, DIST: Chennai,
Tamil Nadu - 600115

7104 8257 3018

VID : 9188 0143 1615 9043

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

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INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

Name: 1 ..... 1a ..... Age: 40 Gender: ☐ Male ☒ Female

UHID.No : .... Date: 12/7/26.

I / We ..... have been explained by Dr. .....
about the medical condition and the proposed procedure.

I / We have been told that our patient Mrs. Lavanya ..... has
the following Medical Conditions / Diagnosis:

$G_3P_1L_1A_1$ / PREVIOUS LSCS / HYPOTHYROID / ANTEPARTUM HEMORRHAGE

Proposed Treatment / Procedure / Operation:
CONSERVATIVE MANAGEMENT

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay
Bleeding, antepartum hemorrhage, need for blood transfusion, preterm delivery, need for emergency LSCS. NICU care.

I / We have been explained risk, benefits and alternatives of the procedure.

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results, complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above – mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

Patient (Or Patient Relative / Guardian):

Signature: Lavanya. K
Name: Lavanya
Date & Time 12/7/26

Doctor (Who is talking the consent)

Signature: for 164788
Name: Dr. Priyadharshini
Date & Time 12/7/26

Witness

Signature: ..... Name: .....
Relative / Legal Guardian: (Relationship with Patient) .....
Address: .....
Date & Time .....

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

1 - 1 41 years

Patient Sticker

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Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
: Able PFM well. Admitted with c/o bleeding since 10:45am, PV from SANTHI HOSPITAL.

Obstetric Formula: G3 P1 L1 A1

Obstetric History:
I - FTLSCS (Ind: MSL), ♀, 3.1 kg. A & H
II - Missed Abortion. MMA given.
III - PP, Spontaneous conception

Present Pregnancy Record:
- Booked & immunised
- NT (N)
- Anamoly scan (N)
- Growth

RISK FACTORS:
Hypothyroidism
T21 ↑ risk (1:230)
Amniocentesis - Normal

Height: 165 cm
Weight: 107 kg
Allergies: NIL
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness: full
Pallor: NO
Icterus: NO
Edema: NO
Temp: (N)
PR: 80/min
BP: 100/65 mmHg
DTR: (+)
CVS: S1S2 (+)
RS B/L AE (+)
Liver/Spleen: Soft
Urine Output: adequate

LMP: 05.12.2025 EDD: 12-09-2026
Corrected EDD: GA: 31 +1 weeks
Menstrual History: Regular : ☑ Yes ☐ No m/s: 17 years, NCM

Obstetric Examination
Fundal Height: ~ 30-32 weeks
P/A: SPT scar (+), non-tender, not tense.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination minimal clots (+)
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination (-)
Cervix: ☐ 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

G3 P1 L1 A1 B +ve	Prev. LSCS LCB - 15 1/2 years	31 +1 weeks	Hypothyroidism

Antepartum hemorrhage

Patient Sticker

Family History:
Father - T_2DM
Mother - HTN

Surgical History:
LSCS x1

Medical History:
H/O spotting pr April 2026.
H/O similar episode in May 2026.

Medication History:
Tab. THYROXIN 50mg OD
Tab. ECOSPIRIN 75 mg OD
Inj. PROLUTON 500mg IM 2 weeks once
Cap. SUSTEN 300 HS

Plan of Care: I/T Dr. Priyadharshini

Advice:
- Admission.
- parts preparation.
- Secure IV line.
- Pad for observation.
- Q4H PT/INR.
- BP Q4H.
- CTG Next at 8pm.
- Tab. Trapic 500mg 1-0-1 x 2 days
- Tab. SUSTEN SR 300mg 0-0-1
- Withhold Tab. ECOSPIRIN
- W/F contractions
- Minimal ambulation
- Inj. TAXIM 1gm IV BD (ATD)

Investigations:
CTG
CBC
PT/aPTT/INR

Bedside USG
SLIUG
FHR - 130 BPM
NO RP clots noted

Doctor Name: Dr. Dhiyalakshmi. S.R
Signature: for 16.4.26
Date & Time: 12/7/26

Consultant Name: Dr. Priyadharshini
Signature: for 16.4.26
Date & Time: 12/7/26

Patient St

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

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RESULT SHEET

Date	12/7/26				B POSITIVE	
Time						
Hb	10.6					
PCV	32					
RBC	3.53					
WBC	8840				4 IV	
N/L					HBsAg	NR
Platelets	3.61 lakh				VDRL	
CRP						
ESR					30/5/26.	
PCT					TSH	3.04
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea					24/6	
Creatinine					F -	73
ALP					1hr -	101
SGPT					2hr -	112
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin					ECG	WNL
A/G Ratio					Echo	EF = 63%
Uric Acid						Mild TR
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol 30/5/26						
~~PT~~/INR 0.8	13.6/0.96					
APTT	32.8					
CSF Protein / Sugar						
Cells						
N/L						

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

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

2/7/26

Radiology : USG : SLIVG - 31 weeks

X-Ray : placenta - anterior

ECHO : SDP - 5.4cm

CT : cephalic

MRI EFW - 1.688 kg

Others (ECG, Contrast Studies etc.,) : Dopplers - WNL

2/6/26

pl - anterior

lower limit of

placenta seen 4.5cm

above internal os.

Patient Sticker

GUC-00093784 IP18-00036439
Mrs K LAVANYA 41 Y 6 M 10 D (F)
02-01-1985
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26	S/B - Dr Anandhaemavu	
8:30 pm	41y / G3P1L1A1 / B+ve / prev LSCS / LCB - 15½ year	
	GA - 31W+1day	
T - (N)	Hypothyroid / APH	
BP - 110/64 mmHg	No complaints of spotting	
PR 86/min		
SpO2 - 99% RA	Able to PFM well	
	O/E - GC fair, afebrile	
	no pallor / no pedal edema	
voiding clear urine freely	CVS / RS NAD	Advice
		- Bed rest
	P/A - Ut ~ 32 weeks	- Follow drug chart
	relaxed	
NST - reactive	FH good	
	SPT scar (+) / healthy	
	no SPT / SPB	
	L/E - no bleeding PV	1560

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

GUC-00093784 IP18-00036439
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Dr. PRIYADHARSHINI S M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 9.30pm	C/D/W - Dr. Priyadarshini	
	No complaints of spotting / bleeding c/o tooth ache pt Able to P/m well.	
	G	Advice
		- Follow drg orders
		- Tab. PARACETAMOL if P/o stat
		- FH monitoring
		- vitals monitoring
		- USG - growth scan, placental position, tomorrow morning
		- N/F bleeding PV.
	shift the pt to ward	
		15600?

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/2021	C/S/B Dr. Vinitha / Dr. Shreedevi	
9:15AM	PA reviewed, Nil c/o	
GA - 31w+2d	No Active Spotting / bleeding @ Present	
T- (N)	Able to PFM well	Advice
PR- 88/min	dE Pt GC fair, Afebrile	- Normal diet
BP- 114/72mmHg.	P° / PE°	- Plenty of oral fluids
	CVS /	- Vitals Monitoring
	RS / NAD	- Follow drug chart
	P/A - ut @ 30 wks	- W/F Bleeding PV
	Relaxed	- To do USG growth scan
	Cephalic	Placental position today
	FHS - good	- Inform(SOS)
	L/E - No active bleeding	
	13/07/21	

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
13/7/2026	S/B Dr - Puja chaudhari	
	Elderly gravida / hypothyroid / (↑BMI) / APH.	
	↑ FTS 1:230	
	Amniocentesis done → (N)	
	Anomaly scan (N) Fetal echo (N)	
	Scan today → SLIUG of 31-32wks	
	EFW - 2028 g. plac ant Not LL	
	Cx - 3.3cm	
BP- 100/70mg	Liq (N) : Dopplers (N)	
Wt →	Patient burning discharge	
	Today discharge reduced	
	Not passed urine today	
	Urine (N)	
	PFM well : Mild GI findings	

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

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Mrs K LAVANYA
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Dr. PRIYADHARSHINI S M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Cut : Inactive
		* Iron twice daily
		* Calcium once daily
		* Thyronorm 50mg 1cm in empty stomach
		* Inj PROLUTON depot 500mg im every saturday
		* SUSTEN SR 300 0-0-1
	4th hrly PNR.	* Inj Betamethasone 12mg im stat today and tomorrow
		* DUPHALAC · CREMAFFIN SYRUP 15ml at night
	CBC 4hrs after 1st injection	
CBC		± IVF-10DNS

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26. 3:20pm	S/B Dr. [illegible]	
	pt reviewed.	
	PFM well.	
	c/o spotting P/V ⊕ [brownish d/s]	
	o/E afebrile	
BP 110/74mmHg	GC fair	Plan:
PR 88bpm.	P° / PE°	- DFMC
Temp Ⓝ	P/A uterus @ 32W	- w/f pain, bleeding,
	Relaxed	leaking P/V
	cephalic	- inj. Betnesol 12:30pm 14/7/26
	FH ⊕	- CBG 4:30pm
	clinically liquor Ⓐ	- Send CBC tomorrow 6 AM.
	L/E brownish d/s ⊕	- FHS 4th hourly.
		122435 - CTG HS.
	C/S/B Dr. Pavithra.	
13/07/2026	Pt reviewed	
	o/e	
	Pt GC fair	Advice
T Ⓝ	afebrile	- DFMC.
BP 110/70 PR 80/min	P° / PE°	- Inj Betnesol 2nd dose
	CVS	on 14/7 @ 12:30pm.
	RS NAD	- FHR 4th hourly monitoring.
	P/A - UL 32 weeks	- W/f Bleeding P/V
	Relaxed	
	cephalic	
	FHS good	

124680

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

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 12 D (F)
Dr. PRIYADHARSHINI S M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26.	S/B Dr. [illegible]	
9 AM	pt reviewed	
B+ve	PFM well	
	c/o afebrile	
	GC fair	
BP 111/64mmHg	P°/PE°	Plan
PR 88bpm.	P/A uterus @ term	- Inj Betnesol today
Temp (N).	Relaxed	@ 12:30pm
	cephalic	- DFMC.
	FH ⊕	- FHS Q4H.
	L/E no bleeding P/V	- CTG after orders
		- S/P for observation
	[signature] 128435	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00033784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

Docu. No. : RC

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight BY RAINBOW HOSPITALS
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Date: ..... Department: ..... Shift: .....

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

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

Patient Sticker

(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 : 164285 D.

Date & Time : 12/7/26 at 4.00Pm

Nurse Name & Signature: M. Devi

Date & Time : 12/7/26 4.00Pm

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

(2)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: EDR Shifted to: ward 4th floor (4b)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab THYRONORM	50mcg	P/o	1-0-0	12/7/26 at 6am	☑C ☐DC
2	Tab TRANEXAMIC ACID	500mg	P/o	1-0-1	12/7/26 at 7pm	☐C ☐DC
3	Tab SUSTEN SR	300mg	P/o	0-0-1	12/7/26 9pm	☐C ☐DC
4	Tab DICALIS	1 tab	P/o	0-1-0	12/7/26 at 2pm	☐C ☐DC
5	Inj. CEFOTAXIM	1g	IV	1-0-1	12/7/26 at 8:30pm	☐C ☐DC
6	Tab HBCOM	1 tab	P/o	0-0-1	12/7/26 8pm	☐C ☐DC
7	Tab PANTOPRAZOLE	40mg	P/o	1-0-1.		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Anandhaeswari M 156007

Date & Time : 12/7/26 @ 9.45pm

Nurse Name & Signature: S. Priya RN

Date & Time : 12/7/26 at 10.15pm

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

Patient Sticker

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

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DRUG CHART

Date of Admission: 12/11/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

REGULAR PRESCRIPTIONS

Weight. 107kg Ward. .....

DRUG : Tab. NORFLOX

Dose	Route	Frequency	Start Date
500mg	PO	OD	13/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: empty stomach.

Daily Doctor's Endorsement by a Sign

Date / Time	13/7 14/7
6AM	VK BL VK BL

DRUG : Tab. TRAPIC

Dose	Route	Frequency	Start Date
500mg	PO	1-0-1	12/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7 13/7 14/7
8AM	BL BL BL
8PM	SP SP
SA	VK

DRUG : Tab. SUSTEN SR

Dose	Route	Frequency	Start Date
300mg	PO	0-0-1	12/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7 13/7 14/7
9pm	SP SA BL VK VK

DRUG : Tab. DICALIS

Dose	Route	Frequency	Start Date
1 tab	PO	0-1-0	13/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7 14/7
2pm	PSP PSP

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 12 D (F)
Dr. PRIYADHARSHINI S M

Weight. 107 kg Ward. .....

Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : Tab	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
12/7	~~1.30pm~~	Inj. TAXIM	0.1 gm	IV	16428	MD / TJ
12/7	9.30PM	T. PARACETAMOL	1g	P/O	15007	SP / SA
13/7	12.20PM	INJ BETNESOL	12mg	IM	13.7.23	CS / SA

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

I.V. FLUIDS CHART

Weight. 107 Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

Lavanya

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 107 Ward GDR

DRUG: Tab - MB COM

Dose	Route	Frequency	Start Dt.	Date/Time	12/7	13/7	14/7
1 tab	PO	0-0-1	12/7	9pm	SA	SP/SA	BI/VR

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: Inj. TAXIM

Dose	Route	Frequency	Start Dt.	Date/Time	12/7	13/7	14/7
1gm	IV	BD	12/7	8am		SA/LS	SA/LS
				8pm		SP/SA	BI/VR

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time	13/7	14/7
40mg	P/O	1-0-1	13/7	7am	VR/BL	VR/BL
				7pm	SA/BJ	

Name & Signature of the Doctor Starting the Drugs: 156007

Additional Instructions: Before food

Daily Doctor's Endorsement by a Sign

DRUG: SYP CREMAFFIN

Dose	Route	Frequency	Start Dt.	Date/Time
15ml	P/O	0-0-1	13/7/26	

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Sticker

GUC-00093784 IP18-00036439
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Dr. PRIYADHARSHINI S M

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Early Warning Observation Score Chart - Obstetrics

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

		Date	12/1/26																						
		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										22		22	22	18				18				16bpm			
	0 - 10																									
Saturations	94 - 100 %										acl		acl	acl	100				RA				RA			
	< 94 %																									
Administered O_2 (L/min.)											RA		RA		RA											
Temp°c	40																									
	39																									
	38																									
	37										98.6		98.6	98.2	98.6				98.6 F				98.6 F			
	36																									
	35																									
	< 35																									
Heart Rate	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																		82bpm				80bpm			
	80										80		110	80	86											
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																		102				110			
	100										100		100	100	100											
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60										70		70	70	70				60				66			
	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											1		1	1	0				0				0			
TOTAL ORANGE SCORES											0		0	0	0				0				0			
Nurse Initial																										

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

2pm. BP.
siting → ~~102/64~~ 109/74(82

Lying BP - 112/64(74)

→ FHR - 4PM - 126-150b/mt

1.9PM-10PM (T4) - FHR - 9pm - 128-136 b/m

FHR - 2Am - 122 - 138 b/m

FHR - 7AM - 130 - 142 b/m

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

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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

13/7/26

		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		18		20				14 b/m				16 b/m				18 b/m			
	0 - 10																									
Saturations	94 - 100 %	97%.					98%.		99%.		98%.				99%.				98%.				99%.			
	< 94 %																									
Administered O_2 (L/min.)		RA					RA		RA		RA				RA				RA				RA			
Temp°C	40																									
	39																									
	38	97.6°F					97.8°F												98°F				97°F			
	37	①					①								① 99.2°F				①				①			
	36								98°F		98°F															
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	136 b/m					88 b/m								① 92 b/m				① 90 b/m				① 88 b/m			
	80	①					①		98 bpm		88 b/min															
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	114					104		109		108				101				108				110			
	120																									
	110																									
	100																									
	90																									
	80								82		72				(70)				(66)				(77)			
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90								74																	
	80																									
	70	72					68				64				60				59				60			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓					✓		✓		✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓					✓		–		✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	–					–		–		–				–				–				–			
	Heavy / Foul																									
Liquor	Clear / Pink	–					–		–		–				–				–				–			
	Green																									
TOTAL YELLOW SCORES		0					0		0		0				0				0				0			
TOTAL ORANGE SCORES		0					0		0		0				0				0				0			
Nurse Initial																										

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

Patient Sticker

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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 12/1/26	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm	Water	100ml								0	Dm
	05:00 pm									100ml	0	Dm
	06:00 pm	Water	100ml								0	Dm
	07:00 pm	Milk	100ml								0	Dm
Total Intake : 300ml						**Total Output :** 100ml						
	08:00 pm	H2O	200ml							200	0	Jay
	09:00 pm										0	Jay
	10:00 pm	water	200ml								0	Jay
	11:00 pm										0	Jay
	12:00 am										0	Jay
	01:00 am										0	Jay
Total Intake : 400ml						**Total Output :** 200 ml + 1 times						
	02:00 am										0	Jay
	03:00 am										0	Jay
	04:00 am										0	Jay
	05:00 am	water	100ml								0	Jay
	06:00 am										0	Jay
	07:00 am	water	100ml								0	Jay
Total Intake : 200ml						**Total Output :** 1 time						

Total 24 hrs. Intake	900 ml	Total 24 hrs. Output	300ml + 2 times

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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.

13/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	water	100ml								0	
	09:00 am	Soup	100ml							✓	0	
	10:00 am										0	
	11:00 am	water	200ml								0	
	12:00 pm	water	100ml							✓	0	
	01:00 pm	water	100ml									
Total Intake : 600ml						Total Output : 2 times Passed						
	02:00 pm	Juice	200ml							✓	0	PSP
	03:00 pm	H2o	300ml								0	PSP
	04:00 pm	H2o	200ml				motion passed			✓	0	PSP
	05:00 pm	H2o	200ml								0	PSP
	06:00 pm	H2o	200ml								0	PSP
	07:00 pm	H2o	200ml							✓	0	PSP
Total Intake : 1300ml						Total Output : 3 times urine passed						
	08:00 pm	water	100ml								0	NB
	09:00 pm	water	100ml							✓	0	NB
	10:00 pm	water	200ml								0	NB
	11:00 pm	water	100ml								0	NB
	12:00 am	Milk	100ml							✓	0	NB
	01:00 am										0	NB
Total Intake : 550ml						Total Output : 2 times						
	02:00 am	water	100ml								0	NB
	03:00 am									✓	0	NB
	04:00 am										0	NB
	05:00 am										0	NB
	06:00 am										0	NB
	07:00 am	water	100ml							✓	0	NB
Total Intake : 200ml						Total Output : 2 times						

Total 24 hrs. Intake	2650ml

Total 24 hrs. Output	9 times

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1 / 3 weeks 5 days / Hypothyroidism.

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

Surgery / Procedure:

Post OP Day:

		12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
BACKGROUND	Date / Shift	E	Night	M	E	N	M
	Medical Condition (Any special condition to be noted):	Hypothyroid	Hypoth	Hypothy	Hypothyroid	Hypothyroid	hypothyroid
	Diet:	N diet	N diet	N diet	N diet	N diet	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2	98F	98.5F	97.6F	98.2F	97F
	Res:	80	18b/m	18b/m	20b/mt	18b/m	20b/mt
	SpO_2:	100%	100%	100%	99%	99%	99%
	Pulse:	80/m	86	82b/m	84b/mt	100b/m	88b/mt
	BP:	110/70	100/70	114/72	110/70	107/60	111/64
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0/10	30	30	30	30	30
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Normal	Normal	normal	normal	intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Physiotherapy:	NA	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N diet	N diet	N diet	N diet	N diet	N diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Devi	Pooja	Sai	Reena	Jothi	Arathi
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	12/7/26	13/7/26	13/7/26	13/7/26	13/7/26	14/7/26
	Time:	8pm	7:30am	1:30pm	@7:30pm	8am.	@1:30pm
	Taken Over By Name :	Pooja	Arathi	Aruls	Vaishnavi	Arathi	
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	
	Date:	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26	
	Time:	8pm	@7:30	1:30pm	7:30pm	@7:30am	

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NURSING CARE RECORD

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Date: 12/7/28

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	4.00 pm	Ensure Safety.	4.30 pm	Assess nutritional status and appjete. Assist during ambulation. Follow fall prevention protocols	pt feel better	Reassessment done	
Night		maintain personal hygiene		- Assess the pt condition - Teach personal hygiene. - change linens regularly.	maintained personal hygiene	Reassessment is done	

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NURSING CARE RECORD

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 1/7/2028

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	7.30 Am	maintain fluid volume	9 Am	Assess Pt Condition monitor vitals maintained IO chart, Administered IV fluids	maintained IV fluids	Reassessment Done	08189
Afternoon	2 pm	→ To maintain good nutritional status of the child		→ Assessed the nutritional status of the child → Monitored vital sign → maintained IO chart → Administered IV fluids as per doctor's order	→ Improving and maintaining good nutritional status	child was stable Reassessment was done.	08949
Night	8pm	To promote Health Hygiene.		→ Assessed patient condition → Vital monitoring → encourage oral & Health Hygiene	maintained personal Hygiene	reassessment done	08949

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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
12/2/26	4:05 pm	Admission notes on 12/2/26	
		Patient got admitted in 8th	
		floor under Dr priyadharshini	
		mam Pt consious & oriented.	
		G3P1L1A1 / Pre. LSCS / 31weeks + 1 day.	
		Hypothyroid Pt Came for APH	
		Pt condition Informed Dr priyadharshini	
		mam over in admission.	
		CTG connecting FHR is good	
		FHR is 140 beats/min. Pt vital	
		checked & recorded Pt general	
		condition is good. Patient preparation	
		done. watch for bed.	mani/018760
	4:30pm	Patient CTG disconnecting	
		Order hel Dr Divya mam CBC	
		PT APTT sent to lab @ done	mani/018760
	5:00pm	Patient vital checked & recorded.	
		Next CTG at 8:00 pm to be continue	
		medication regular. Patient pref done.	mani/018760
	7:30pm	Patient file handing over to	
		night duty staffs Inj: Taxim 1gm	
		0.1 ml TD given as per doctors order.	mani/018760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty	
12/7/24	7:30pm	pt care hand over taken from evening duty staff. pt conscious & oriented. IV line ⓟ & patten. DVT, Braden, pain assessment, morse fall risk assessment. pt had normal diet.	[illegible]
	8pm	pt vital signs checked & recorded. pt have no c/o allergy, itching. Inj Taxim 1gm IV given as per doctor order.	[illegible]
	8:30pm	CTG connected as per doctor order FHR ⓟ. pt have no bleeding pv.	[illegible]
	9pm	CTG disconnected as per doctor order. provide comfortable bed position.	[illegible]
	10pm	Dr. [illegible] advice to shift ward. follow drug chart order carried out. tomorrow plan scan.	[illegible]
	10:15pm	pt shifted to ward as per doctor order. pt care hand over given to 1st floor staff	[illegible]

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Received notes :-	
12/7/26	10.30 pm.	patient received from LDR to 4th flood. patient conscious & oriented. patient activity are good. IV @ Rt hand no swelling & pain.	
13/7/26	12am.	Vital Signs checked & Recorded Vitals are stable now	
	2AM	patient sleeping well good was good No special complaints. B/O chart maintained.	
	4AM	Vital Signs checked & Recorded Vitals are stable now. NO special complaints.	
	6AM	Due medication are given as per doctor order.	
		No chart maintained.	
	7.30AM	Child handing over given to morning duty staff	
		morning Duty	
13/7/26	7.30pm	the pt details handing over from the night duty staffs the patient is conscious and oriented	
	8pm	Administers the medication as per doctor's order	

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NOT Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (13/7/26)	
	8am	vitals are checked and recorded	
		Temp is normal	
	9am	Dr. Sreedevi mam rounds was	[signature]
		done adv! to do growth	
		scan.	
	10am	I/O chart is maintained	
		The patient growth scan	
		was done	
	11:10am	Dr. priya dharshini seen the	
		patient adv! to ~~do~~ give	[signature]
		inj. betamethasone 12mg &	
		after 12hrs CBG & to connect	
		1© DNS	
	12pm	vitals are checked and recorded	
		temp is normal	
	12.20pm	Inj. Betnesol 12mg given @12.20pm	[signature]
	1.30pm	The patient details handover	
		given to Evening duty staffs.	
13/7/2026	1:30 PM	Evening duty note on 13/7/2026	[signature] 20749
		Patient details taken over from	
		morning duty staff nurse with SBAR	
		method. On assessment, patient is	
		conscious, oriented and afebrile	
		ass-1 stroke, Pain assessment done. IV line	
		is present and patent, no pain	

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NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← continue notes →	
		On sedation, FHR monitoring every 4th hourly.	
	2pm	Vitals checked and recorded, all are hemodynamically stable.	[signature] 020749
	2 30 pm	Dr. Amritha mam came and seen informed about the patient condition advised to follow as per the progress notes.	[signature] 020749
	4pm	FHR checked and recorded FHR-146b/mt	
	4pm	Vitals checked and recorded, all are hemodynamically stable	[signature] 020749
	4 20 pm.	Dr- Priyadharshini mam came and seen informed about the patient condition, advised to follow as per progress notes	[signature] 020749
	7pm	Due medication given as per the drug chart	[signature] 020749
	7 15 pm	Strict I/O chart maintained	
	7 30 pm	patient details handed over to night duty staff nurse using ISBAR method.	[signature] 020749
		Night Duty Notes :-	
	7 30 pm.	patient details handing over taken from evening duty S/N. patient conscious	[signature] 10/10/24.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/24		& oriented. patient activity	
		are good. IV line ⊕	
		no swelling & pain.	
	8.00	vital sign checked & recorded	
	pm	vitals are stable now	Jcey
		Due medication are given	02004/7
		as per drug chart order.	
	9pm	CTG. start, trace send	
		Dr. Divya mam advice	
		by stop.	
	11PM	patient sleeping was good	
		no special complaints.	
		I/O chart maintained	
	12AM	vital signs checked &	
		Recorded vitals are stable	Jcey
		now	02007
	2AM	patient sleeping was	
		good no special complaints.	
		I/O chart maintained.	
	9AM	vital signs checked &	
		recorded vitals are stable	nb
		now.	arrow
	6AM	Due medication are given	
		as per drug chart order.	
		4th holy [illegible] done.	
		I/O chart maintained,	nb
		patient mobilized	arrow

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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OBSTETRIC TRIAG[illegible] ASSESSMENT FORM

Date: 12/7/26 Time of Arrival: 3.40 pm Time Seen by Nurse: 3.48 pm

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

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

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

3) **Vital Signs:** Temperature: 98.2 Pulse: 80 RR: 20 SpO_2: 100 BP: 100/70 Weight: 107 kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 5/12/25 EDD: 12/9/26 Gestational Age: 31 wks 1 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 (No Pain) 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)

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

6) **Past History:**

a) Surgeries: Appy. LSCS

b) Medical: Hypothyroidism

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: ...~~[illegible]~~ Tab Thyroxin (od)...

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: ...3.40 PM...

Nurse Name : ...M' Dew...... Nurse Signature: ...[signature] 1960...

Date: ...12/7/26...... Time: ...3.40 pm...

GUC-00093784
Mrs K LAVANYA IP18-00036439
02-01-1985
41 Y 6 M 11 D (F)
Dr. PRIYADHARSHINI S M

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
13/7/26	3. 40pm	129mg/dl	Dr. Rajesh	[illegible]

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Patient Sticker

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 19/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	✓	1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	9	
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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/7/26	12/7/26	13/7/26
		Score	0	8pm	M
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	30	30
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 13/1/26	N 13/1/26	M 14/1
		Score	2pm	2pm	
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		0	0
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

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BRADEN 'Q' SCALE

				Date : 12/7/16	12/7	13/7	13/7
				Time : 5	8pm	8am	2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	23	23	27
				Evaluator's Name				

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

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

(1)

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PATIENT TRANSFER FORM

GUC-00093784 IP18-00036439
Mrs K LAVANYA
02-01-1985 41 Y 6 M 10 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission 12/7/26 @ 3.45pm	Date & Time of Transfer Order 12/7/26 @ 10.15pm
Treating Consultant Name Dr. Priyadharshini	Transfer Ordered by Dr. Anandeshwari	Reason for Transfer Pt care
From Unit LDR	To Unit 412	Information to Attendant Yes ☐ ✓ No ☐
Number of Sheets in Clinical File IP file	Number of Imaging Films CTG = 2	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ ✓ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Anandeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja [signature]	Dr. Anandeswari

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 12.7.26 @ 10.30pm

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care

Plan
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	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
12/7/26	4:00 pm	Treatment explan	Patient explain to about in this Treatment plan.	Spouse	Education level.	Oral	Respect values beliefs.	Verbalized	Good	Sn / DEO
13/7/26	8Am	Surgical care	Explained about treatment and care	Patient	No	Oral	None	Verbalized	Good	Sn / DEO

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