Rainbow Children's Hospital

GUC-00094080 IP18-
Mrs B DHARANI NANDHA PR
03-11-1995 30 Y 8 M 25
Dr. MATHANGI RAJAGOPAL

DISCHARGE TRACKING SHEET

UHID- 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							

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

Name: Mrs. Dharani

UHID No: 94080 IP No: 36642 Consultant: Dr. mathangi Dept: GDR

Date of Admission: 27/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	2.00 Am	MICU	5th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/7/26	CBC	26024100	
28/7/26	CBC	24128	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7	CTG1 - (1) ✓			010148	
	CTG1 - (2) ✓			010148	
27/7	Infusion pump ✓	7pm	11pm.	1733856	
28/7	CTH - 3 ✓			10152	Duty Doctor
28/7	CTH - (4) ✓			10152	Duty Doctor

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/26	IV placement	1	1733855	
28/7/26	Diet Counselling	1	1734309	
29/7/26	physiotherapy	1	1734393	

ANY OTHER INFORMATION:

Normal vaginal Delivey
Date: 27/7/26
Time: 8.30 pm to 9.30 pm
Dr. Mathangi
Dr. vinitha
24072

Date: 29/7/26 Time: 11 am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
07346			

Rainbow Children's Hospital | BirthRight

GUC-00094080 IP18-
Mrs B DHARANI NANDHA PRA
03-11-1995 30 Y 8 M
Dr. MATHANGI RAJAGOPALA

DISCHARGE TRACKING SHEET

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					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs Dharani ..... UHID No : .....

Gender: ☐ Male ☑ Female Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : B. Dhj .....

Name : .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Doctor (who is taking the consent)

Signature : 16/12/8

Name : Dr. Dhanyalakshmi

Date & Time : 27/7/26

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 : IP18-00036642 **Admit Date** : 27-Jul-2026 **Admit Time** : 06:49 PM **UHID** : GUC-00094080

Patient Details :

Patient Name	: Mrs B DHARANI NANDHA PRAKASH B	**Age**	: 30 Y 8 M 24 D
Guardian	: Mr NANDHA PRAKASH A	**DOB**	: 03-11-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.46, DNS NAGAR, MADHAVA NAGAR EXTENSION, JOTHI NAGAR Arakkonam H O Vellore Tamil Nadu INDIA 631001	**Phone No**	: 9789185715/ 9677798136
		E-mail	: NO@GAMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr NANDHA PRAKASH A **Relationship** : Husband

Contact Address : NO.46, DNS NAGAR, MADHAVA NAGAR EXTENSION, JOTHI NAGAR Arakkonam H O Vellore Tamil Nadu INDIA 631001 **Phone No** : 9677798136

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs B DHARANI NANDHA PRAKASH B**	**Age :**	**30 Y 8 M 24 D**
IP No:	**IP18-00036642**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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: A. Nandha Prakash
Relationship: Husband
Date: 27/07/2026 Time: 6:49pm
Witness Name: Jothi
Witness Signature:

Patient Address:
NO.46, DNS NAGAR, MADHAVA NAGAR EXTENSION, JOTHI NAGAR
Arakkonam H O Vellore Tamil Nadu
INDIA 631001

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 : B. Dhanam	UHID Number : CMC: 00094080
Self/Attendant Name : A. Nandha Prasad	Relation : Husband,
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 9789185715	

[redacted]

Government of India

Aadhaar no. issued: 24/11/2011

தாரணி

Dharani

பிறந்த நாள்/DOB: 03/11/1995

பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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).

2912 3739 7987

எனது ஆதார், எனது அடையாளம்

[redacted] அமைப்பு

Unique Identification Authority of India

Details as on: 07/10/2025

முகவரி:
கேர் ஆப்: நந்த பிரகாஷ், 45/32, 3வது கிழக்கு தெரு, ஜான்சன்பேட்டை, சேலம், அஸ்தம்பட்டி, சேலம், தமிழ் நாடு - 636007

Address:
C/O: Nandha Prakash, 45/32, 3rd east street, johnsonpet, Salem, PO: Hasthampatti, DIST: Salem, Tamil Nadu - 636007

2912 3739 7987

VID : 9100 3270 4619 8183

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भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2193/11808/48831

To

தாரணி

Dharani

C/O: Nandha Prakash,

45/32,

3rd east street,

johnsonpet,

VTC: Salem,

PO: Hasthampatti,

Sub District: Salem,

District: Salem,

State: Tamil Nadu,

PIN Code: 636007,

Mobile: 9677798136

Signature valid

Digitally signed by the Unique Identification Authority of India

Date: 2025 18:52:55 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

2912 3739 7987

VID : 9100 3270 4619 8183

எனது ஆதார், எனது அடையாளம்

Aadhaar no. issued: 24/11/2011

இந்திய அரசாங்கம்

Government of India

ஆதார்

தாரணி

Dharani

பிறந்த நாள்/DOB: 03/11/1995

பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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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

ஆதார்

Details as on: 07/10/2025

முகவரி:
கேர் ஆப்: நந்த பிரகாஷ், 45/32, 3வது கிழக்கு தெரு, ஜான்சன்பேட்டை, சேலம், அஸ்தம்பட்டி, சேலம், தமிழ் நாடு - 636007

Address:
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Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticke

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
Able to perm well
C/O pain abdomen on & off
c/o show (+)

LMP: 8/11/25 EDD: 14/8/26
Corrected EDD: GA: 37 + 3 weeks

Obstetric Formula: G3P1L1A1

Menstrual History: Regular : ☑ Yes ☐ No
m/s: 9 years,

Obstetric Hostory:
I - 2018. SVD, ♂, 2.79kg, 8yrs @ CMC, vellor
II - MTP. D and C done.
III - PP, Spontaneous conception

Obstetric Examination
Fundal Height: Term (2c/20sec/10mins)

Present Pregnancy Record:
- Booked and immunised.
- NT (N), FTS low risk.
- Anomaly scan / Growth scans. (N)

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:
Early labour

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

S/B Dr. Lucetta

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

Height: 165 cm
Weight: 64.8 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: full
Icterus: No
Temp: (N)
BP: 110/66 mmHg
CVS: S1S2 (+)
Liver/Spleen: Soft
Pallor: No
Edema: No
PR: 98/min
DTR: (+)
RS B/L NVBS (+)
Urine Output: adequate

↓ ASP, ARM done - clear liquor.
Post ARM FH good.

DIAGNOSIS

G3P1L1A1 AB positive	37+3 weeks	Prev NVD.	Early labour

Patient Sticker

Family History:	Surgical History:
Father – DM	D&C x 1
Medical History:	**Medication History:**
H/O Migraines. not on Rx	Nil
Plan of Care: I/P Dr. Mathangi Advice - Admission. - parts preparation. - Secure IV line. - Inj. SUPACEF 1.5gm IV TDS (ATD) - To start Inj. SYNTO 5 units in 500ml RL @ 12ml/hr & titrate - Continuous CTG. - W/F contractions. - Inform SOS.	**Investigations:** CBC CTG

Doctor Name: Dr. Divyalakshmi / Dr. Shreedevi
Signature: 164288
Date & Time: 22/7/26, 6:30pm

Consultant Name: Dr. Mathangi
Signature: for 164288
Date & Time: 22/7/26

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RESULT SHEET

Date	3/6/26	27/7/2026	28/7/26		B POSITIVE	
Time						
Hb	11.7	12.5	12.9			
PCV		38	38			
RBC		4.88	4,910			
WBC		10,490	16,380		HIV	NR
N/L		75/21	84/12		HBsAg	
Platelets	2.3	2.80	2.43		HCV	
CRP					VDRL	
ESR						
PCT						
RBS	F-91				29/12	
Na	PP-104				TSH-	1.9
K						
Cl						
Ca/Mg					HbA1C - 4.6	
Phosphate						
Urea	14					
Creatinine	0.5					
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		182217	182217			

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones.						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	3/6					

Culture and Sensitivities : urine c/s - E. coli

20/7/26

Radiology :

USG : SLIUG - 36^{+2} weeks

X-Ray : cephalic

ECHO : placenta - anterior

CT : AFI - 10.9

MRI : EFW - 2.784 kg (44%)

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

Mean uterine PI - 95th centile

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CROSS CONSULTATION FORM

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

Diagnosis: ....

Hospital: ....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Exs and advices. / 5/7.

Signature:

Findings and Recommendations :

S/B physiotherapist Notes Dr. Mohanapriya (PT)
MPT Obg & Gyn.

- Do's and Don'ts Advised
- Avoid lifting weights, pulling and pushing weights
- Avoid lifting legs 90°
- Avoid cross legs.
- Sitting posture, lying down position adviced.
- Diaper changing position adviced.

Consultant :

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

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

- Breathing Ex Abdominothoracic breathing
- kegels.
- posterior tilt
- pelvic bridging Ex
- Ankle mobilisation
- knee mobilisation.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26		
10 7pm	S/B Dr. Durgalakshmi	
	pt reviewed	
Synto @ 24ml/hr	P/A: ut term	
	3C/20 sec/10 min	
	cephalic	
CTG - Reactive	FHS good	
	Bedside USG: LOT	
	one loop of cord around neck	
		Advice
		- Titrate synto accordingly.
		- All fours position
		- Continuous CTG
		- Liquid diet.
		- W/F pressure symptoms
		- Inform SOS.
	[signature] 164288	

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
27/7/26.	S/B Dr. Vinitha	
8:00pm		
	Pt reviewed : c/o pain on & off	
	P/A: Ut term;	
	cephalic; Acting	
	FH good	
	P/V: Cx: 0.5cm long	
	OS: 3cm dilated	
	Vx: -2 to -1 station	
	Memb ⊖	
		c/D/w Dr Mathangi
	Vinitha T21113	Inj Pethidine
27/7/26	S/B Dr. Vinitha	
8:30pM	Pt reviewed ; c/o pushing sensation	
	1 episode of vomiting	
	P/A: Ut term ; cephalic	
	FH good	
	P/V: Cx well effaced	
	OS 7cm dilated	
	Vx: -1 station	
		c/D/w Dr Mathangi
		continuous CTG
	Vinitha T21113	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 8:35 PM	S/B Dr Vinithe Pt reviewed: C/o pushing sensation P/V: Cx well effaced; OS: fully dilated; Vx: 0 station V 12113	
27/7/26 8:43 PM	Normal Vaginal Delivery with RMLE D/B Dr Mathangi Assisted by Dr. Vinithea / Dr. Divya ↓ SAP, patient in lithotomy position, parts painted and draped. ↓ local anaesthesia. RMLE given. With good uterine contractions and good maternal efforts patient delivered a girl baby at 8:43 PM. Baby cried immediately after birth. Immediate cord clamping done, baby handed over to pediatrician. Placenta and membranes delivered via CCT. Uterus contracted well. PR – Rectal mucosa intact; sphincter tone normal. Episiotomy sutured in layers. BWNL B Girl A 8:43 PM at 27/7/26 B 2.7 kg Y 8/10; 9/10 V 12113	Adv: · Soft diet · Follow drug chart · W/F Bleeding P/V · Encourage to void CBC 4M bam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26. 1:45 AM	S/B Dr Vinithe	
	Pt reviewed;	
	Voided 250ml	
Bedside USG: Post void - bladder collapsed	O/E: Gc fair; Afebrile ; P° / PE°	
	BP: 120/70 mmHg	
	PR: 84/min SpO2: 99% RA	
	P/A: Ut contracted & firm; Soft	
	L/E: Epi wound intact; BWNL	
		Adv:
		• Shift to ward
		• Normal diet
		• Follow drug chart
		• W/F ↑ Bleeding P/V
		• CBC 4M 6am
VHFP 12/11/3		• Inform SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/2026 9AM	C/S/B Dr. Akshitha / Dr. Shreedevi	
PND-1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 92/min	CVS /	- vitals Monitoring
BP- 107/64mmHg	RS / NAD	- Follow daughart
	P/A - Ut well contracted	- W/F ↑ Bleeding PV
Baby-M/S	Soft	- Inform(sos)
B/L-Breast Soft	L/E - BWNL	
Voiding freely	Epi wound Healthy	
Loose stools 2 episodes		
	18221	
Hb- 12.9		
28/07/2026 4pm	C/S/B Dr. Pavithra / Dr. Shreedevi	
PND-1	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR- 90/min	CVS /	- Vitals Monitoring
BP- 96/61mmHg	RS / NAD	- Follow drug chart
Baby-M/S	P/A - uterus well contracted	- W/F ↑ Bleeding PV
B/L-Breast Soft	Soft	- Inform(sos)
	L/E - BWNL	
	Epi wound Healthy	
	18221	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/24	S/B Dr. Mohana / Dr. Divyalakshmi	
9pm	pt. reviewed	
PND-0	No further loose stools.	
	O/E: pt GC fair, afebrile	
T-(N)	P°/PE°	Advice
PR-80/min	CVS/RS/NAD	- Continue same orders
BP-100/62 mmHg		- Inform SOS -
voiding freely	P/A: Ut firm & contracted	
	L/E: BWNL	
Baby m/s	Epi intact	
Breasts soft		
secretions (+)		
	16428	
29/07/2024	C/S/B Dr. Akshitha / Dr. Shreedevi	
9pm	Pt reviewed, Nil c/o	Advice
PND-1	O/E Pt GC fair, Afebrile	- Normal diet
T-(N)	P°/PE°	- Plenty of orals
PR-88/min	P/A- Ut well contracted	- Vitals monitoring
BP-106/66mmHg	L/E-BWNL	- Follow drug chart
	Epi intact	- Process discharge.
Voiding freely	Baby-m/s	
Passed stools	B/L-Breasts soft 82217	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ~~NKDA~~ ☐ ~~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: ~~NKDA~~ 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 : 16428 Dr. Renjalakshmi

Date & Time : 27/7/26, 6:30pm

Nurse Name & Signature: SN Parameshwari 016808

Date & Time : 27/7/26 @ 6.30pm

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

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DRUG CHART

Date of Admission: 27/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

Patient Sticker

REGULAR PRESCRIPTIONS Weight. 64.8kg Ward. .....

DRUG : T. AUGMENTIN				Date →	28/7	29/7
Dose	Route	Frequency	Start Date	Time ↓		
625mg	P/O	1-1-1	28/7	8am	PM	KS
Name & Signature of the Doctor Starting the Drugs:						
				2pm	KS	
Additional Instructions:						
				10pm	PST	
Daily Doctor's Endorsement by a Sign					DP	DP

DRUG : T. PAN				Date →	28/7	29/7
Dose	Route	Frequency	Start Date	Time ↓		
40mg	P/O	1-0-1	28/7	7am	PST SN	PST
Name & Signature of the Doctor Starting the Drugs:						
				7pm	KS	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. PARACETAMOL				Date →	28/7	29/7
Dose	Route	Frequency	Start Date	Time ↓		
1g	P/O	1-1-1	28/7	8am	PM	KS
Name & Signature of the Doctor Starting the Drugs:						
				2pm	KS	
Additional Instructions:						
				10pm	PST	
Daily Doctor's Endorsement by a Sign						

DRUG : JUSTIN SUPPOSITORY				Date →	28/7	29/7
Dose	Route	Frequency	Start Date	Time ↓		
1tab	P/R	1-0-1	28/7	10am	PM	KS
Name & Signature of the Doctor Starting the Drugs:						
				8pm	PST	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 64.8kg Ward LDR

DRUG : Cap. LACTARE

Dose	Route	Frequency	Start Dt.
1 Cap	PO	1-1-1	28/7

Date/Time: 28/7 8AM, 2pm, 10pm; 29/7

Name & Signature of the Doctor Starting the Drugs: [signature] 10428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCH /FRM / CLINICAL / 108

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REGULAR PRESCRIPTIONS

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

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

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

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

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

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

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...servation Score Chart - Obstetrics

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

27/7/26

Admission

	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 / 0 - 10											20	20	20	18	18			20			20			
Saturations	94 - 100 % / < 94 %											99	98%	99%	98%	98%			99%			98%			
Administered O_2 (L/min.)												RA	RA	RA	RA	RA			RA			RA			
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35											98.8	98.6	98.6	98.6	98.4			98.6			98.6			
Heart Rate	170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40											98	96	98	96	90			94/m			88b/m			
Systolic Blood Pressure ↑	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50											110	108	106	104				120			110			
Diastolic Blood Pressure ↓	130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40											66	78	80	78				70			60			
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]			

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...ing Observation Score Chart - Obstetrics

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

Date: 28/7

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

Parameter	Scale	8	12	4	8	12	4
RESP (write rate in corresp. box)	>30 / 21-30 / 11-20 / 0-10	18/min	20/min	20	20	18	20
Saturations	94 - 100 % / < 94 %	98%	97	98%	97%	98%	97
Administered O_2 (L/min.)		RA	RA	RA	RA	RA	RA
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35	98.4°F	98.2°F	98°F	98.6°F	98.4°F	98.6°F
Heart Rate	170 – 40	92/min	90/min	88	88	76 b/m	88 b/m
Systolic Blood Pressure	190 – 50	107	96	101	98	100	105
Diastolic Blood Pressure	130 – 40	64	61	64	62	60	66
(circled)		(75)	(65)		(70)		(75)
NEURO RESPONSE [✓]	Alert / Voice / Pain / Unresponsive	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert	✓ Alert
URINE mls / hour	> 30 / < 30	✓	✓	✓	✓	✓	✓
Proteinuria	Protein + + / Protein > + +						
Lochia	Normal / Heavy / Foul	✓	✓	–	✓	✓	✓
Liquor	Clear / Pink / Green	–	✓	.	–	–	–
TOTAL YELLOW SCORES		0	0	0	0	–	–
TOTAL ORANGE SCORES		0	0	0		–	–
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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FLUID CHART

Sheet No. : ....

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~~ Motion	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											
27/7/26	05:00 pm											
	06:00 pm	—— admission ——										
	07:00 pm	H2O	100ml	RC 100ml	Inj Synt 24ml					150ml	0	[signature]
Total Intake : 224ml						Total Output : 150ml						
	08:00 pm	water	100ml	100ml	48ml							
	09:00 pm	water	250ml	100ml	125ml						0	[signature]
	10:00 pm	water	150ml	100ml	125ml						0	[signature]
	11:00 pm	water	100ml	100ml.	125ml.						0	[signature]
	12:00 am	watermelon	200ml								0	[signature]
	01:00 am	water	200ml								0	[signature]
Total Intake : 1,823ml.										250ml	0	[signature] → 1st voided
						Total Output : 250ml						
	02:00 am	water	100ml									
	03:00 am	water	300ml								0	[signature]
	04:00 am	water	100ml				✓			✓	0	[signature]
	05:00 am	water	100ml									[signature]
	06:00 am	water	300ml							✓		[signature]
	07:00 am	milk	120ml							✓		[signature]
Total Intake : 1180ml										✓		[signature]
						Total Output : 4 times						

Total 24 hrs. Intake	3,167 ml.

Total 24 hrs. Output	6 times

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

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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.

28/7		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	water	200ml								0	
	09:00 am										0	
	10:00 am	Soup	200ml							200ml	0	
	11:00 am	water	200ml								0	
	12:00 pm	water	100ml								0	
	01:00 pm	Tea	200ml							250ml	0	
Total Intake :		800ml								Total Output :	450ml	
	02:00 pm	Rice									0	
	03:00 pm	H2O	100ml								0	
	04:00 pm	Milk	150ml							✓	0	
	05:00 pm	H2O	200ml								0	
	06:00 pm	H2O	150ml								WC	
	07:00 pm	H2O	100ml							✓	2W	
Total Intake :		700ml								Total Output :	2 times	
	08:00 pm	water	100ml								2W	
	09:00 pm	water	200ml				✓			✓		
	10:00 pm	water	200ml								2W	
	11:00 pm	water	100ml									
	12:00 am											
	01:00 am	water	100ml							✓	1 time	
Total Intake :		700ml								Total Output :	2 times	
	02:00 am	water	200ml							✓	2W	
	03:00 am	water	200ml									
	04:00 am	water	100ml									
	05:00 am	water	100ml								2W	
	06:00 am											
	07:00 am	water	200ml				✓			✓	1W	
Total Intake :		800ml								Total Output :	2 times.	

Total 24 hrs. Intake	3000ml	Total 24 hrs. Output	8 times.

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
Patie 03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

(8)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1 / 37w+3D / Prev NVD

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	27/7/26 Evening	27/7/26 Night	28/7/26 M	28/7 E	29/7 N	29/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	H/o migraine		Noted	Noted	Noted	Noted
	Diet:	liquid	soft diet	Soft diet	(R) diet	(R) diet	(R) 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:	98F	98.6F	98.2F	98.0F	98.2F	98.2F
	Res:	20bpm	20/min	16b/m	20b/m	20b/m	18b/m
	SpO_2:	99%	98%	99%	98%	98%	98%
	Pulse:	98bpm	96/min	88b/m	88b/m	74b/m	80b/m
	BP:	110/60mm	108/78	108/78	100/74	100/70	98/65
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	20	20	20	20	20	20
	Pain Score:	2/10	3/10	2/10	4/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	liquid	soft diet	soft diet	(R) diet	(R) diet	(R) 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	Non dependent	non Depen	non dependent
	Post Operative Procedure Special Orders:	—	—			—	—
	Handed Over By Name:	S/N Parameswari	Steffi	[illegible]	[illegible]	[illegible]	Shey
	Signature / ID:	81688	8906	[illegible]	101924	[illegible]	31924
	Date:	27/7/26	28/7/26	28/7/26	28/7	29/7	29/7
	Time:	6:30	5:00pm	1:30pm	7:30a	9:30pm	
	Taken Over By Name:	Steffi	[illegible]	[illegible]	[illegible]	Shey	
	Signature / ID:	8906	[illegible]	101924	[illegible]	31924	
	Date:	27/7	28/7	28/7	28/7	29/7	
	Time:	8pm	8:30a	2pm	7pm	7:30am	

Docu. No.: RCH /FRM / CLINICAL / 097

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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Date: 27/7/26

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				admission			
Afternoon	6.30 pm	Achieve acceptable pain control & comfort	7pm	Assess pain using pain scale regularly. position patient comfortably	patient feel better	patient pain level reduced	
Night	8PM	Achieve acceptable pain control & comfort		Assessed pain using pain scale regularly. Position patient comfortable.	Patient Feel better.	patient pain level reduced.	

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 2/8/2

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	7:30AM	TO prevent infection.		→ Assessed general condition → Monitored vital signs → Monitored I/O chart.	TO improve patient. condition	Improving patient condition	[illegible]
Afternoon	1:30 pm	Maintain good nutritional status	2 pm	Encouraged to take [illegible].	- Maintain hydration	patient stable	[illegible] 019346
Night	8pm	TO Maintain The personal hygiene.	8 pm	> Assess The condition > check The vitals > monitor I/O chart > Administer medicals	~~child was a~~ Patient was stable	Patient was active	[illegible] 8205

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
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Patie

..URSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	6.15pm	ADMISSION NOTES: patient admission on 27/7/26. patient complaints of pain abdomen. patient general condetion fair. Vitals are checked & recorded. patient voided. CTG connected. patient diagnosis G3P1L4D1 / GA 37wt3D POP NVD / Early labour patient medical history of migranies not on Rx Past surgical history of D & C x1. There is no allergic history.	S/N paramed 01b808
6.29pm		Dr. Vidcetta / Dr. Divyalakshmi saw the patient checked pv cx 1cm long, 2cm dilated ↓ SHP, ARM done, clear liquor.	
6.35		↓ SHP, IV line stat in left metacarpal line. parts preparation done. Inj: Supacef 0.1cc test dose given.	S/N paramed 01b808
6.25pm		Inj: Synto 5U in 500ml RL IV 12ml/hr started. CTG continue monitor.	S/N paramed 01b808
			S/N paramed 01b8

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	7pm	CTG continue monitor.	
		Inj: synto alternative	
		increased. Alfour position changed	S/N paraneswari 016808
	7:30pm	patient details, files handed	
		over given to Night duty	
		staff.	S/N paraneswari 016808
		Night Duty Staff 27/7/26	
	7³⁰pm	Report Received from Evening	
		Duty Staff to Night Duty Staff.	
		Patient Conscious & Oriented	
		IV line patent, No swelling	
		Inj- Synto 24ml/hr on flow	
		CTG going on FHR is good	
		vital sign checked & Recorded	
		vital sign are stable	Shalini 0140
	8pm	S/B DR. vinitha PV Examination done	
		cervix 3cm long OS, 3cm dilated	
		vertex -2 to -1 station membrane (-)	Shalini 0140
		patient general condition is fair	
		CTG going FHR is good.	
	8³⁰pm	patient complaints of pushing	
		sensation, 1 episode of vomiting	
		PV Examination done. cervix well	
		effaced OS 7cm dilated vertex +1station.	
		Patient general condition is fair	
		CTG going FHR is good	
	8³⁵pm	patient complaints of pushing sensation	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
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(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		< Continuey 27/7/26 >	
27/7/26		Pv Examination done cervix well effaced os fully dilated, vertex 0 station, patient shifted to LOR-II.	
		Patient lithotomy Position changed part painted & drapped under. local Anaesthia Inj lignocaine 10ml given	
		RMLE given with good uterine Contraction & good rectal effort, patient delivered a girl baby, Baby cried immediately after birth. Inj Synto 10units. Im given	
		Inj Synto 20units + IVF RL 500ml 15ml/hr IV Connected. Immediate cord clamping done, baby handed over to pediatrician	
		placenta & membranes delivered completely. Inj Icapic 1gm + 100ml NS IV given	
		Inj carboprost 250mcg Im given	Shalini 0140hr
		patient vital sign checked & Recorded	
		Patient general condition is fair.	
		(Episotomy done. Rapid vicryl needle)	
		Pv Bleeding Minimal	Shalini 0140hr
		Tab. Miso 600mcg p/r given	
		Justin Suppository 100mg p/r given.	Shalini
		patient general condition is fair	
		patient position changed, instrument & Gauze count, checked & disposable	Shalini
		vital sign are stable.	0140hr

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
		← Contineous 28/7/26 →	
28/7/26		Baby details'	
		B - Alive girl Baby	
		A - 8.43pm at 27/7/26	
		B - Birth weight 2.7 kg	
		Y - 8/10, 9/10.	
		patient vital sign are Stable	Shalini Oupt
		patient had Normal diet	
		Pr Bleeding Normal	
	10pm		
	12Am	vital sign are Stable	
	1^40Am	patient urine voided 250ml	
		informed DR Vinitha she Bed	
		side usu done post voided	
		bladder collapsed. She advice	
		patient shifted ward	
		B- ~~Bdadeko~~ Breast soft	
		U- uterus contracted well	
		B- Bladder, urine self voided	
		B- Bowl Movement Present	
		L - Lochia Rubhea Present	
		R - Reeda Assesment done	
		H - Homan's sign Negative	
		E - pt Emotional status good	
	1^40Am	patient shifted to 5th floor ward	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	2.30pm	Receiving Notes. The patient receiving from LDR to 5th floor. patient is conscious & oriented. IV line is patent & vital signs are stable.	→ N Sonia Gopal
	4.00am	Vital signs are checked & recorded. vital signs are stable Han PP / CP / [illegible]	→ N Sonia Gopal
	600am	Due to medication as per doctor order given & documented to the take the sample & send to lab.	N Sonia Gopal
	7.00am	Maintain intake & output chart Recorded	→ N Sonia Gopal
	7.30am	patient details handover given to morning duty staff nurse	→ N Sonia Gopal
		→ Morning duty ←	
28/7/26	7.30AM	patient taken over from night duty staff conscious & awake.	
	8AM	Vital signs checked & recorded	[illegible]
		No other complaints.	
		due medication's are given as per doctor's order.	
		T. Augmentin 625mg,	
		T. Para 1g given	[illegible]

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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
		→ continue ←	
	10AM	sup. Justin 100mg given as per doctors order.	
	12pm	vital signs checked & recorded. No other complaints	[signature] 00770
		I/O chart maintained	
		8am: CP ++, PP ++, CRT <3s; 12pm: CP ++, PP ++, CRT <3s	[signature]
	1.30pm	Pt handed over given to Evening duty S/N	[signature]
		← Evening duty →	
	1:30 pm	→ Patient details Handing over taken by Morning duty S/N	[signature] 019341
		→ patient was Conscious and Oriented patient was active & alert. IV line patten	
	2 pm	→ Due medication as given as per day chart delay	[signature] 019341
	4pm	→ vitals are checked and Recorded vitals are stable	
		B – Breast soft	
		U – Uterus contracted	
		B – Bladder, urine self voiding	
		B – Bowel movement Present	
		L – Lochia Rubra present	
		R – feeds alternate day	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094080
Mrs B DHARANI NANDHA PRAKASH IP18-00036642
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

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☑ No Known Drug Allergy

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7		Hl- Humans Sigue negative	
		E- Emotional status good	
	5pm	-> Dr. Mathangi mam, saw the patient and gave advice to Removed IV line and Explain diet, IV line Removed	015246
	7pm	-> Due Medication as given as per drug Cart order	
	7pm	-> monitoring Reports & Reports	015246
		-> Patient detail Handling over given to Night duty s/a	015246
	7:30pm	-> Patient had sensation, Urine referred to Dr Pavithra	
		-> Doctor advice to Lacto IDS	015246
		Night duty	
	7:30pm	patient details handover taken from the Evening duty staff. patient was conscious & oriented. R00 DU Line.	0205
	8pm	check the vital sign. vitals are the stable	
		CP ++ / PP ++ / CRT < 2s	0205

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies
☐ Drug Allergies ..... N.K.A .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9AM	Due medicaton as given for the drug chart order. No other complai	
28/7th		Dr Divya mam see the pt mam advice continue same Instruction	
	10PM	patient was stable. Passed motion. No other complain.	
	12AM	Check The vital sign vitals are the stable. monitor Intake & output chart	
29/7	2AM	B → Breast was soft U → Uterus contracted well B → Bladder Urine passed/Normal B → Bowel movent present L → Lochia rubra present R → Reeda assesment done H → Homan's sign Negative E → Emotional Status was good. No other complaint patient was stable.	
	4AM	Check The vital sign vitals are the stable monitor the route & documeta be	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 27/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify

Chief Complaints: complaints of pain abdomen

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Divyalakshmi

Time Notified: 6.15 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
H/o migraine not on Rx	D & C	—

Blood Group: B positive LMP: 8/11/25 EDD: 14/8/26 Gestational age during admission: 37 wks 3D

Contractions: 2 contractions Vaginal Discharge: NIL

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

Height: 165 Weight: 64.8 BMI:

Temp: 98°F HR: 98 bpm RR: 20 bpm BP: 110/66 SpO_2 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... father - DM .....

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

Fall Assessment: ☐ Yes ☐ No Score ..... 0 ..... (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. Dharani .....

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

Orientation not given Reason: ..... - .....

Nurse Signature: ..... 016808 .....

Nurse Name: ..... S/N Parameswari .....

Date & Time: ..... 27/7/26 @ 6.40pm

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN
Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/7/26 Time of Arrival: 6:15pm Time Seen by Nurse: 6:15pm

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 98bpm RR: 20bpm SpO_2: 99% BP: 110/66 mmHg Weight: 64.8kg

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 8/11/25 EDD: 14/8/26 Gestational Age: 37wt3D

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 5pm	Time 5pm	Frequency: 1 in 2 cont 20sec
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: lower abdomen pain
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: moderate pain
- Frequency: 1 in 5 min once 2 contraction 20sec
- Interventions: provide comfortable position

6) **Past History:**

a) Surgeries: D & C x 1

b) Medical: Migraine not on Rx

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 .....

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: 6:15 pm

Nurse Name : Supraparameswari Nurse Signature: .....

Date: 27/7/26 Time: 6:40 pm

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Patient Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 27/7/26

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		01
Signature of the Nurse	S/N Parameshwari 016808	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient Sticker

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

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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
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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		

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- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
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BRADEN 'Q' SCALE

				Date : / Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	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	27	27	27	28
				Evaluator's Name				

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	27/7	29/7	29/7
		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	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

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 / Score	E 28/I	N 28/I	M 29/I
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		
	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	15		
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	10	10
		Signature	[illegible] 018846	[illegible]	[illegible] 018348

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

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Patient's Name:..

MRD NO:....... GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Age :.............. Dr. MATHANGI RAJAGOPALAN ☐ M ☐ F

Consultant :.

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 27/7/26 Time: 6·30pm
Location : Left metacarpal
Size : 18G
Cannula inserted by : S/N paraanesh 7016808

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7	7pm	☐Yes ☑No	☐Yes ☑No	Observ	[signature]
	8pm	☐Yes ☑No	☐Yes ☑No	observe cannul	[signature]
	10pm	☐Yes ☑No	☐Yes ☑No	observe cannul	[signature]
	12AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[signature]
28/7	2AM	☐Yes ☑No	☐Yes ☑No	observe canul	[signature]
	4AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[signature]
	6AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[signature]
	8AM	☐Yes ☑No	☐Yes ☑No	Obsrv	[signature]
	10AM	☐Yes ☑No	☐Yes ☑No	Obsrv	[signature]
	12pm	☐Yes ☑No	☐Yes ☑No	Obsrv	[signature]
	2pm	☐Yes ☑No	☐Yes ☑No	obsrvd	[signature]
	4pm	☐Yes ☑No	☐Yes ☑No	Obsrvd	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Removed

Cannula removed : ☐Yes ☑No, if yes date and time : 28/7/26 @ 5pm
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/10

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis G3P1L4A1/ 37wt3D
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
27/7/26	7pm	yes	Educate & Inform about Vaginal birth conse	patient	None	oral	None	yes	good	
28/7/26	10AM	infection control Measures	Health education given about infection control Measures	patient	NO	oral	None	yes	good	
29/7	8am	9	Health Education about Nutrition / diet	patient	no	oral	none	yes	good	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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Patient Dr. MATHANGI RAJAGOPALAN

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

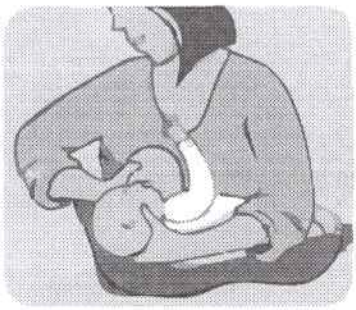
1. Breastfeeding initiated?
   - ☐ a. Yes ☐ b. No

2. If No, Reason .....

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

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

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



Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

7. For Caesarian mothers:
   - ☐ 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: .....

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: ..... Date & Time: .....

PATIENT TRANSFER FORM

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GUC-00094080 IP18-00036642
Mrs B DHARANI NANDHA PRAKASH
03-11-1995 30 Y 8 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	27/7/26 at	28/7/26 at 01 AM
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Vinitha	Reason for Transfer: further treatment
From Unit: MICU	To Unit: 5th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: OP file	Number of Imaging Films: CT h+ (H)	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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini OMOH	Dr. Vinitha.

Patient & Clinical Records Received by : Shruthi OMOH.

Date & Time of Patient Received : 28/7/26 at 1AM.

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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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/07/26 Time: 1PM

Origin: — Height: 165 CM Weight: 64.8 kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NIL

Diagnosis: Normal Vaginal Delivery @ RMLE

Type of Diet: ☑ Liquid ☐ Soft ☑ Normal ☐ Diabetic
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband.
Signature:
Name: A. Nandha prakash
Date & Time: 28/07/26, 1.05PM

Dietician's
Signature: A. Sadiqa Farheen (018236)
Name: A. Sadiqa Farheen
Date & Time: 28/07/26 @ 1PM

DIETARY NOTES

Date	Time	Notes	Sign
28/07/26	8:30 AM.	- Normal Vaginal Delivery TRMLF done. - Patient tolerated liquids well - Patient is on Normal Diet. - Patient is Stable. Oral intake is Better. - Advised to take well-Balanced diet. - Consume Small-frequent meals - Include galactogogues foods for milk secretion - garlic, fennel and Oats (etc) RDA Values - Energy - +600 kcal Protein - +17-19 g/d	A.M (018336)
29/7/26.	10:20 AM.	- Patient is on Normal Diet - Patient is stable. Oral is Adequate. - Advised to take well Balanced diet. - Include protein-Iron rich foods. Stools. Passed	A.M (018336)