5th floor

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Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 6/7/26

Name of the Patient: GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID No: .....

Ward: .....

Doctor: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 6/7/26

Time: 10 am

Pharmacy Sign

Date: 6/07/26

Time: 9:50 am

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

5th Floor

BirthRight Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			01:33				
Activity Sheet update by Pharmacy		1:38	6/12/24 2				

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLII

Name: MRS. NIVETHITHA

UHID No: 83624 IP No: 36322 Consultant: DR. MATHANGI Dept: LDR

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

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

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	5/7/26	6.45 pm	LDR	5th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/7/26	CBC	26021477	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	CTU - ①			008991	Dani 01806
5/7	CTU - ②			009006	Akalya 01808
5/7	CTU - ③			009006	Akalya 01808
5/7/26	Infusion pump	10AM	2PM	1722296.	Akalya 01806
5/7	CTU - ④			009006	011746
5/7	CTU - ⑤			009006	011746
5/7	CTU - ⑥			009006	011746

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/7/26	IV Placement	(1)	1722066	Devi 01760
6/7/26	Physiotherapy	(1)	722571	
6/7/26	Diet Counselling	(1)	722570	[signature] 01476

ANY OTHER INFORMATION:

5/7/26
NORMAL VAGINAL DELIVERY
12:30PM TO 1:30PM
DR: Muthevigi
DR: Asitha
DR: Sri Lakshmi | S/N [signature] 01476

Date: 6/7/26 Time: 10AM Prepared By: [signature] 01476

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01476			

5th floor

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GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME	Sign 01/3/20		
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					

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 : IP18-00036322 **Admit Date** : 05-Jul-2026 **Admit Time** : 05:08 AM **UHID** : GUC-00083684

Patient Details :

Patient Name	: Mrs NIVETHITHA	**Age**	: 27 Y 8 M 12 D
Guardian	: Mr ARUN	**DOB**	: 23-10-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.15/35,JOTHI NAGAR, FIRST STREEET Chitlapakkam Kanchipuram Tamil Nadu INDIA 600064	**Phone No**	: 9003248421/ 7358048507
		E-mail	: no@gmail.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 ARUN **Relationship** : Husband

Contact Address : NO.15/35,JOTHI NAGAR, FIRST STREEET Chitlapakkam Kanchipuram Tamil Nadu INDIA 600064 **Phone No** : 9003248421

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** : 7000.00

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs NIVETHITHA**	**Age :**	**27 Y 8 M 12 D**
IP No:	**IP18-00036322**	**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: > ARUN

Relationship: > HUSBAND

Date: 05-07-2026 Time: 5:09

Witness Name: ARUN

Wittness Signature:

Patient Address:

NO.15/35,JOTHI NAGAR, FIRST STREEET Chitlapakkam Kanchipuram Tamil Nadu INDIA 600064

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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 : > NIVETHITHA E	UHID Number : 83684
Self/Attendant Name : > ARUN	Relation : > HUSBAND
Self/ Attendant Signature : > Phone Number : > 7358048507	Name & Signature of Financial Counselor

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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INDUCTION OF LABOR CONSENT

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

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

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

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: .....

Name: .....

Date & Time: .....

Patient Attendant:

Signature: .....

Name: .....

Relationship with Patient: .....

Date & Time: .....

Doctor:

Signature: .....

Name: .....

Date & Time: .....

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Male ☐ e : ..... 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 : S. Nivethitha

Name : Mrs. Nivethitha

Date & Time : 5/1/26 at 5.40am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : Mr. Arun

Relationship with Patient: Husband

Date & Time : 5/1/26 at 5.40am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Panitha

Date & Time : 5/1/26 at 5.40a

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Able to perm well.
Pt came c c/o lower abd pain since 4Am.

Obstetric Formula: No c/o Bleeding P/V.
Primigravida

Obstetric History:
B & I, Had Regular AN visits @ Rainbow Hospital.
Spont.
HDD N7- (N), T (RF) Ut art Doppler.

Present Pregnancy Record:
T1S Screen- Low risk.
Anomaly Scan - (N)
Growth Scan - (N)

RISK FACTORS:

K/c/o Hypothyroid X 1 year
on T. Thyronorm 37.5 mcg
1 od since conception.

Height: 162 cm
Weight: 79 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination:

Consciousness:	Pallor: No
Icterus:	Edema: NV.
Temp: (N)	PR: 80/min
BP: 110/70	DTR:
CVS: $S_1 S_2$ (P)	RS
Liver/Spleen:	Urine Output:

LMP: 13/10/2025 EDD: 20/7/2026
Corrected EDD: GA: 37wks + 6 days
Menstrual History: Regular : ☐ Yes ☑ No
IRMP 6/44 days

Obstetric Examination

Fundal Height:
2 contraction /15'/10"
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

Cervix: 1.5cm long, 2cm long posteriorly and ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 2cm 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

27yrs
Primigravida
O+ve.
M/C- 2/24wks
Nsm.

LMP- 13/10/2025
EDD - 20/7/2026
(IRMP)

GA - 37wks + 6 days.

Hypothyroid

SUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Nil	Enchondroma → Sx done at 17 yrs of age.
Medical History:	**Medication History:**
K/C/O Hypothyroid on T. Thyronorm 37.5mcg 1od conception.	Pt took T. Ecospirin 75mg 1 od (Stopped at 36 weeks).
Plan of Care: C/I/T Dr Mathangi. - Admission CTG - CTG 4th hourly monitoring. - W/f Spontaneous progression of labor.	**Investigations:**

Doctor Name: Dr. Panithra
Signature:
Date & Time: 5/07/2026

Consultant Name: Dr. Mathangi
Signature: for
Date & Time: 5/7/2026.

GUC-00083684 IP18-00036322
Mrs SIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Doc

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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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-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
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RESULT SHEET

Date	27/6/26				O- POSITIVE	
Time						
Hb	12					
PCV	37.3				HIV I & II	
RBC	3.94				HBs Ag	
WBC	11,210				HCV	Non-Reactive
N/L	67/21				VDRL	
Platelets	2.03					
CRP						
ESR					4/4/26	
PCT						
RBS	FBS- 83 PPBS-93				TSH- 1.89	
Na					TT_4 - 13.30	
K					TT_3 - 196.1	
Cl						
Ca/Mg					6/12/25	
Phosphate					ICT- Negative	
Urea						
Creatinine					25/11/25	
ALP					HbA1C - 5.3	
SGPT						
SGOT					7/4/26	
T.Bill/Conj					ECG ? ECHO	EF-67% Normal
T.Protein						
S.Albumin						
S.Globulin					25/11/25	
A/G Ratio					Hb Electrophoresis - (N)	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	B2217					

(P.T.O)

Date	4/4/26					
Time						
CUE - Alb	Absent					
CUE - Sugar	Absent					
CUE - Ketones	Absent					
CUE - PUS Cells 6-12	~~Absent~~					
CUE - RBC Cells	Absent					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

29/06/2026

Radiology : USG : SLIUG GA-37weeks EFW - 2982 grams (47th %ile)

X-Ray : Cephalic Cervix - 3.60cm

ECHO : Placenta - Posterior Doppler - (N).

CT : Liquor - Normal

MRI AFI - 8.1

Others (ECG, Contrast Studies etc.,) : .....

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
	C/D/W Dr. Mathangi	
7:30AM		
T-(N)	Pt reviewed	Advice
PR- 80/min	Pt has (2 contractions/15"/10')	- T. MISOPROSTOL 25mcg PO stat
BP- 100/70mmHg.	O/E Pt GC fair, Afebrile	- Post miso CTG @ 8:40AM
CTG- Reactive	P° / PE°	- WIF contractions / Progress
	CVS /	- Inform (SOS)
	RS / NAD	
	P/A- Uterus @ Term	
	(2C/15"/10')	
	Cephalic	
	FHS-good	
	$ 182+17	
5/7/26. 8:30AM.	S/B Dr. Akshita	
37W+6D	pt reviewed.	
	PFM well.	
	O/E: afebrile	Plan:
	GC fair	- monitor vitals
BP 100/70mmHg	P° / PE°	- CTG/DFMC.
PR 80bpm.	P/A: Uterus @ term.	- W/F progression
SpO2 99% @RA.	2/10"/10'	of labor.
temp (N).	cephalic (4/5th)	- post miso CTG
	FH (+)	8:40AM.
	clinically	
	Liquor (+).	
	128+35	

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26. 10 AM.	s/B Dr Lucetta / Dr Ahsrika	
OBG		
	pt reviewed.	
	PFM well.	
BP 120/70mmHg	o/E: afebrile	
PR 88bpm	GC fair.	
SpO2 99% @ RA.	P° /PE°	
temp (N).	P/A: uterus @ term	
	2/20"/10'	
CTG Reactive	cephalic (4/5th)	
	FH ⊕	Plan
	clinically liquor (N).	
		- CTG/DFMC.
	P/V: Cervix soft	- w/f progression
	posterior	of labor.
	0.5cms long	- inform (SOS)
	3 cms dilated	- inj. syntocinon augmentation
	membranes ⊕	if contractions
	PPh -2 station	inadequate
	↓ SPO, ARM done, clear	
	liquor drained	[signature] 128435

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	S/B Dr. [illegible]	
12:15 pm.	c/o straining P/V.	
	O/E afebrile	
	GC fair.	
	P°/PG°	
	P/A uterus @ term	
	4/xx"/10	
	cephalic (0/5th)	
	FH ⊕	
	clinically liquor ⊕	
	P/V cervix fully dilated	
	membranes ⊖	Plan:
	caput [illegible] ⊕	- inform pediatrician.
	PP/s +1 to +2 station	- encourage straining
		[signature] 22035

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
5/7/26. 12:45pm	DELIVERY NOTES.	

↓ SAP, pt in dorsolithotomy position, parts painted & draped, (R) mediolateral episiotomy given at the time of crowning after infiltrating c̄ 2% lignocaine. Baby delivered as cephalic, cried at birth, delayed cord clamping done, cut, baby handed to pediatrician,

B GIRL

A 8/10, 9/10.

B 2.531kgs.

Y 5/7/26 12:41pm.

Placenta & membranes delivered in toto & complete. Episiotomy sutured in layers, no undue bleeding p/v noted, hemostasis secured, Inj. Trapic 1gm, Inj. carboprost, Inj-synto. 20U IV & IM 10U. given.

P/A: uterus well contracted, soft

P/v: Epi intact, no clots/hematoma.

P/R: Rectal mucosa free, sphincter tone (N)

Justin 100mg P/R

Tab. miso 800mcg kept P/R.

Plan

- encourage voiding
- w/f ↑ bleeding P/V

[signature] 127A35

GUC-00083684
Mrs NIVETHITHA IP18-00036322
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26.	S/B Dr. [illegible]	
4:40pm.		
PND #0.	pt reviewed.	
	no sp. c/o.	
	o/E: afebrile	
BP 110/70mmHg.	GC fair	
PR 80bpm.	P° / PE°.	Plan:
SpO_2 99% @ RA.	P/A uterus WC	- monitor vitals
temp (N)	soft.	- SVP / DBF
	BS (+).	- w/f ↑ bleeding P/V.
voided 150ml	P/V: Epi intact	- normal diet
PVRU 89ml	no clots/hematoma	- Ambulate
	BLONL P/R: Rectal mucosa free.	- plenty of fluids.
		- Send CBC C/M 6AM.
	shift to ward	[signature] 128435 - follow drug orders
		- inform (SOS)

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: LDR Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	37.5mcg	PO	OD		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 05/01/2026

Nurse Name & Signature: M. Devi 9760

Date & Time : 5/1/26 @ 5.00 PM

GUC-00083684 IP18-00036322
Mrs NIVETHITHA 27 Y 8 M 12 D (F)
23-10-1998
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 5th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB THYRONORM	37.5mcg	P/O	1-0-0	5/7/26 at 6AM	☑C ☐DC
2	TAB AUGMENTIN	625 mg.	P/O	1-0-1		☑C ☐DC
3	TAB PAN D	1	P/O	1-0-1		☑C ☐DC
4	TAB PARA	1gm	P/O	1-1-1		☑C ☐DC
5	JUSTIN SUPPOSITORY	100 mg	P/R.	1-0-1	5/7/26 at 1³⁰pm	☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Akshitha [signature] 128435

Date & Time : 5/7/26

Nurse Name & Signature: S. Shwetha 1011707

Date & Time : 5/7/26

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

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 5/7/26 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:				

Signature .....

VERIFIED BY : Name .....

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
25-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 71 kg ..... Ward. ....

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
37.5mcg	PO	1-0-0	5/7/21

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/7	6/7
6AM		SD

DRUG : TAB AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	P/o	1-0-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/7	6/7
8AM	/	KS
8PM	SA	

DRUG : CAP PAN D

Dose	Route	Frequency	Start Date
1	P/o	1-0-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/7	6/7
7AM	/	SA
7PM	KS	

DRUG : TAB PARA

Dose	Route	Frequency	Start Date
1gm	P/o	1-1-1	5/7/21

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/7	6/7
8AM	/	KS
2PM	/	
10PM	SD	

UHC 00083684
Mrs NIVETHITHA IP18-00036322
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

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

				Date ▸ Time		
DRUG : JUSTIN SUPPOSITORY					5/7	6/7
Dose	Route	Frequency	Start Dt.	10AM		14
100mg	P/R	1-0-1	5/7/26.			8PM
Name & Signature of the Doctor Starting the Drugs: [signature] 128435						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

				Date ▸ Time		
DRUG : INJ PRAPIC					5/7	6/7
Dose	Route	Frequency	Start Dt.			
1gm	IV	1-1-1	5/7/26.	5PM		SA
Name & Signature of the Doctor Starting the Drugs: [signature] 128435				1pm		
Additional Instructions: 3 doses				9pm		
Daily Doctor's Endorsement by a Sign						

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
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Early Warning Observation Score Chart - Obstetrics

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

5/7/26

		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																							20		
	21 - 30																							99		
	11 - 20																							RA		
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																							80		
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

On admission

100 → 70

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

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

5/7/26

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	21		22		22		24		22		22		20				20				20				
	0 - 10																									
Saturations	94 - 100 %	100		99%		99%		99%		99%		99%		98				98				99				
	< 94 %																									
Administered O_2 (L/min.)		RA		4LPM		4LPM		4LPM		4LPM		4LPM		RA				RA				RA				
Temp °C	40																									
	39																									
	38																									
	37	98F		98.4F		98.4F		98.6F		98.4F		98.6F		98				98				98				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	98																								
	90	96		94		96		94		92		94P		98bpm				96				98				
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	120																								
	120	71		110		117		120		118		117		103				110				103				
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	76		74		80		84		82		84		85				69				63				
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		–				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		–				✓				–				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	–		–		–		–		–		–		–				✓				✓				
	Heavy / Foul																									
Liquor	Clear / Pink	–		✓		✓		✓		✓		–		–				✓				–				
	Green																									
TOTAL YELLOW SCORES		0		0		0		0		0		0		0				0				0				
TOTAL ORANGE SCORES		0		0		0		0		0		0		0				0				0				
Nurse Initial				MM		MM		MM		MM		MM														

GUC-00083684 IP18-00036322
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FLUID CHART

Sheet No. : 1

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

5/7/26

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am	← on admission →										
	05:00 am	H2O	100							200	0	Nil
	06:00 am	Milk	100							0		Nil
	07:00 am	A2O	150							250ml	0	Nil
Total Intake :		350ml				**Total Output :**				450ml		

Total 24 hrs. Intake	350ml	Total 24 hrs. Output	450ml

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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BirthRight
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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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
5/7/18	08:00 am	H2O	100	5YARO	RL					200	0	SA
	09:00 am			24	500ml						0	SA
	10:00 am	H2O	100	48							0	SA
	11:00 am			70							0	[illegible]
	12:00 pm	HW	100ml	96							0	[illegible]
	01:00 pm			125.						150	0	[illegible]
Total Intake :		300ml +		269		Total Output :				300ml		
	02:00 pm	HW	100ml	125.						✓	0	[illegible]
	03:00 pm	Juice	100ml	125.							0	[illegible]
	04:00 pm	Juice	100ml							150	0	[illegible]
	05:00 pm	HW	100ml	125							0	[illegible]
	06:00 pm										0	[illegible]
	07:00 pm											
Total Intake :		400ml + 375ml.				Total Output :				150ml +		1 times
	08:00 pm	H2O	100ml								0	[illegible]
	09:00 pm	Milk	100ml							✓	0	[illegible]
	10:00 pm	H2O	200ml								0	[illegible]
	11:00 pm									✓	0	[illegible]
	12:00 am									✓	0	[illegible]
	01:00 am										0	
Total Intake :		400ml				Total Output :						
	02:00 am										0	[illegible]
	03:00 am										0	
	04:00 am									✓	0	[illegible]
	05:00 am										0	[illegible]
	06:00 am									✓	0	[illegible]
	07:00 am	Milk	150ml								0	
Total Intake :		150ml				Total Output :				2 times		

Total 24 hrs. Intake	2,544 ml	Total 24 hrs. Output	450ml + 6 times

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

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	am	Admission notes on 5/7/'26	
5/7/26	5.00	Pt got admitted in	
		8th floor under by Dr Mathangi	
		primi / D tues today / Hypothyroid	
		Pt came for abdomen in today	
		4.30 am Pt vital checked &	
		recorded Pt CTG connecting	
		FHR is good FHR is 140-142	
		b/min Pt general condition is	
		good 10 mins 2 contraction in	
		10 secs S/B Dr Pavitha mam	
		P/V examination done 1.5 cm long	
		2 cm dilation mem (+) Pt	
		condition Informed Dr Mathangi	
		mam order in Pt admission	
		slip.	[illegible]
	am 5.30	CTG stop order by Dr Pavitha	
		mam 4th hourly CTG to	
		be followed.	[illegible]
	am 6.00	Pt vital checked & recorded	
		due medication given as per	
		doctor order. Pt fair morning	
		[illegible] in [illegible] 18 G	
		[illegible] (L) side [illegible]	
		good.	[illegible]
	7.38 am	CTG connected. FHR Monitored	
		Maintained. Ilo. [illegible]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	cont	contractions. Patient care Handling over given to Morning duty Staff	[illegible] 01670
		morning duty	
5/7/26	7:30 Am	patient care hand over taken from Night duty staff Nurse patient was stable conscious & oriented IV line present pattern. more fall risk Assessment was Done score is 20, pain Assessment was Done score is 2/10. patient general condition fair No complaints	S/N Anakha 01808
	7:40 Am	⇒ CTG is good FHR is good (+) Dr: pavithra Advised to Tab: miso 25 mcg orally given to patient post miso CTG at 8:40 Am	S/N Anakha 01808
	8:40 Am	⇒ post miso CTG connected as per Doctors orders FHR is good (+) provided left lateral position. pt have a 2 contraction 20 seconds	S/N Anakha 01808
	9:30 Am	⇒ Dr: Akshitha Advised to stoped CTG pt conscious & oriented IV line present & pattern.	S/N Anakha 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	10¹⁵Am	⇒ Dr: Juletta Do pw	
		Examination findings was shews	
		3cm dilatation, 0.1cm · Long	
		Do ARM was Done a clear liquor	
		Adviced to start Inj: syntocin 5units	
		RL500ml connected 94 ml/hr	
		for Infusion To Put All	
		forces position FHR is	
		good(+) →	Sri Ntheala 018[illegible]
	11Am	⇒ No Allergic reaction so	
		Inj: supalc 1.5 gram full Dose	
		given to patient Inj: Syntocin	
		Ongoing FHR is good (+) →	Sri Ntheala 01805[illegible]
	12:30 pm	⇒ patient compliants of	
		pain & pushing sensation	
		Dr: Alshita do pw Examination	
		findings was shews 8cm dilatation	
		Adviced to Pt shifted to LDR II →	Sri Ntheala 018[illegible]
		⇒ Patient having pushing	
		sensation. s/t to Dr: Asita	
		Ma. Advice to Patient	
	12⁴¹pm	shift to Labour room →	[illegible] 01740
		⇒ LABOUR NOTES ⇐	
		Patient having O2 lithotomy	
		Position. Parts painting &	
		dropped. Inj lignocain 2%.	
		Infiltrated done. RMLE cut	

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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
Lout		A single alive Normal	
5/7		Vaginal delivery. Girl baby	
		baby Immediately cried.	
		baby hand over to Dr. Sri	
		Lakshmi ma'am. Inj Syntocin 10 unit	
		IM given. Inj Tranexa 1gm IV	
		c 100ml NS given, uterus	
		well contraction PV bleeding	
		mild excess. Inj carboprost	
		250mg IM given. Patient	
		with stable state. PV bleeding	
		Normal. episiotomy sutures	
		layer and Vicryl 2-0	
		episiotomy wound done. Tab. miso	
		800mg PR, Dicton suppository	
		100mg PR done by Dr. [illegible]	
		Patient vitals stable.	
		General condition fair	→ [signature] 10/7
		B: 5/7/26 at 12:41PM	
		A: Girl baby.	
		B: 2.53kg.	
		Y: 8/10 9/10	→ [signature] 10/7/26
	2pm	⇒ Baby vitals stable	
		General condition fair	→ [signature]
	3PM	⇒ Patient vitals	
		150ml [illegible] to Dr. Akshitha	
		ma'am. Advice to post scan done	[signature] 10/7/26.

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

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Mrs NIVETHITHA
-5-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/2	4pm	B: vital sign checked and Recorded	Shalini 014072
		vital sign are stable	
	5pm	I/O chart maintain	Shalini 01407
	6.10 pm	patient shifted to 5th floor ward	
		← Received Notes →	
	7.10 pm	→ patient Received from LDR to 5th floor	011344
		→ patient was conscious and directed patient was active & alert IV line patten	011344
	7.10 pm	→ Receiving feeds & depth	
	7.30 pm	→ child Patient details Handling over given to Night duty SN	011344
5/7	7.30pm	Night duty	
		→ The patient hand over from evening duty staff patient conscious oriented. IV line is present	S. [illegible] 01937
	8.00pm	The patient vital signs were recored.	
		→ Due medication is given	

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Patient Sticker

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7		per drug chart maintained by document.	
	9:00pm	The patient no any other complaints.	S.Amrit 10/785
	10:00pm	⇒ The patient is due medication is given as per drug chart maintaining document.	
6/7	12:00am	⇒ The patient vital sign duly recorded	
	2:00am	The patient is no any other complaints. patient is sleeping is well. IV line is pattern.	S.Amrit 2/193
	4:00am	⇒ The patient vital signs duly recorded B- Breast engorgement Ur Uterus contracted B- Bowel movement present B- Bladder movement present L- lochia rubra present R- Reeda is not applicable H- Homen sign present E- emotional status good	S.Amrit 2/an.
	6:00am	⇒ due medication is given as per drug chart maintaining by document	S.Amrit 2/93

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 5/7/26

Baseline Information:

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

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: Pt com for Lower abdomen pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ranitha

Time Notified: 4.40am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism	Endhondroma-3 Excision at 17yrs	

Blood Group: O+ve. LMP: 13/10/25 EDD: 20/7/26 Gestational age during admission: 37wks6days.

Contractions: 10 mins 2 contract. Vaginal Discharge: –

Obstetric History: Primi P .... L .... A .... Previous LSCS ....

Height: 1.62 Weight: 71 BMI: –

Temp: 97.8 HR: 80 RR: 20 BP: 110/70 SpO$_2$ 100%

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

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

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

Fall Assessment: ☐ Yes ☑ No Score ...0... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ...20/10... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ...family...

Orientation has been given regarding the following aspects:

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

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

Above information given to ...[illegible]...

Name of Person Orientation was given to: ...patient...

Orientation not given Reason: ....

Nurse Signature: ...[signature] 1760...

Nurse Name: ...M. Deeni...

Date & Time: ...5/7/2024 4.30pm...

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23-10-1998 27 Y 8 M 12 D (F)
Dr MATHANGI RAJAGOPALAN

Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 4.30 am. Time Seen by Nurse: 4.45 am

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

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

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

3) **Vital Signs:** Temperature: 98.2 Pulse: 80 RR: 20 SpO_2: 100 BP: 110/70 Weight: .....

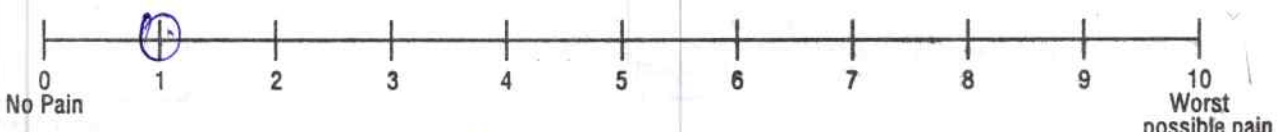
4) **Gestational Criteria:**

Gravida:	G primi	P	L	A

LMP: 10/10/25 EDD: 20/7/26 Gestational Age: 37wk 6days

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 5/7/26	Time 3.00 am	Frequency: mild
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: Lower abdomen pain
- Duration: 1 hour Days / Weeks/ Months (Strike out which is not applicable)
- Character: coming & contraction loose
- Frequency: mild
- Interventions: comfortable position

6) **Past History:**

a) Surgeries: Enucleation -> Sx done at 17yrs

b) Medical: Hypothyroidism

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Tab. Thyronorm 37.5 mg

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: 4.30 pm

Nurse Name : M. Devi Nurse Signature: .....

Date: 5/1/26 Time: 4.30 pm

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(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category			Date / Time	N 8/7/26	M 5/7/26	E 5/7/26
			Score	0	0	
History of Falling (immediately or w/in 3 months)	Yes	25				
	No	0		0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15				
	No	0		0	0	0
Ambulatory Aid	Furniture	30				
	Crutches, Cane(S), Walker	15				
	None /Bed Rest /Nurse Assist	0		0	0	0
IV / Heparin Lock or Saline	Yes	20			20	20
	No	0		0		
GAIT / Transferring	Impaired	20				
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0		0	0	0
Mental Status	Forgets limitations	15				
	Oriented to own ability	0		0	0	0
Total Morse Fall Scale Score:				0	20	20
			Signature			

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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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

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

(1)

					Date : 5/7/26	5/7/26	5/7/26	5/7/26
					Time : M	M	F	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	23	23	23
				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

Patient ID

BRADEN 'Q' SCALE

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

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				Date : 6/7/26			
				Time : 8am			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4		
				TOTAL SCORE	27		
				Evaluator's Name	[illegible] 6/7/26		

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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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:..

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

M... om No.:....................

A... ....Sex: ☐ M ☐ F

Cc... ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 5/7/26 Time: 6.00 am.

Location : (L) side Metacarpal

Size : 18G

Cannula inserted by : S/N Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
5/7/26	7.00 am	☐Yes ☑No	☐Yes ☑No	Observe	Devi
	9Am	☐Yes ☑No	☐Yes ☑No	Observe	SA
	11Am	☐Yes ☑No	☐Yes ☑No	Obs	SA
	1pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	2pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
6/7	12am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□Yes □No	□Yes □No		
		□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-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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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 — Primi / 37 weeks
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
5/7/26	5.00 am	Pain management	Patient explain to about in the pain management.	Spouse	Education level.	Oral.	Respected values	Verbalizes understand	good	[illegible]
6/7/26	8am	pain management	patient explain to about of the maintain personal hygiene	Spouse	education level	oral	Respect value	verbal under	good	[illegible]

Part - III: CODES

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

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

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

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: ..... N/A

Continuity of Care: Date: .....

B: 2
A: 2
T: 2
C: 2
H: 1
4

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

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

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

(1)

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PAT[illegible]RM

GUC-00083684 IP18-00036322
Mrs NIVETHITHA
23-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
5/7/26 at 5:8 Am	5/7/2026 at 7:16 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr: mathangi	Dr: Akshitha	Fever [illegible]

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

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab Augmentin 625mg	10
2.	Cap Pan D 40mg	10
3.	Tab. Paracetamol 1gm	10.
4.	Dustin Suppository 100mg	5
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Shalini	Dr: Akshitha

Patient & Clinical Records Received by : [illegible] 01834

Date & Time of Patient Received : [illegible] 01834 5/7/26 @ 7:10 pm

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

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