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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Date: 03/7/26

Ward: 7th Gender:

Room No: 707

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: 03/7/26
Time: 6 AM

Pharmacy Sign
Date:
Time:

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1995 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

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							

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS
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Name: Mrs. Sangeetha 29Y/F

UHID No: FDH-00029971 IP No: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	3:30pm	LDR	7th floor	Akalya 01800
1/7/26	9pm	7th floor	LDR	Tour
2/7/26	6:40pm	LDR	7th floor	S Akalya 01800

CROSS CONSULTATION VISIT

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/7/26	IU placement	(1)	H20189	

ANY OTHER INFORMATION:

Kiwi Assisted vaginal Delivery
Date :- 2/07/2026
Time :- 1:30 pm to 2:30 pm
Duration :- 1 hr.
Dr: mathangi
Dr: vinitha

Date: 03/7/26 Time: 6 AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
30738	7th Floor		

PDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1995 29 Y 7 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

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					

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	2/7/2	3/7								
Doctor's Orders	yes	YES								
Carried out or not	yes	YES								
Bed Side										
Structured Handover done	yes	YES								
IV Site	yes	YES								
Central Lines	NA	NA								
Arterial Lines	NA	NA								
Feeding Catheter	NA	NA								
Urinary Catheter	NA	NA								
Skin Care	yes	YES								
Eye Care	yes	YES								
Mouth Care	yes	YES								
Sterillum Bottle, Stethoscope	yes	YES								
Suction Bottle (Should be clean & empty)	yes	YES								
Intubation Tray	NA	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA								
Ventilator Tubing, (Any Water, Blood)	NA	NA								
Humidification	NA	NA								
Check all Infusion (Labelling, Correct Preparation)	NA	NA								
Chest Physio & Neb	NA	NA								
Handed Over By Name :	V. Mani	[illegible]								
Signature :	[illegible]	[illegible]								
Date & Time:	3/7/26 8am									
Hand Over Taken By Name :										
Signature :										
Date & Time:										

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 : IP18-00036269 **Admit Date** : 01-Jul-2026 **Admit Time** : 12:23 PM **UHID** : FDH-00029971

Patient Details :

Patient Name	: Mrs SANGEETHA KARUNANITHI	**Age**	: 29 Y 7 M 10 D
Guardian	: Mr K . PRADEEP	**DOB**	: 21-11-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9176266835/
		E-mail	: 9176266835@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 K . PRADEEP

Contact Address : Hyderabad Hyderabad Telangana INDIA 500001 **Relationship** : Husband **Phone No** : 9176266835

K Pradeep
Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SANGEETHA KARUNANITHI**	**Age :**	**29 Y 7 M 10 D**
IP No:	**IP18-00036269**	**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 c[illegible]of the patient.

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

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

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

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

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: K.Pradeep

Name: Pradeep
Relationship: Husband
Date: 01/07/2026 Time: 12.35AM
Wittness Name: [illegible]
Wittness Signature: [illegible]

Patient Address:
Hyderabad Hyderabad Telangana
INDIA 500001

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Sangeetha Kasunariti	UHID Number : RBH-00029971
Self/Attendant Name : K. Pradeep	Relation : Husband
Self/ Attendant Signature : K. Pradeep Phone Number : 9176266835	Name & Signature of Financial Counselor

आधार

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No.: 2193/13326/00418

To
கு பிரதீப்
K Pradeep
S/O Kumaresan
410 S/A Colony 7th Street
Sharma Nagar
Vyasarpadi
Vyasarpadi
Chennai Chennai
Tamil Nadu 600039
8124685477

01/01/2016

97941567

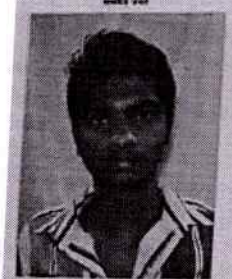
MD979415678FH

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6179 7380 2899

எனது ஆதார், எனது அடையாளம்

இந்திய அரசாங்கம்
Government of India



கு பிரதீப்
K Pradeep
பிறந்த நாள் / DOB : 23/06/1996
ஆண்பால் / Male

6179 7380 2899

எனது ஆதார், எனது அடையாளம்

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1995 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi	
ANAESTHETIST		
ASSISTANT	Dr. Viritha	
DATE	2/07/2026	
TIME	1:58 pm	
PLACE	LABOUR WARD	THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT (NO)

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED 10ml MLS
OF 2% Lignocaine
EPIDURAL / SPINAL
GA

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

LIQUOR
CLEAR /BLOOD STAINED/ MECONIUM Grade I

ABDOMINAL FINDINGS
0 /5 PALPABLE

VAGINAL EXAMINATION

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

POSITION DOA / LOA / ROA / ROP / LOP / DOP / (LOT) / ROT

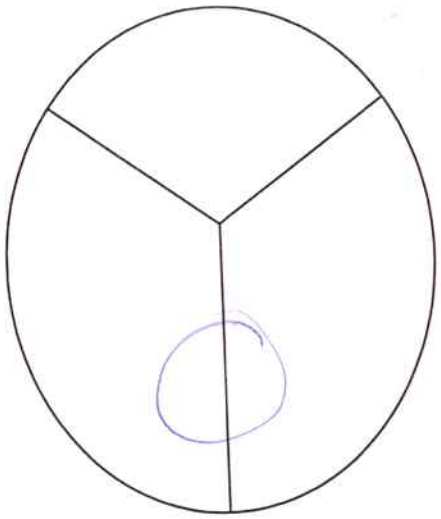
CAPUT (0) + ++ +++

MOULDING (0) + ++ +++

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

MANUAL ROTATION YES / (NO)	TIME OF APPLICATION 1:57 pm	No. OF TRACTIONS 1
ABANDONED YES / (NO) (FULL DETAILS IN NOTES)	TIME OF DELIVERY 1:58 pm	LENGTH OF DELIVERY -

Brief description of delivery and perineal repair.
(Please mark ventouse position on diagram)



EXTENT OF TEAR

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

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

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

PARTOGRAPH

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1995 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☑ Others — Anemia Treated

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

AVD: ☐ Outlet ☐ Low Forceps ☑ Ventouse — Kiwi
☐ Trails of Forceps

Indications: Persistent Variable decelerations / Poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: 350ml

Blood Transfusion: No

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 8hours

2nd Stage: 10 mins

3rd Stage: 5mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.547kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 2/07/2024 ; 1:58pm

LW Doctor: Dr. Mathangi

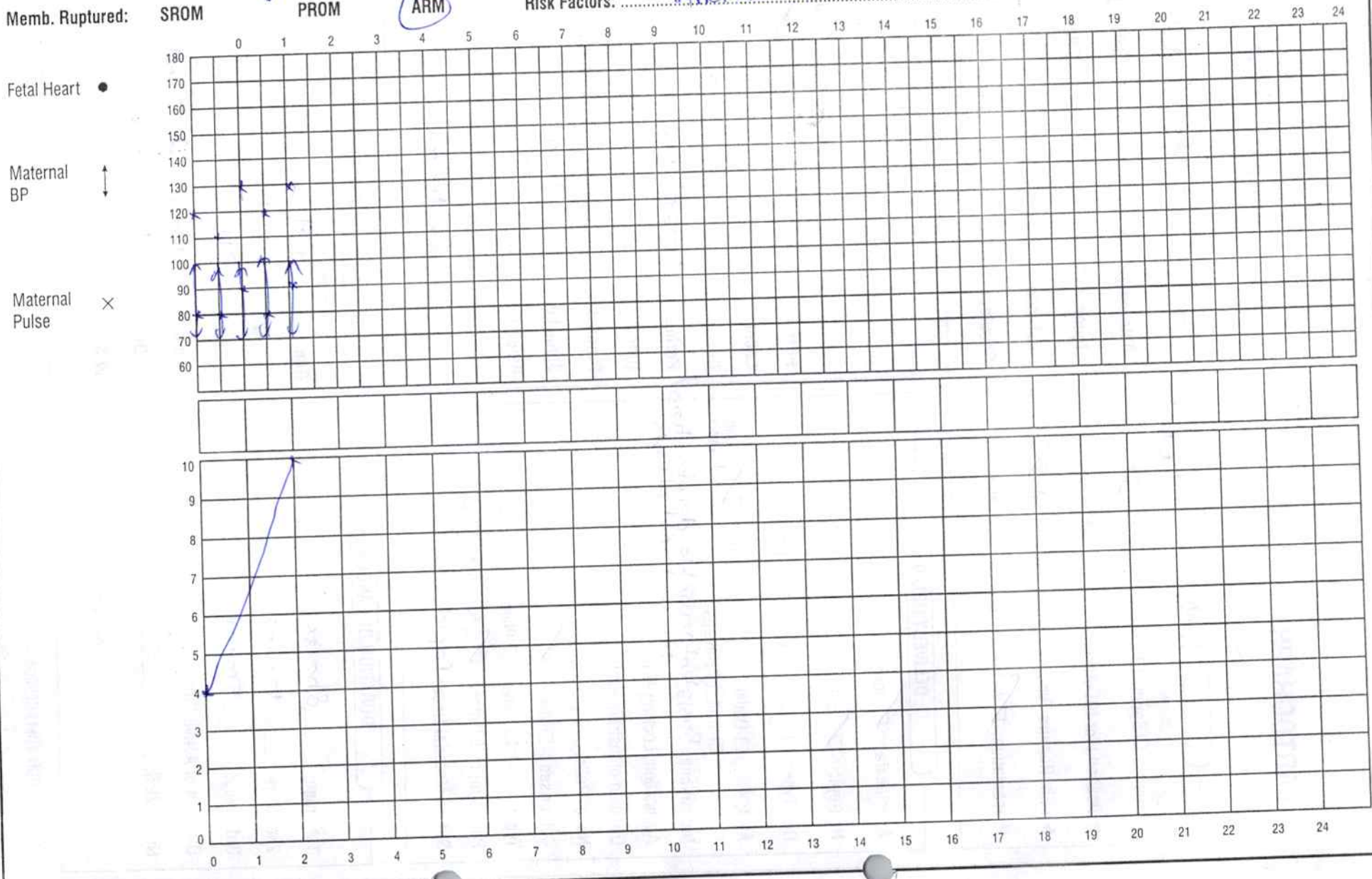
LW Sister: .....

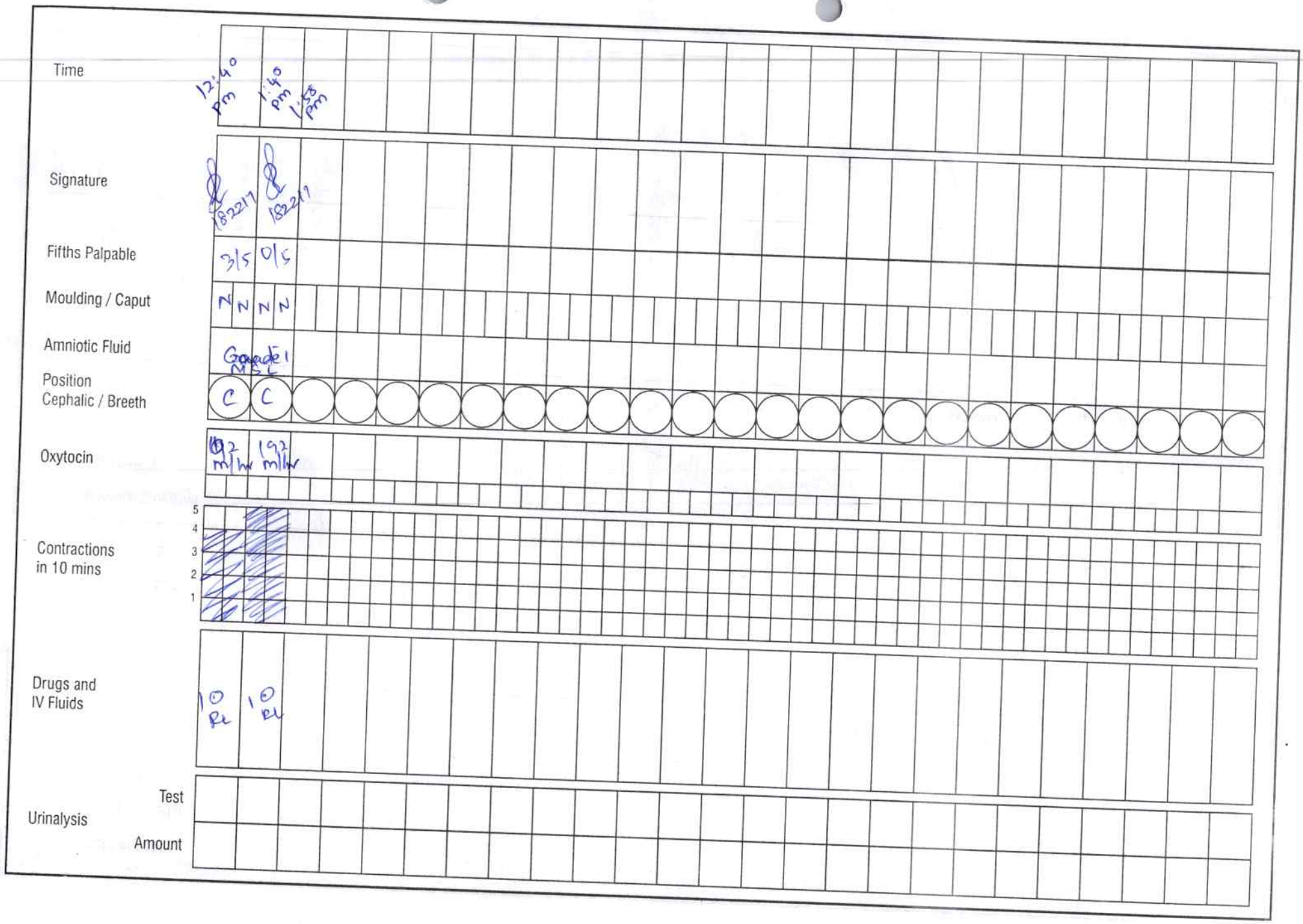
(P.T.O.)

PARTOGRAPH

Name: Mrs. Sangeetha Obstetrics Formula: Primi Blood Group Type: A-Positive

Memb. Ruptured: SROM PROM (ARM) Risk Factors: Anemia R1




Time
12:40 pm
1:40 pm
1:58 pm
Signature
182217
182217
Fifths Palpable
3/5
0/5
Moulding / Caput
N
N
N
N
Amniotic Fluid
Grade 1
MSL
Position
Cephalic / Breeth
C
C
Oxytocin
5
4
3
2
1
Contractions
in 10 mins
Drugs and
IV Fluids
10
RL
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt was admitted for IOL
* Able to PFM well
* No c/o Lower Abdominal Pain, bleeding or leaking PV

Obstetric Formula:
Primi

Obstetric Hostory:
G_1 - PP, Spontaneous conception
Booked and Immunised

Present Pregnancy Record:
NT - (N) ; (N) uterine (A) dopplers, FTS - Negative
Anomaly Scan - Normal (P/Placenta - Posterior Low Lying 1.5cm away from os)

RISK FACTORS:

* Anemia Rx with 1g FCM for Hb - 9.9
* 32 wks → Placenta 2.5cm away from os
* Fetus → Intraabdominal cyst 8 X 2.5cm in (A) adrexa close to bladder.

Height: 162 cm
Weight: 71 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 90/min
BP: 106/60mm Hg DTR:
CVS: $S_1 S_2$ (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 2/10/2025 EDD: 9/07/2026
Corrected EDD: GA: 38 weeks + 6 days.
Menstrual History: Regular: ☑ Yes ☐ No M/s - 1 yr ; NCM

Obstetric Examination

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

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Primi M/s - 1 yr NCM	LMP - 2/10/2025 EDD - 09/07/2026	38 weeks + 6 days IOL
A+ve	RMP	Anemia Rx with INJ. FCM 1g

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History: Father - T_2 DM Mother - Nil	**Surgical History:** Nil
Medical History: Anemia Rx with INJ. FCM 1g in view of Hb - 9.9	**Medication History:** Nil
Plan of Care: C/I/T Dr. Mathangi - Admission - Parts preparation - Secure IV line - Informed consent for IOL/NVD - Plan Foley's Induction 12:50pm ↓ SAP, Induction of labour done with 22F Foley's inserted intracervially and bulb inflated with 65ml of distilled water - W/F Foley's expulsion - INJ. SUPACEF 1.5g IV TDS (ATD) - Post Foley's CTG @ 2pm - Shift to ward - Reshift to LDR @ 9pm - CTG 4th hourly monitoring	**Investigations:** CTG - Reactive CBC.

Doctor Name: Dr. Parithra / Dr. Shreedevi
Signature: 182217
Date & Time: 01/07/2026

Consultant Name: Dr. Mathangi
Signature: for 182217
Date & Time: 01/07/2026

Docu. No

H-00029971 IP18-00036269
s SANGEETHA KARUNANITHI
-11-1996 29 Y 7 M 10 D (F)
MATHANGI RAJAGOPALAN

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ....

Department: .....

Shift: .....

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	13/05/2026	31/7/26				
Time						
Hb	9.9	8.4				
PCV	29.8	25				
RBC	3.33	2.79				
WBC	9000	13,5200				
N/L	75.5/17.8	82/12				
Platelets	1.93	2.21				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

A - POSITIVE

HIV, HBsAg, HCV, VDRL } Negative

ICT - Negative

Rubella - Immune.

ECG, ECHO } Normal

EF - 74.8 %.

HbA1c - 4.6

ICT - Negative

TSH - 1.78

TT4 - 10.8

TT3 - 158

18221

18221

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 12/06/2026 SLIUG CX - 3.60 cm

X-Ray : Placenta - Posterior AFI - 14.3

ECHO : Presentation - Cephalic Doppler - (N)

CT : Liquor - Normal

MRI EFW - 2576 ± 257.6 grams

Others (ECG, Contrast Studies etc.,) : Lower end of the fetal (L) kidney shows cystic lesion measuring 2 X 1.38 cm

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
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Dr. MATHANGI RAJAGOPALAN

Patient Sticke

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/2026	c/s/b Dr. Vinitha / Dr. Shreedevi	
	3:30pm	
	- Post Foley's CTG - Reactive	
	- Follow drug orders	
	- W/F Foley's expulsion	
	- Shift to ward	
	- Reshift to LDR @ 9pm	
	- Inform (SOS)	
	- CTG @ 4th hourly	
	Sd/- 182217	
01/07/26 8:45pm	s/b Dr. [illegible]	
Atm	Pt reviewed	
	No sp. complaints PFM well	
38w+6D	o/E: afebrile	
	GC fair	Plan:
BP 120/70mmHg	P° / PE°	- CTG / DFMC
PR 88bpm	P/A: uterus @ term	- w/t foley's
SpO2 99% @ RA	relaxed	expulsion
Temp (N)	cephalic	- w/t pain / bleeding,
	FH (+)	leaking p/v
CTG Reactive	clinically	- ambulate
	liquor (N)	- (N) diet
	LE: Foley's inside	- Shift to LDR

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

FDH-00029971 IP18-00036269
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21-11-1996 29 Y 7 M 11 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/26 1:30AM	S/B Dr. Akshitha	
	pt reviewed.	
	c/o foley's expelled.	
	O/E: afebrile	
	GC fair	
	P° / PE°.	
Foley's expelled	P/A: uterus @ term	Plan:
	Relaxed	- P/v @ 4AM
	cephalic	- w/f progression
	FH ⊕	of labor
	clinically	
	liquor ⊕	
	S/B Dr. Akshitha	
27/26 4:10AM	pt reviewed	
	no sp complaints	
	PPM well.	
	O/E: afebrile	
	GC fair	
	P° / PE°.	
CTG Reactive	P/A uterus @ term	
	Relaxed	
	cephalic (5/5th)	
	FH ⊕	
	clinically liquor ⊕.	

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/V: Cervix soft posterior 2 cms long. 2 cms dilated membranes (+) PPrx - 3 station	
	↓ SAP, induced c PGE2 gel intracervically	
		Plan:
		- w/f progression of labor
		- post gel CTG @ 5:10AM.
	128435	
21-7-26 8AM	C/S/IS Dr. Vinitha / Dr. Shreedevi	Advice
	C/D/W Dr. Mathangi	- To start INJ. SYNTO
T-(N)	O/E Pt GC fair, Afebrile	@ 2ml/hr @ 8AM
PR- 90/min	P° / PE°	- Liquid diet
BP- 107/60mmHg	CVS / RS / NAD	- Continuous CTG
		- Continue Synto
CTG- Reactive	P/A- uterus @ Term	accelerations titrate
	Mildly acting (1C/20"/10')	accordingly
	Cephalic	- W/F contractions/ Progress
	FHS - good	- follow drug chart
	182217	- Inform (SOS)

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI (F)
21-11-1996 29 Y 7 M 11 D
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Ola-eCx-	
2/7/26	S/B Dr. Mathangi	
9:15am	Pt reviewed; No 90	
	O/E: GC fair; Afebrile	
	P/A: Ut term;	
BP: 107/60	Cephalic; Acting; FH good	
PR: 90/min	P/V: Cx: 1cm long	
SpO_2: 99% RA	OS: 2-3 cm dilated	
	Vx: -3 station	
	BOM ⊕ → ARM done	
	Grade I MSL	
	Patient and attenders explained the findings and about Grade I MSL and risks They want to continue augmentation of labour and try for vaginal delivery	
		Adv:
		· Continuous CTG
		· Continue Synto
		· Inform SOS
V.[signature] 12:13		

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Matthangi	
2/7/26 12:40PM	pt reviewed Adv to PFM.	
CTG - Reactive Synto @ 192 ml/hr	P/A: at term 3C/20sec/10 min Cephalic FHS good	Advice - All pains - Synto @ 192 ml/hr - Continuous CTG - Inj. PETHIDINE 50 mg + Inj. PHENERGAN 25 mg
	P/V: Cx well effaced OS 3-4 cm dilated membranes (-) Vx - 2 Grade I MSL.	
Bedside USG LOT One loop of cord around neck (+)		- Reassess after one hour - Inform SOS.
	[signature] 16428	

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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BirthRight BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/07/2026	C/S/B Dr. Vinitha	
1:45PM		
	P/A - Uterus @ Term	Advice
	(4C/25"/10')	Shift to Labour room
	Cephalic	- Continuous CTG
CTG- Reactive	FHS - good	- Continue INJ. SYNTO
Early decelerations (+)	P/V - Cx - fully effaced	acceleration
	OS - 10 cm dilated	- Encourage active Pushing
	Membranes - Absent	
	Vertex @ 0 to +1 station	
	Dr 182217	
02/07/2026	C/S/B Dr. Mathangi	
1:50 pm		
	P/A - Uterus @ Term	Advice
	(4C/25"/10')	- Position for Labouring
	Cephalic	- Encourage active Pushing
CTG- Reactive	FHS - good	
	P/V - Cx - Fully effaced	
Variable deceleration (+)	OS - fully dilated	
	Membranes - Absent	
	Vertex @ +1 Station	
	Dr 182217	

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/07/2026	KIWI ASSISTED VAGINAL DELLVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
1:58 Pm	Indication: Variable decelerations / Poor maternal efforts	
	S/B : Dr. Mathangi	
	A/B : Dr. Vinitha	Dr. Shreeden
	Under strict aspectic precautions, patient in dorsolithotomy position, perineum painted and draped with good uterine contractions full cervical dilation. 2% Lignocaine local infiltration given. A right mediolateral episiotomy given. In view of variable decelerations / Poor maternal efforts kiwi cup was applied in vertex @ +2 station. Chignon created. An alive term girl baby delivered. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Episiotomy inspected. Dilated submucosal vaginal venous sinuses noted and the same sutured using 2-0 vicryl. Episiotomy sutured in layers using rapid vicryl. Hemostasis secured.	
	B | 02/07/2026, 1:58 Pm	
	A | Girl	
	B | 8/10, 9/10	
	W | 2.547 kg	

FDH-00029971 IP18-00036269
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals Monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- CBC c/m 6AM
		- Measure & Inform 1st void
		- Inform (SOS)
22/7/26	S/B Dr. Dhivyalakshmi	
6.30pm	Pt. reviewed	
PND-0	Nil c/o	
	O/E: pt GC fair, Afebrile	Advice
T: (N)	P° /PEO	- (N) diet -
PR- 89		- oral fluids.
BP- 110/70	P/A: soft-	- monitor Vitals
SpO2-99% @RA	Uterus contracted well	- follow drug chart
		- W/F bpv
voided 400ml urine	L/E: No uterine bleeding PV	- CBC c/m 6am
	c/i wound intact	- Shift to ward
PVR - 58ml		- Inform SOS
	Baby w/s	
	Breasts soft	

10428

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Parithas	
2/7/2026		
2:30PM	Pt reviewed	Advice
PND-©	O/E	- (N) DIET
	Pt c/c fair	- Plenty of orals.
	afebrile	- Vitals monitoring !!!
T-(N)	P̄ | PE	- Follow drug chart.
BP-114/62	CVS	- CBC c/m 6Am
PR-84/min	RS NAD	
SpO2-100%-RA.	P/A-soft	
	Ut firm & cont well	
Baby-m/s.	LS- Epi wound intact	
B/L Breast soft.	No undue bleeding P/V.	
Voiding freely		
passed stools		
	(signature) MY67	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
8:30 AM	No c/o palpitation, giddiness	
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-112/min	CVS /	- Vitals Monitoring
BP- 110/60mmHg	RS / NAD	- Follow drug chart
	P/A- Ut well contracted	- W/F ↑ Bleeding PV
Baby-m/s	Soft	- Inform(SOS)
B/L-Breast Soft	L/E - BWNL	
Baby-m/s	Epi wound Intact	
B/L-Breast Soft		
Hb-8.4		
Voiding freely	1822117	
Passed stools		

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Patient Sti Dr. MATHANGI RAJAGOPALAN

(1)

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

MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 01/07/2026 @ 11:30Am

Nurse Name & Signature: S. Pooja (SN)

Date & Time : 01/7/26 @ 11.30Am

H-00029971 IP18-00036269
: SANGEETHA KARUNANITHI
11-1996 29 Y 7 M 10 D (F)
MATHANGI RAJAGOPALAN

(2)

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDP Shifted to: 7th 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	INJ. SUPACEF	0.1ml	Id	Stat	1/7/26 1:10pm	☐C ☑DC
2	INJ. SUPACEF	1.5g	Iv	TDS	1/7/26 1:40pm	☐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. Shreeden 82217

Date & Time : 1/7/2026 at 3:20pm

Nurse Name & Signature: Sathyapriya 0180 SA 0180

Date & Time : 1/7/26 at 3:20pm

:DH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
11-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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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: 7th 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	C. AUGMENTIN	625mg	PO	TDS	–	☑C ☐DC
2	C. PAN D	40mg	PO	BD	–	☑C ☐DC
3	T. PARACETAMOL	1g	PO	TDS	–	☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD	2/7/26 at 2.30 pm	☑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 : 2/7/2026 at 7PM

Nurse Name & Signature: S/N Parameswari

Date & Time : 2/7/2026 at 7PM

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

DRUG CHART

Date of Admission: 01/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 41 Ward. .....

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	01/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	01/7	2/7
8 AM	TJ	MD
2pm	SA	SN
10pm	TJ	MD

Stop

DRUG : C. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	2/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7
8 AM		KS / PA
2pm		
10pm	SM	VA

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	2/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7
7 AM		SM / VA
1pm	SS	PK

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	2/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7
8 AM		KS / DA
2pm		
10pm	SM	VA

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 71 Ward. LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
01/7/26	1.10pm	INJ. SUPACEF	0.1ml	Id	182217	SP SA
01/7/26	1.40pm	INJ. SUPACEF	1.5g	IV	182217	SP SA
2/7/26	4:10AM	DINOPROST GEL	0.5mg	PIV	182217	MJ MD
2/7/26	1.25pm	Inj. PETHIDINE	50mg	IM	164288	SP SP
2/7/26	1.25pm	Inj. PHENERGAN	25mg	IM	164288	SP SP
2/7/26	1:58pm	INJ. SYNTO	10 U	IM	182217	SP SN
2/7/26	2pm	INJ. TRAPIC	1g	IV	182217	SA SN
2/7/26	2pm	INJ. CARBOPROST	250 mcg	IM	182217	SA SN
2/7/26	2:30pm	T. MISOPROSTOL	600 mcg	PR	182217	SP SN

OH-00029971 IP18-00036269
-- SANGEETHA KARUNANITHI
I-11-1996 29 Y 7 M 10 D (F)
r. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 71kg Ward. DR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/7/26	8.10 am	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	182217	SP / SA	2/7	16428	SP / SA
2/7/26	8.15 am	IVF 1 ORL	IV	free flow	182217	SP / SA	2/7	16428	SP / SA
2/7/26	12pm	IVF 1 ORL	IV	free flow	16428	SP / SA	2/7	182217	SP / SA
2/7/26	12.45 pm	Inj SYNTO 5U in 500ml RL	IV	192 ml/hr	16428	SP / SA	2/7	182217	SP / SA
2/7/26	2pm	INJ. SYNTO 20U in 500ml RL	IV	125 ml/hr	182217	SP / SA	2/7	16428	SP / SA

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ...7.10... Ward ...LDR...

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	2/7/26

Date	2/7	3/7
Time 9Am	✓	ES/DR
9pm	SM/JA	

Name & Signature of the Doctor Starting the Drugs: [signature] 182217

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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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 7/129 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
27/12	2:30pm	JUSTIN SUPPOSITORY	100mcg	PR		SA	SN

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Patien

(1)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 01/7/26

Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box) >30 / 21-30 / 11-20 / 0-10					18		19		20				22		22		22				22			22
Saturations 94-100% / <94%					100		100		99%				99%		99		99				99			99
Administered O_2 (L/min.)					RA		RA		RA				RA		[illegible]		[illegible]				[illegible]			[illegible]
Temp °c 40 / 39 / 38 / 37 / 36 / 35 / <35					98F		98F		97.8F				98.5F		98		98				98			98
Heart Rate 170–40					90		87		78bpm				89bpm		80		80				80			80
Systolic Blood Pressure ↑ 190–50					106		110		112				116		110		110				100			110
Diastolic Blood Pressure ↓ 130–40					60		80		68				67		70		70				70			70
NEURO RESPONSE [✓] Alert					✓		✓		✓				✓		✓		✓				✓			✓
Voice																								
Pain																								
Unresponsive																								
URINE mls / hour > 30					✓		✓		✓				✓		✓		✓				✓			✓
< 30																								
Proteinuria Protein ++																								
Protein > ++																								
Lochia Normal					–		–		✓				✓		✓		✓				✓			✓
Heavy / Foul																								
Liquor Clear / Pink					–		–		–				–		✓		✓				✓			✓
Green																								
TOTAL YELLOW SCORES					0		0		0				0		0		0				–			0
TOTAL ORANGE SCORES					0		0		0				0		0		0				0			0
Nurse Initial					[illegible]		[illegible]		[illegible]				[illegible]		[illegible]		[illegible]				[illegible]			[illegible]

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

(2)

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BirthRight BY RAINBOW HOSPITALS
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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

2/7/26	Date																								
	Time	(8)	9	(10)	11	(12)	1	(2)	3	(4)	5	(6)	7	(8)	9	10	11	(12)	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20		20		20		20		20		20				20							
	0 - 10																								
Saturations	94 - 100 %	99		100		99		99		99		99		99%				99%							
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA		RA		RA		RA		RA				RA							
Temp °c	40																								
	39																								
	38	98F		98F		98F																			
	37	⊙		⊙		⊙		98F		98F		98F		98.6F				98.4F							
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110		106		90																	
	100	90								89		89		84 bpm				82 bpm							
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																	110							
	120	107								112		110		114											
	110			100		100		100																	
	100																								
	90																								
	80																								
	70																								
	60																								
	50													(72)											
↓ Diastolic Blood Pressure	130																	(62)							
	120																								
	110																								
	100																								
	90																								
	80																								
	70													62											
	60	60		70		70		60				70						80							
	50									60															
	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		02		0		0		0		0		0				0							
TOTAL ORANGE SCORES		0		01		0		0		0		0		0				0							
Nurse Initial		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]				[illegible]							

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	←		on admission					→			
	12:00 pm	H20	200									
	01:00 pm									200		
Total Intake : 200ml											0	
	02:00 pm	H20	100ml							Total Output : 200ml		
	03:00 pm										0	SA
	04:00 pm	H20	50ml							150ml	0	SA
	05:00 pm	H20	50ml								0	
	06:00 pm										0	
	07:00 pm	H20	100ml							200ml	0	
Total Intake : 300ml											0	
	08:00 pm									Total Output : 350ml		
	09:00 pm										0	
	10:00 pm	milk	100ml								0	
	11:00 pm									100ml	0	
	12:00 am	water	100ml								0	
	01:00 am										0	
Total Intake : 200ml										100ml	0	
	02:00 am	H20	100							Total Output : 200ml		
	03:00 am	water	100ml							100ml	0	
	04:00 am	H20	100								0	
	05:00 am	H20	150							150	0	
	06:00 am	H20	100							100	0	
	07:00 am	H20	150							200	0	
Total Intake : 600										Total Output : 550ml		

Total 24 hrs. Intake	1300ml

Total 24 hrs. Output	1300ml

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Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 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.

2/8/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G (Inj. Syp to)	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Juice	100ml	RL 500ml	24ml							
	09:00 am	H20	100ml		48 ml					150ml	0	
	10:00 am	Juice	150ml		96ml					100ml	0	
	11:00 am	H20	100ml	RL	168ml					150ml	0	
	12:00 pm	H20	150ml	500ml	192ml						0	
	01:00 pm	H20	100ml		192ml					50ml	0	
Total Intake : 2,120ml										Total Output : 450 ml	0	
	02:00 pm	H20	100	125							0	SA
	03:00 pm			125							0	SA
	04:00 pm	H20	(100ml)	125							0	SA
	05:00 pm	coffee	100ml								0	SA
	06:00 pm										0	SA
	07:00 pm	H20	100							400	0	SA
Total Intake : 775ml										Total Output : 400ml	0	SA
	08:00 pm	H20	200								0	SM
	09:00 pm									300	0	SM
	10:00 pm	H20	200								0	SM
	11:00 pm										0	SM
	12:00 am	H20	200								0	SM
	01:00 am									350	0	SM
Total Intake : 600 ml										Total Output : 650ml	0	SM
	02:00 am										0	SM
	03:00 am	H20	200							300	0	SM
	04:00 am										0	SM
	05:00 am	H20	200								0	SM
	06:00 am										0	SM
	07:00 am	H20	200							350	0	SM
Total Intake : 600ml										Total Output : 650ml	0	SM

Total 24 hrs. Intake	4395 ml	Total 24 hrs. Output	2,150ml

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sti[cker]

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primi / 38w+6d / Rof			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: —			Post OP Day:			
BACKGROUND	Date / Shift	01/7/26 morning	01/7/26 Evening	1/7/26 N	2/7/26 morning	2/7/26 E	2/7/26 N
	Medical Condition (Any special condition to be noted):	—	—	—	NIL	N/A	N/A
	Diet:	(N) diet	(N) Diet	(N) diet	Normal Diet	Normal Diet	(N) diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98F	98.6F	98°F	98F°	98.6F
	Res:	18	19 b/m	20 bpm	20 bpm	20 b/m	20 bpm
	SpO_2:	100	100%	99%	99%	99%	99%
	Pulse:	90	89 b/m	89 bpm	90 bpm	90 b/m	80 bpm
	BP:	106/60	110/80	118/67	107/60 mmHg	100/60	110/80
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	10	10	10	20	20	20
	Pain Score:	1/10	2/10	2/10	2/10	2/10	2/10
	Skin Integrity	Normal	Normal	normal	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	NA	N/A	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
	Special Diet:	(N) diet	(N) Diet	(N) diet	Normal Diet	Normal Diet	(N) diet
	Critical Lab Test / Values:	—	—		—	—	
	Other Special Orders / Medications:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Depent	Depent	Dependent	Non Dependent	Non Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Pooja	Akalya	Sabri	Soparna	Akalya	Sabri
	Signature / ID :	Pooja 10	01808	60779	01808	01808	60779
	Date:	1/7/26	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26
	Time:	1:30pm	8pm	8am	8am	8pm	7:00pm
	Taken Over By Name :	Akalya	Sabri	Soparna	Akalya	Nirmala	
	Signature / ID :	01850	60779	01808	01808	60779	
	Date:	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26	
	Time:	1pm	8pm	8am	2pm	8pm	

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 01/07/22

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		Achieve acceptable pain control & comforte		Assess the level of pain using pain scale 1/10 provide diversional therapy	reduced pain	Reassessment is done	[illegible]
Afternoon	2pm	Achieve Acceptable pain control & comforte	2:30 pm	Assess the level of pain using pain scale 2/10 provided comfortable position	Reduced pain levels	Reassessment was Done	Abelya 01808
Night	8pm	Achieve Acceptable pain control & Comfortable.	8pm	Assess the level of pain using pain scale	Reduce pain level	Re-assessment was done	607798

Docu. No: RCH /FRM / CLINICAL / 148

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 2/7/2026

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	8am	Achieve acceptable pain control & comfort	8.30 am	Assess pain using pain scale regularly position patient comfortable	patient feel better	patient pain level reduced	01800
Afternoon	2pm	Achieve Acceptable pain control & comfort	2:30 pm	Assess pain using pain scale regularly position patient comfortable 3/10	patient feel better	patient pain Level is reduced 4/10	01800
Night	8pm	Achieve Acceptable pain control & Comfort	9pm	Asses pain using pain scale regularly Position patient comfortable.	Patient feel Better	patient pain level reduced 1/10	6 am

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

(1)

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
01/7/26	11.40Am	mrs. Sangeetha 29y/F.	
		she is primi/38w+6d/Pot.	
		pt came for admission got	
		admitted under Dr. mathangi	
		Admitted for Induction of Labour.	
		pt vital signs checked &	
		recorded. BP-106/60 P/R-90b/m.	
		R/R-18b/m Temp-98°F. CTG	
		connected FHR ⊕. Informed to	
		Dr. Punitha / Dr. Shreedevi	
		seen the pt history collected.	
		parts painted. she is on	
		normal diet.	S.Nipoor SN
	1pm	CTG disconnected as per	
		doctor order. Dr. mathangi did	
		P/V examination cx 2cm long,	
		OS admit tip of finger.	
		foley's induction done	
		intracervically & bulb inflated	
		65ml D water. Advice to send CBC,	
		To give Inj. supacef order carried	
		out. IV placement done c̄ 18G	
		venflon back flow ⊕. CBC	
		sample collected sent to lab	
		as per doctor order. Inj. supacef	
		0.1ml test dose ID given.	Nipoor SN

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/7/26	1.40pm	pt have no c/o allergy, itching. Inj. supacef 1.5gm IV given as per doctor order.	[illegible]
	2pm	Post foleys CTG connected as per doctor order. provide comfortable bed position. DVT, Braden Q, morse fall risk assessment done. pt care hand over given to evening duty staff.	[illegible]
		Evening duty	
1/7/26	2pm	patient care hand over taken from morning duty staff Nurse patient was stable conscious & oriented I/line present & pattern. post foleys CTG is ongoing. FHR is good (+) pt vital are stable pt general condition fair	S/N Akalya 01808
	3pm	Post foleys CTG is good & reactive FHR is good (+) pt was stable I/line pattern	S/N Akalya 018080
	3.30 pm	→ Dr. Vinitha notified to pt shifted to ward. pt care hand over given to 7th floor staff Nurse	S/N Akalya 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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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
		Receiving notes On 1/7/24	
	3.30pm	Patient Received from LDR to 4th floor patient details handy Over taken from SIN Aisalya. Patient Conscious and Oriented iv line pattern. patient Urine passed. CTG @ H, shift to LDR @ 9pm. →	
	4pm	Vital signs Charted and Recorded. Vitals are stable →	
	6pm	Maintain Intake and Output Chart. iv line pattern →	
	7pm	CTG Connected to patient. CTG Reactive and good. CTG sended to Dr. Vinitha mam →	
	7.30pm	CTG sended Dr. Vinitha mam sended CTG reactive and good Continue CTG another 10 mins →	
	7.30pm	pt details handy Over On Night duty chart →	
		NIGHT DUTY	
	7.30pm	pt details handing over taken from evening duty staff pt was conscious and oriented CTG was good vitals was stable. no other complaints pt shifted to 9pm ward	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8:00pm	vitals was checked	
		and recorded maintain I/O	
		chart. CTG was recorded	
		to [illegible] Achitho mam [illegible]	
		Continue for 40 min	
		CTG stop on 8:40pm	[illegible]
	9:00pm	pt shifted to [illegible] floor from	
		CDR at 9:00pm	[illegible]
	9:10pm	pt details handing over recd	
		by CDR staff	[illegible]
	9.15pm	Pt received cound to room	
		pt consious & oriented to line.	
		Present ply in Inside pt	
		taun [illegible] diet pt general condition	
		is good.	[illegible]
	10:00pm	pt vital checked & recorded	
		due medication given as per	
		doctor order. pt general condition	
		is good. pt is comfortable	
		with nursing care	[illegible]
	12.00am	pt vital checked & recorded	
		pt general condition is good	
		pt c/o in mild pain lower	
		abdomen pain.	[illegible]
	1.00am	CTG connecting FHR is good	
		pt general condition is good [illegible]	
		explained Informed to [illegible]	[illegible]

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/Feb	2.20 pm	CTG disconnecting order by Dr Akshita mam pt general condition is good.	pavi 018760
	3.40 am	CTG connecting FHR is good pt no contraction pt general condition is good.	pavi 018760
	4.10 am	CTG stop order by Dr Akshita mam PV examination done. 2cm long 2cm dilated -3 station pt condition Informed Dr Mathangi mam and keeping gel for ripen cervix after 1hour 1post tram to be followed.	Pavi 018760
	5.10 AM	Post gel CTG connected. FHR monitored. Maintained I/O. watching contractions. pain assessment Done.	[signature] 016720
	6Am	Monitored vitals and Recorded. Maintained I/O. watching contractions. Post gel CTG disconnected. FHR monitored	[signature] 016720
	7.30 Am	patient care Handing over given to Morning duty staff	[signature] 016720

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	7.40 am	MORNING DUTY NOTES: patient details handed over taken from Night Duty staff. Patient conscious & oriented, vitals are checked & recorded. patient had normal diet. patient maintain selfvoiding.	S/N Parameswari 016808
		Dr. Akshitha saw the patient adviced to Inj: Synto 5U In 500ml RL.	S/N parameswari 016808
	8.15am	patient voided. CTG connected. FHR good. Inj: Synto 5U In 500m I RL connected. Patient had liquids.	S/N parameswari 016808
	8.30 am	contraction checked 2contraction 15sec In 10min. Dr. Vinitha saw the patient checked CTG adviced to continue CTG.	S/N parameswari 016808
	9.15 am	Dr. mathangi saw the patient checked pv Cx 1cm long, 2-3cm dilated, -3 station ↓ SAP, ARM done MSL Grade-I Dr Mathangi saw the attender Explain patient condition	S/N parameswari 016808
	10am	Contraction checked 4 contraction	

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26		25 sec In 10min. Inj: Syntocalternative Increased. patient maintain selfvoiding.	S/N parameshwari 016808
	11am	patient complaints of pain Informed to Dr. Vinitha saw the patient checked CTG advised to continue Synto	S/N parameshwari 016808
	12pm	patient general condition fair. vitals are checked & recorded. Deceleration present, Informed to Dr. Vinitha.	S/N parameshwari 016808
	12.10pm	Dr. Divyalakshmi checked bed side scan advised to monitor FHR.	S/N parameshwari 016808
	12.40pm	Dr. Mathangi saw the patient checked pv/ cx well effaced, os-3-4cm dilated, membrane (-) advised to continue CTG Alfaue position, Inj: pethedine, Inj: Phenergan.	S/N parameshwari 016808
	12.45pm	Alfaue position changed. New Inj: Synto bag changed. CTG continue monitor.	S/N parameshwari 016808
	1.25pm	Inj: pethedine, Inj: phenergan Im given.	

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☐ ~~No Known~~ Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26		patient not voided Informed to Dr. vinitha.	S/n paran 016808
	1:30pm	patient details handed over given to Evening duty staff.	S/n param 016808
		Evening duty	
	1:30pm	patient care hand over taken from morning duty staff Nurse patient was stable consious & oriented IV line present & pattern FHRS good & ⊕ patient in LDR III	S/n Akshaya 018057
2/7/26	1:58pm	Kiwi Assessed vaginal delivery patient given to lithotomy position clean the posiem for povidone solution. Inj 10x 2% Infiltration was done. To Encourage to pushing poor maternal Efforts so Kiwi cup applied Baby was delivered at 1:58pm Baby given to peadiatrician Inj: syntocin 10units Im given Inj: Syntocin 20units c RL 500ml connected 125ml/hr minimal of Bleeding is there Dr mathangi Advised to Inj: Toapic 1gram c	S/n Akshaya 018057

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

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	Continue Notes	NS 100ml connected on flow placental was Expelled	
	2pm	Inj' carboprost IM given to pt pt vital are stable Bleeding is Normal suturing was Done count corrected & disposed provided comfortable position. Tab' miso 600mg / Tustine 100mg kept the pt →	S/N Akalya 018058
	2:30 pm	Baby Details:- Date:- 2/07/2026 Time:- 1:58pm weight:- 2.547kg Sex:- Girl APGAR Score:- 8/10, 9/10 →	S/N Akalya 018058
	3pm	B - Breast is soft NO Enlougment U - Utrus was Contracted & well B - Bowel movement present B - patient is self voiding L - Lochia Rubra present E - REEDA Assessment was Done H - Homan signs negative E - pt Emotional good →	S/N Akalya 018058
	4pm	∋ patient was stable Conscious & oriented IV line present patten minimal of Bleeding pt general condition Fair →	S/N Akalya 018058

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	5pm	=> patient was stable IV line pattern minimal of Bleeding pt general condition fair	S/N Akalya 01808
	6:40 pm	=> patient was voided 400ml Informed Dr Divyalakshmi Advised to post voided scan was done Advised to pt shifted to ward pt care hand over given to 7th floor staff Nurse	S/N Akalya 01808
		Receiving Notes.	
	7pm	Handover received from LDR staff. Child is active and oriented. IV line present. C/M 8am HB plan T-Pan-D 40mg given as per order.	Sony
	7:30pm	Handover given to night Duty staff	Sony HP 019089
		NIGHT DUTY	
2/7/26	7:30pm	mother details handing over taken from evening duty staff pt on normal. PV bleeding is normal. Hb is 8am.	S 607728

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 01/07/2026 Time of Arrival: 11:40AM Time Seen by Nurse: 11:45Am

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: Induction of Labour

3) **Vital Signs:** Temperature: 98°F Pulse: 90 RR: 18 SpO_2: 100 BP: 106/60 Weight: 71.1kg

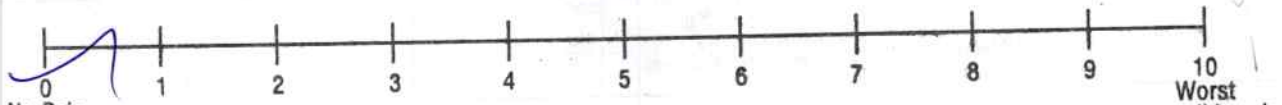
4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 2/10/25 EDD: 9/7/26 Gestational Age: 37w+6d

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

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



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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11.45am

Nurse Name : Pooja Nurse Signature: Pooja

Date: 01/7/20 Time: 12pm

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 01/7/26

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 ......

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

If yes, identify ......

Chief Complaints: pt came for Pot

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 11.45Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Blood Group: "A" positive LMP: 2/10/25 EDD: 9/7/26 Gestational age during admission: 38w4d

Contractions: Nil Vaginal Discharge: –

Obstetric History: G 1 P ...... L ...... A ...... Previous LSCS ......

Height: 162 Weight: 71 BMI: 29

Temp: 98F HR: 90 RR: 18 BP: 106/60 SpO_2 100%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..22.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

Name of Person Orientation was given to: ..mrs: Sangeetha..

Orientation not given Reason: ..—..

Nurse Signature: .....

Nurse Name: ..Pooja..

Date & Time: ..01/7/22..

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 01/7/20

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	Poop	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	01/7/26 M	1/7/26 E	1/7/26 N
		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
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	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

CDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

Rainbow® Children's Hospital
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 2/7/26	E 2/7/26	N 2/7/26
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15		0	
	Oriented to own ability	0	0		0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patie

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1995 29 Y 7 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/22			Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0					
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:								
		Signature						

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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
01/7/26	12pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
1/7/26	2pm	4/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
1/7/26	8pm	1/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
2/7/26	12am	1/10	Lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
2/7/26	4am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
2/7/26	8am	2/10	lower abdominal Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	
2/7/26	12pm	2/10	lower abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	
2/7/26	2pm	2/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
2/7/26	8pm	2/10	episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable posn.	
3/7/26	8am	3/7/26	ow	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

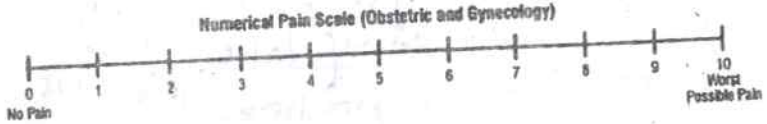
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

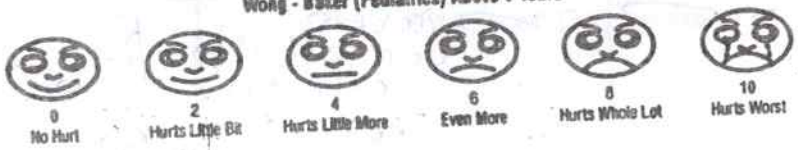
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, $aO,	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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Mrs SANGEETHA KARUNANITHI
11-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

2

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
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(P.T.O)

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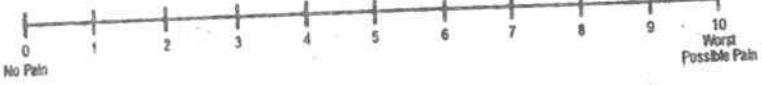
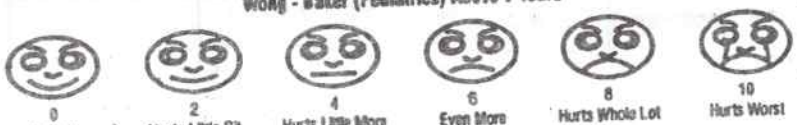


Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

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

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

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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11-11-1996 29 Y 7 M 10 D
Dr. MATHANGI RAJAGOPALAN (F)

BRADEN 'Q' SCALE

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It takes a lot to treat the little.

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	1	2	3	4	E	N	M	
				Date :	27/7/26			
				Time :	2pm		3/7	
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	
"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	
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	
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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	
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	
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	
				TOTAL SCORE	27	27	27	
				Evaluator's Name	[illegible] 01808	[illegible]	[illegible]	

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

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

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

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Your Right to a Safe Delivery

Patient's Name: ....
MRD No.: ....
Age :..... Sex: ☐ M ☐ F
Consultant : ....

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 01/7/26 Time: 1. pm
Location : (R) metacarpal
Size : 18G
Cannula inserted by: S N Sobeswari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
1/7/26	1.30pm	☐Yes ☑No	☐Yes ☑No	patt	[illegible]
	3pm	☐Yes ☑No	☐Yes ☑No	Obser	SD
	8pm	☐Yes ☑No	☐Yes ☑No	observ	V.A
	10pm	☐Yes ☑No	☐Yes ☑No	Obser	ben
	12am	☐Yes ☑No	☐Yes ☑No	obser	ben
	2am	☐Yes ☑No	☐Yes ☑No	Obser	ben
	4am	☐Yes ☑No	☐Yes ☑No	obser	ben
	6am,	☐Yes ☑No	☐Yes ☑No	obs	ben.
2/7/26	8am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obser	SD
	4pm	☐Yes ☑No	☐Yes ☑No	Obser	SD
	6pm	☐Yes ☑No	☐Yes ☑No	Obs	SD
	8pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
3/7	12pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	obser	[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		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 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 primi 38w+6d pod
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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
01/7/26	12pm	Yes	Educate about fall risk, safety needs (put side rails)	patient	No learning barriers	oral	None	Yes	Good	pod [illegible]
2/7/26	8am	yes	Educate & Inform about uterine contraction	patient	None	oral	None	yes	good	[illegible] 6808
5/7/26	8am	yes	Handwash technique	Patient	No learning barriers	Oral	None	Yes	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

DH-00029971 IP18-00036269
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21-11-1996 29 Y 7 M 10 D (F)
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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: NA
- ☐ a. Mother is required sit and feed from the 4th feed
- ☐ b. Please explain football hold

8. NICU admission: N/A
- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 2/7/26

Baby is mothers side
good latching
L – 1
A – 2
T – 2
C – 2
H – 2
9

Handover given by S/N Nhlaba 018080
Signature [signature] 018080
Date & Time: 2/7/2026

Handover taken by [signature] 019857
Signature [signature] 019857
Date & Time: 2/7/26 @ 7pm.

INFORMED CONSENT FOR VAGINAL BIRTH

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FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
Patie 21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN
Gen

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

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 unsuceessful, 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 : .....

Name : Sangeetha.c

Date & Time : 1/7/26

Patient Attendant :

Signature : K. Pradeep

Name : K-Pradeep

Relationship with Patient: Husband

Date & Time : 1/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Shreedevi

Date & Time : 01/07/2026

Patient Sticker

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INDUCTION OF LABOR CONSENT

FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

..... Date: .....

You are scheduled for an induction of labor on 01/07/2026 (date) at 38 wks + 6 days weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature: .....

Name: Sangeetha K

Date & Time: 01/7/2026

Patient Attendant:

Signature: K. Pradeep

Name: K. Pradeep

Relationship with Patient: Husband

Date & Time: 01/07/2026

Doctor:

Signature: .....

Name: Dr. Shreedevi

Date & Time: 01/07/2026

Witness

Signature: .....

Name: .....

Date & Time: .....

PATIENT TRANSFER FORM

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FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 1/7/26 @ 3:30pm	Date & Time of Transfer Order: 1/7/26 @ 9:00pm
Treating Consultant Name: Dr. Mathangi	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: Observation
From Unit: 7M/Ward	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: whole file	Number of Imaging Films: CTG	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
Dr. Akshita	Dr. Akshitha

Patient & Clinical Records Received by : M. Devi

Date & Time of Patient Received : 1/7/26 at 9.00pm

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

PATIENT TRANSFER FORM

(2)

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FDH-00029971 IP18-00036269
Mrs SANGEETHA KARUNANITHI
21-11-1996 29 Y 7 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Date & Time of Admission	Date & Time of Transfer Order
1/7/26 at 2:23pm	1/7/26 at 3:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr: mathangi	Dr: vinitha	Observation
From Unit	**To Unit**	**Information to Attendant**
LDR	7th 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 file.	CT V7	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab: Dolo 650	10
2.	c-pan 400.	10
3.	Insure Supports.	4
4.	Augmentin 625	10
5.		

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

pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sister Akalya 01800	Dr: vinitha

Patient & Clinical Records Received by : Floor

Date & Time of Patient Received : 1/7/26 @3.30pm

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

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

(B)

PATIENT TRANSFER FORM

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs Sangeetha [illegible]: 00029971	1/7/26 at 3:30pm	2/7/26 at 6:40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr: mathangi	Dr:- Divyalakshmi	Observation
From Unit	**To Unit**	**Information to Attendant**
LDR	7th floor	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP File	CTH - (15)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	C: para.	(10)
2.	Tab: para	(10)
3.	Augmentine	(20)
4.	Justine supportie	(4)
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Atharlya 018080	Dr: Divyalakshmi

Patient & Clinical Records Received by : [signature] 019[illegible] @ 7pm.

Date & Time of Patient Received :

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

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

GFDH / GTC - 00029971 Dr. mathangi

ANTENATAL RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Antenatal No:

Reg.No:

PERSONAL DETAILS

Name: Mrs. Sangeetha. k Age Date of Birth Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address:

Mobile: E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
$G_2 A_1$	(1) LMP - 2/10/25 EDD - 9/7/26

HISTORY

Year of Marriage:

Menstrual History: Previous Periods Regular

LMP 2/10/25 EDD 9/7/26 Corrected EDD

Consanguinity:

Contraception:

OBSTETRIC FORMULA: $G_2 A_1$

Gravida 2 Para Live Abortions 1

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History:

Family History:

Surgical History:

Allergies:

INVESTIGATIONS

Rubella - Immune

MATERNALEVALUATION

Blood group & Rh: Wife A positive Husband ICT - Negative

VDRL Negative HIV Negative HbsAg Negative TSH 1·78 GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
17/11/25			28/3/26
		FBS - 75	Hb - 10·6
		HbA1C - 4·6	Plt - 2·28
		Urine R/E - (N)	FBS - 72
		Hb Electrophoresis - (N)	1hr - 132
		Hb - 11·7	2hr - 119
		Plt - 2·34	Urine R/E - Mucus
		Urea - 13	Echo - (N)
		Creatinine - 0·5	
		TSH - 1·78	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT - (N) ; FTS - Negative								
TIFFA	Anomaly Scan - (N) ; Placenta - Posterior ; Low lying 1·5cm from the os (N) Uterine (A) Dopplers								
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	18/4/26									
	AC - 41st centile									
	EFW - 1·2kg (44th centile)									
	(N) liquor & dopplers									
	CL - 35mm									
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: Mrs. Sangeetha K **Corrected EDD:** 09/07/2026 Parity

SYSTEMIC EXAMINATION

Height 162 cm CVS $S_1 S_2$ (+)

Weight: 67.40 kg Respiratoy System: B/L NVBS (+)

BMI: 25.68 kg/m² Breasts: (N) Thyroid: (N)

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
12/11/25	67.4	118/64							
22/11/25									
5/1/26	64.6	115/67							
31/1/26	65.1	107/64							
25/2/26	65.6	109/60							
28/3/26	67.8	112/71							
18/4/26	68	119/62							
16/5/26	69.4	120/66							
12/6/26	71	107/64							
22/6/26	71.4	101/61							
29/6/26	71.8	111/64							

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____Apgar score:_____

Postpartum Period:_____